

Adult BH Home & Community Based Services:

An introduction to Adult BH HCBS in NYS
& How the Services Can Be Used to Promote Recovery

Presented by NYS OMH and OASAS Partners

Adult BH HCBS Roadmap Partners



The National Center on
Addiction and Substance Abuse



**Office of Alcoholism and
Substance Abuse Services**



**Office of
Mental Health**

Training Objectives

- ✓ To provide a brief overview of the new BH HCBS available in NYS
- ✓ To increase training participants' understanding of how BH HCBS can be used to promote recovery from behavioral health disorders

Note: The service and component descriptions in this training are not all-inclusive. For more details regarding any of the BH HCBS, please see the Provider Manual, which can be found at:

https://www.omh.ny.gov/omhweb/bho/hcbs_manual.pdf

Key Concepts

Service Location

- ✓ All services **should be provided in the location best suited to support the acquisition and restoring of skills.**
- ✓ The individual's preferences should be considered in making decisions regarding service location.
- ✓ Services should occur in home and community based locations whenever possible. Note, CPST must always be provided in home and community based settings.

Voluntary Participation

- *Participation in all adult BH Home and Community Based Services is voluntary. **All services should support the individual's recovery and pursuit of the life role goal identified in the Plan of Care.** Please refer to the Provider Manual for additional admission and eligibility criteria for each service.*

HCBS Utilization Thresholds

- HCBS services will be subject to utilization caps at the recipient level that apply on a calendar year basis. These limits will fall into three categories:
 1. Tier 1 HCBS services will be limited to \$8,000 as a group. There will also be a 25% corridor on this threshold that will allow plans to go up to \$10,000 without a disallowance.
 2. There will also be an overall cap of \$16,000 on HCBS services (Tier 1 and Tier 2 combined). There will also be a 25% corridor on this threshold that will allow plans to go up to \$20,000 without a disallowance.
 3. Both cap 1 and cap 2 are exclusive of crisis respite. The two crisis respite services are limited within their own individual caps (7 days per episode, 21 days per year).
- If a Plan anticipates they will exceed any limit for clinical reasons they should contact the HARP medical director from either OMH or OASAS and get approval for a specific dollar increase above the \$10,000 effective limit.

Services Overview

Menu of Services

Psychosocial
Rehabilitation

Community
Psychiatric Support
& Treatment

Habilitation

Short-Term Crisis
Respite

Intensive Crisis
Respite

Education Support
Services

Prevocational
Services

Transitional
Employment

Intensive
Supported
Employment

Ongoing
Supported
Employment

Empowerment
Services – Peer
Supports

Family Support &
Training

*Non-Medical
Transportation

Psychosocial Rehabilitation (PSR)

- ***What is it?*** Services that assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their behavioral health condition. The intent is to **restore the individual's functional level** to the fullest possible.
- ***What does it look like on the ground?***
 - ✓ **Rehabilitation counseling** focused on independent living, social relationships, community engagement, personal autonomy, health and wellness, social skills, and personal care
 - ✓ Supporting the person with **learning adaptive behaviors** for responding to or avoiding identified precursors such as cravings or triggers that result in relapse or functional impairment

PSR: What else should I know?

- ✓ It may be provided by unlicensed staff.
- ✓ It may be provided 1:1 or in groups. (For group services, the service location may be within agency space or at an appropriate community location.)
- ✓ If an individual receives both PSR and Hab, both services must be provided by the same agency.
- ✓ The total combined hours for PSR, CPST, and Hab is 500 per calendar year.

Community Psychiatric Support & Treatment

- ***What is it?*** Time-limited, goal-directed supports and solution-focused interventions designed to help individuals to **achieve stability and functional improvement**. CPST is **mobile-treatment and rehabilitation** services intended to support individuals who have difficulty engaging in site-based programs.
- ***What does it look like on the ground?***
 - ✓ Evidence-based interventions that will support the individual and family in minimizing the negative effects of symptoms and environmental triggers
 - ✓ Assisting the individual in identifying precursors or triggers that put them at risk, development of a crisis management plan, and support in identifying resources
 - ✓ Engagement in supportive counseling, solution-focused interventions, emotional and behavioral management, and problem behavior analysis
 - ✓ Medication management, when necessary

CPST: What else should I know?

- ✓ It must be **provided by Professional Staff**.
- ✓ It must be provided in home and community-based settings (not onsite).
- ✓ It must be provided 1:1.
- ✓ CPST may be delivered to collaterals if and when appropriate and approved by the individual.
- ✓ The total combined hours for PSR, CPST, and Hab is 500 per calendar year.

Habilitation

- ***What is it?*** Services designed to assist an individual in **acquiring, retaining, and improving the skills necessary for community living**, and if applicable, to continue the process of recovery from a substance use disorder. It is distinguished from PSR in that the skills taught are new to the individual.
- ***What does it look like on the ground?***
 - ✓ **Skill-building exercises** with a focus on functional status
 - ✓ Instruction in areas such as accessing community resources, use of transportation options, developing and sustaining financial stability, activities of daily living, and civic engagement
 - ✓ May include **modeling, training, and supervision** to support the individual in gaining maximum independence

Habilitation: What else should I know?

- ✓ It may be provided by paraprofessional staff (supervision by a professional).
- ✓ It is provided 1:1.
- ✓ If an individual receives both PSR and Hab, both services must be provided by the same agency.
- ✓ The total combined hours for PSR, CPST, and Hab is 500 per calendar year.
- ✓ *Note: The name of this service has been changed from “Habilitation – Residential Support Services” to “Habilitation.”*

PSR vs. CPST vs. Habilitation

PSR

- Focus is on restoring skills (psychiatric rehabilitation)
- May be provided by unlicensed staff
- May be provided 1:1 or in groups
- May be provided on or offsite

CPST

- Focus is on time-limited rehabilitation and treatment for individuals who struggle to engage in site-based programs
- Must be provided by Professional Staff
- Must be provided 1:1
- Must be delivered offsite

Habilitation

- Focus is on acquiring and retaining new skills related to functioning
- May be provided by unlicensed staff
- Must be provided 1:1
- May be provided on or offsite

Family Support & Training

- ***What is it?*** A service designed to facilitate and promote engagement and active participation of the family in the individual's recovery. Through training and support interventions, the **family's capacity to support the individual is strengthened** and they become a partner in achieving recovery.
- ***What does it look like on the ground?***
 - ✓ Assisting the family in developing a **safe and supportive environment** for the individual
 - ✓ Interventions to develop and enhance the family's behavioral intervention strategies
 - ✓ **Training and workshops** on topics including: recovery orientation, advocacy, psychoeducation, person-centeredness, trauma, psychiatric rehabilitation, crisis intervention, medication education, relapse prevention etc.

FST: What else should I know?

- ✓ It may be provided by unlicensed staff.
- ✓ It may be provided 1:1 or in groups. (For group services, the service location may be within agency space or at an appropriate community location.)
- ✓ “Family” is defined by the person as the family of choice. The person(s) chosen must be reflected in the Plan of Care and may include a parent, spouse, significant other, children, relatives, foster family, or in-laws. “Family” does *not* include individuals who are employed to care for the participant (e.g. residential staff or peer support staff).
- ✓ **This service may only be provided based on the individual’s preferences.**
- ✓ Limited to 40 hours/calendar year.

Short-Term Crisis Respite

- ***What is it?*** A **short-term** care and intervention strategy, to be provided in site-based residential settings, for individuals who are experiencing challenges in daily life that create **risk for an escalation of symptoms** that cannot be managed in the individual's home and community environment. There is an emphasis on **peer support** in this model.
- ***What does it look like on the ground?***
 - ✓ A short-term respite residence with support provided by certified peers
 - ✓ Interventions include **onsite peer support**, health and wellness coaching, relapse prevention planning, instruction in wellness activities and relaxation techniques, family support, conflict resolution, and problem solving
 - ✓ Ongoing **collaboration** between the individual, respite provider, behavioral health providers, HHCM, MCO/HARP and natural supports to ensure a safe plan of discharge

STCR: What else should I know?

- ✓ In order for an individual to participate in this service, a person **is not required** to have had the NYS Community Mental Health Assessment (either Eligibility or Full) completed.
- ✓ This service may be provided by unlicensed behavioral health staff and certified peers.
- ✓ Residence is **staffed 24-hours a day**, seven days a week, when a resident is present.
- ✓ Individuals are encouraged to continue attending work or program (PROS, CDT) while in STCR.
- ✓ The individual **must be voluntarily willing to stay** at crisis respite. While there must be an imminent risk for an escalation of symptoms and/or a loss of adult role functioning, the individual must not pose an imminent risk to the safety of themselves or others.
- ✓ STCR is available for up to one week per stay and must not exceed 21 days per year. Stays of longer than 72-hours require prior authorization.

Intensive Crisis Respite

- ***What is it?*** A **short-term, residential care and clinical intervention strategy** for individuals who are facing a behavioral health crisis, including individuals who express suicidal or homicidal ideation and individuals who are at imminent risk for loss of functional abilities. This service is designed to provide supports to help the individual **stabilize and return to previous level of functioning** or as a step-down from inpatient hospitalization.
- ***What does it look like on the ground?***
 - ✓ A short-term respite residence with treatment and support provided by a **multidisciplinary team** including Professional, unlicensed, and peer support staff
 - ✓ Comprehensive assessment and evaluation, individual & group counseling, training in de-escalation strategies, relaxation techniques, and relapse prevention, ongoing monitoring, family support, peer support, and conflict resolution
 - ✓ Ongoing **collaboration** between the individual, respite provider, behavioral health providers, HHCM, MCO/HARP, and natural supports to ensure a safe plan of discharge

ICR: What else should I know?

- ✓ In order for an individual to participate in this service, a person **is not required** to have had the NYS Community Mental Health Assessment (either Eligibility or Full) completed.
- ✓ Specific requirements for nursing and MD coverage are outlined in the Provider Manual.
- ✓ Residence is **staffed 24-hours a day**, seven days a week, when a resident is present.
- ✓ The individual **must be voluntarily willing to stay** at crisis respite. The individual must be able to **contract for safety**.
- ✓ ICR is available for up to one week per stay and must not exceed 21 days per year. Stays of longer than 72-hours require prior authorization.

Short-Term vs. Intensive Crisis Respite

Short-Term Crisis Respite

- Intended for individuals who are experiencing challenges that create risk for an escalation of symptoms that cannot be managed in the community.
- Individual are encouraged to continue attending work or program.
- Provided by Certified Peers (OMH or OASAS)

Intensive Crisis Respite

- Intended for individuals who are experiencing a crisis, including suicidal and/or homicidal ideation or are experiencing an acute escalation of mental health symptoms. The individual is at imminent risk for loss of functional abilities.
- Individuals do not attend work or program while in ICR.
- Provided by a multidisciplinary team, including Professional and unlicensed staff.

Empowerment Services – Peer Support

- ***What is it?*** Peer-delivered services designed to **promote skills for coping with and managing symptoms** while facilitating the utilization of natural resources. Peer services should assist the individual in initiating and maintaining recovery and **enhancing the quality of personal and family life in long-term recovery**.
- ***What does it look like on the ground?***
 - ✓ Peer support is provided in the following areas: **advocacy, outreach and engagement, self-help tools, recovery supports, transitional supports, and pre-crisis & crisis supports**
 - ✓ Peers work in a variety of settings (outpatient, community, and respite programs) to **promote hope and resiliency** and to foster engagement in recovery-oriented life roles.
 - ✓ Interventions may include **motivational interviewing**, advocacy, benefits advisement and planning, **relapse prevention planning**, connections to self-help groups, and **instruction in wellness self-management**

Peer Support: What else should I know?

- ✓ Must be provided by certified or provisionally-certified peer support staff (supervision must be provided by professional staff).
- ✓ Participation in service is voluntary and activities should be structured and scheduled.
- ✓ Services are provided 1:1
- ✓ Limit 500 hours per calendar year

Individual Education *and* Employment Support Services: OVERVIEW

- ✓ These service may be delivered by unlicensed staff.
- ✓ The services are provided 1:1.
- ✓ The individual must **express a goal to achieve skills needed to obtain employment.**
- ✓ BH HCBS Employment Services are **not designed to be provided in a linear fashion.** Person-centered decisions should include the individual's preferences, abilities, barriers, and needs.
- ✓ The HHCM is responsible for providing the individual with information regarding the services available through ACCES-VR to facilitate an informed choice regarding the individual's choice to pursue education support and/or employment supports through the BH HCBS.
 - ****An individual may choose to receive non-duplicative services through both ACCES-VR and BH HCBS.***

Individual Education Support Services

- ***What is it?*** Individual Education Support Services assist individuals with an expressed goal to start or return to school or formal training **to achieve skills necessary to obtain employment**
- ***What does it look like on the ground?***
 - ✓ Education Support Specialist assists with referral for tutoring, financial aid, and other educational supports and resources
 - ✓ Support and assistance completing admission forms, financial aid applications and the class registration process.
 - ✓ Orient the individual to formal academic settings, **navigating the educational/training environment**, and accessing on campus student services (disability services, etc.)
 - ✓ Provide **instruction in self-advocacy, study skills, time and stress management, social skills, etc. that are necessary for success in the educational environment**

Individual Employment Support Services

Pre-vocational Services

- Focus is on preparing an individual for employment.
 - Work Compliance
 - Attendance
 - Problem Solving & Safety
 - Task Completion
- Includes instruction in soft-skills, benefits counseling, and career exploration
- Total combined limit (Pre-voc + Trans) is 250 hours and a duration of 9 months.
- Provided by unlicensed staff.

Transitional Employment

- Focus is on strengthening the individual's work record and work skills.
- On-site job training
- Development of natural support in on the job.
- Adopt worker identity
- Accept responsibilities for decisions.
- Examine past work experience for shortcomings and success
- Consider potential transferability of work skills
- Coordinate with employers and coworkers

Intensive Supported Employment

- Evidenced based rapid job search to locate job or develop a job included home based self-employment
- Learn hard and soft skills to retain employment
- Systematic instruction and training.
- Job Application Support
- Ongoing job related discovery and assessments
- Obtain and maintain employment at or above minimum wage

Ongoing Supported Employment

- Sustained competitive and integrated employment with ongoing support.
- Job coaching, self-advocacy, benefits counseling, and support in addressing behavioral health barriers in the workplace.
- Identify reasonable accommodations
- Teach work retention and stress reduction skills
- Supervision and training activities to sustain employment at or above minimum wage

Pre-vocational Services

- ***What is it?*** A **time-limited service** that prepares an individual for employment by providing learning and work experiences that offers the individual opportunities to **develop general, non-job-task-specific strengths and soft skills** that contribute to employability.
- ***What does it look like on the ground?***
 - ✓ **Instruction** in concepts that include work compliance, attendance, task completion, problem solving, and safety
 - ✓ Support in developing a resume, **exploration of job and career options**, and **benefits counseling**
 - ✓ **Coordinated, scheduled activities** outside of an individual's home that support the acquisition, retention, or improvement in job-related skills (e.g. opening a bank account)
 - ✓ Placement in time-limited **internships or volunteer positions** that strengthen work experience

Transitional Employment

- ***What is it?*** A support service designed to **strengthen the individual's work record and work skills** by providing learning and work experiences where the individual can develop general, non-job-task-specific strengths and soft skills.
- ***What does it look like on the ground?***
 - ✓ The individual is provided with **time-limited employment and on-the-job training** in one or more integrated employment settings
 - ✓ Support and training is **provided in business, industry, and community settings**
 - ✓ On-the-job interventions may include support with: on-site job training, developing natural supports in the workplace, adopting an identity as a worker, accepting responsibility for decisions, examining past work experiences, considering potential for transferability of skills, identifying necessary accommodations

Intensive Supported Employment

- ***What is it?*** A service designed to support individual in **obtaining and sustaining competitive and integrated employment** using evidence based employment practices.
- ***What does it look like on the ground?***
 - ✓ A **rapid job search and job placement** that support the individual to locate, maintain or develop self-employment if applicable
 - ✓ Supportive interventions may include **job coaching**, negotiation with prospective employers, job analysis, job carving, **benefits counseling**, and transportation training & planning
 - ✓ Developing and practicing **skills related to managing behavioral health disorder in the workplace** (coping skills training, problem solving skills training, anger management, interpersonal communications, etc.)

Ongoing Supported Employment

- ***What is it?*** Ongoing employment support provided after the individual has successfully obtained and is successfully oriented in the competitive and integrated employment. This **ongoing support is not time limited**, and should continue for as long as necessary to support the individual in **sustaining employment**.
- ***What does it look like on the ground?***
 - ✓ On-the-job support that identifies the need for reasonable accommodations, **job coaching**, and training in soft-skills, as necessary
 - ✓ **Teach and practice skills** necessary for establishing positive workplace relationships, time management, understanding supervisory roles and expectation, accessing workplace supports, etc.
 - ✓ Reinforce recovery skills and **assist the individual in managing behavioral health barriers** that may impact their ability to sustain employment

Non-Medical Transportation

- ***What is it?*** Transportation services available for individual **to access** authorized home and community based services and **destinations that are related to a goal** included on the individual's plan of care.
- ***What does it look like on the ground?***
 - ✓ Transportation to **non-routine locations** in the community that support acquisition of a goal.
 - ✓ Transportation may be in the form of a cab or taxi, reimbursement for public transportation, or reimbursement for transportation provided by natural supports.
 - ✓ Examples may include: job interviews, college fairs, wellness seminars, work or school orientation, recovery workshops, etc.

Transportation: What else should I know?

- ✓ It is **intended to help an individual initiate a new activity**, rather than maintain an existing one. Any reoccurring activities must be detailed in the Plan of Care and must be related to the goal.
- ✓ The HHCM must complete a **justification for the service within the Plan of Care**.
- ✓ Trips are coordinated by the HHCM and MCO, who will forward authorized trips to the Transportation Manager
- ✓ There is a limit of \$2,000/calendar year, although trips to BH HCBS and trips using public transportation are not included in the cost cap.

Questions? Please email:

Contact omh.sm.co.HCBS-Application@omh.ny.gov or PICM@oasas.ny.gov