



HOME & COMMUNITY BASED SERVICES:
MAKING IT WORK

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WHAT IS: BH HCBS?

Behavioral Health Home and Community Based Services (BH HCBS) provides opportunities for Medicaid beneficiaries with behavioral health conditions to receive services in their own home or community rather than institutions or other isolated settings.

HCBS programs are funded by state waivers as part of the state's Medicaid program, and they provide a special group of services to a certain population.

HCBS are for people enrolled in a HARP (Health and Recovery Plan). A HARP is a managed care product included in a person's health care plan that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use).

WHAT SERVICES ARE OFFERED UNDER HCBS?

- Psychosocial Rehabilitation (PSR)
- Education Support Services
- Community Psychiatric Support and Treatment (CPST)
- Pre -vocational Services
- Habilitation
- Transitional Employment
- Family Support and Training
- Intensive Supported Employment (ISE)
- Short -term Crisis Respite
- Ongoing Supported Employment
- Intensive Crisis Respite
- Empowerment Services - Peer Supports

SERVICES DISCUSSED TODAY

- Education Support Services
- Pre -vocational Services
- Transitional Employment
- Intensive Supported Employment (ISE)
- Ongoing Supported Employment

EDUCATION SUPPORT SERVICE

Education Support is available for individuals with a goal of achieving skills necessary to obtain employment. Services typically range from 2 – 9 months.

This includes:

- Classes, training, or tutoring to receive a TASC (Test Assessing Secondary Education) Diploma
- Applying for and attending community college, university or other college level coursework
- Vocational training or apprenticeship programs
- Assist with resource connections such as financial aid, tutoring, accessibility needs
- Assisting with applications and registration
- School setting orientation including services available to students with disabilities
- Skill development needs for academic success (note taking, exams, time and stress management)

ACCES-VR –

Individuals selected for this service should NOT be directed to ACCES-VR for funding. Participants in this service must choose either Education Support under HARP or ACCES-VR, but not both.

Provider Qualifications include: Bachelor Degree and 2 year's experience supporting individuals in educational goals and those with behavioral health issues. The Education Specialist should have a base knowledge of accommodations, financial aid, student loans, and campus recovery resources for students.

PRE-VOCATIONAL SERVICES

Pre-Vocational Supports are available for individuals with a goal to prepare an individual for paid or unpaid employment. Services range 3 – 6 months.

This includes:

- Teach concepts such as work compliance, attendance, task completion, problem solving, and effective workplace relationship development
- Obtain and have knowledge of completing paperwork necessary for employment applications
- Coordinate scheduled activities outside of an individual's home that support gaining or retaining job-related skills. Such as:
 - self-care, sensory-motor development
 - daily living skills
 - communication
 - community living
 - improved socialization
- The outcome of this pre-vocational support is to document the individual's career objective and develop a career plan that will be used to guide Intensive Supported Employment.

Provider Qualifications include: Employment Specialists should possess education and experience equivalent to an undergraduate degree in vocational services, disabilities services, business, personnel management, mental health or social services counseling.

TRANSITIONAL EMPLOYMENT

This service is designed to strengthen the individual's work record and work skills toward the goal of achieving assisted or unassisted competitive employment at or above the minimum wage paid by the competitive sector employer, typically via paid or unpaid internships.

This service is provided, instead of intensive supported employment, only when the individual specifically chooses this service and may only be provided by clubhouse, psychosocial club program, OASAS recovery center, or agency previously in receipt of a BH HCBS designation for this service.

The outcome of this activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

INTENSIVE SUPPORTED EMPLOYMENT

These services consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage. This service uses evidence based principles of the Individual Placement and Support (IPS) model. This service typically takes 6 – 9 months for goal achievement.

This includes:

- Rapid job search
- Hard and soft skills to retain employment
- Resume writing, interviewing and application submission
- Support the individual to establish or maintain self-employment, including home-based self-employment
- Provide ongoing job related discovery and assessment
- Benefits counseling support
- The outcome of this is to work in competitive employment in the community

Provider Qualifications include: Employment Specialists should possess education and experience equivalent to an undergraduate degree in vocational services, disabilities services, business, personnel management, mental health or social services counseling.

ONGOING SUPPORTED EMPLOYMENT

This service is provided after an individual successfully obtains and becomes oriented to competitive employment. This service has no typical duration.

This includes:

- Assists individuals to identify reasonable accommodations necessary to manage mental health symptoms or SUD triggers that may emerge at work
- Assists individuals to establish positive workplace relationships, including interactions with supervisors, and co-workers
- Assist individuals to manage behavioral health issues that may impact their recovery and ability to sustain long term employment
- Benefits counseling support
- The outcome of this is to work in competitive employment in the community

Provider Qualifications include: Employment Specialists should possess education and experience equivalent to an undergraduate degree in vocational services, disabilities services, business, personnel management, mental health or social services counseling.

ACCES-VR: Focus and delivery of Ongoing Supported Employment services must not duplicate vocational services for which the person is eligible through Rehabilitation Services Act (ACCES-VR).

ACCES-VR

Referrals received for HCBS services are NOT typically eligible for ACCES-VR.

- Education support referrals can be sent to ACCES-VR if the person has a training goal that ACCES would potentially provide funding for.
- Pre-Vocational referrals cannot be referred to ACCES-VR due to similarity with their offerings under: Work Readiness – Soft Skills
- Ongoing Supported Employment referrals are unlikely to be eligible for ACCES-VR due to similarity with their supported employment offerings. (exception might be agency specific. Example: job coaching)

INFORMATION FOR SUPERVISORS

Supervision of HCBS Education and Employment service has it's own requirement regarding who may Supervise the service: specifically education, experience and/or licensure.

Education Support Supervisors

- A supervisor requires a minimum of a Bachelor Degree (preferably a Masters in Rehabilitation or a relevant field), a minimum of three years of relevant work experience preferably as an education specialist.

Employment Support Supervisors

- A supervisor requires a minimum of a Bachelor Degree (preferably a Masters in Rehabilitation or a behavioral health field) and a minimum of three years' relevant work experience preferably as an employment specialist in a rehab or SUD treatment setting and minimum 18 months of disability/employment case management experience.

"THE GOLDEN THREAD"



SERVICE PLANNING

Service planning has not historically been a part of the Employment Specialist's Role. With HCBS, this has changed.

Hallmarks of Person-Centered Treatment planning:

- The person is the expert in their own life
- Respect the background and experiences the person has had, including: trauma history, cultural and linguistic needs, what has worked in the past for them, etc.
- Include significant others / key collaterals in the planning process
- Recognizes strengths, capabilities, interests, preferences, needs and hope

Balancing Priorities in Person-Centered Treatment Planning:

Important IQ, the person and Important EQ, the Person

Example: balancing 'A home of my own' and "Community safety" or "A job" and "Legal obligations"

GOAL STATEMENTS ON A SERVICE PLAN

Goal Statements should be broad and long term. It should be in the client's own words.

Questions to ask your client:

- What is most important to you?
- What do you want to change?
- What do you want to gain from this program?

Example of a good Goal Statement:

- "I want a normal life and better housing."
- "I want a job."
- "I want to become a welder so I can get a job in that field."

STRENGTHS

A good strengths inventory is personal to the client and includes such things as abilities, values, motivational factors, resources and relationships.

Questions to ask your client:

- What are you good at?
- What are some of your accomplishments?
- What has worked for you in the past?
- Who supports you?
- What do you enjoy doing?

Example strengths statement: "I work really well with my hands. I took some classes in jail for manufacturing and I have my GED."

BARRIERS

Barriers should include such things as personal needs, family issues and resource needs. Barriers also should reflect medical necessity for the service. (ex: diagnosis)

Medical necessity is "the clear demonstration that there is a legitimate clinical need and that the services provided are an appropriate response" (Adams and Grieder)

Questions to ask your client:

- What is getting in the way of achieving your goal?
- What difficulties have you experienced in reaching your goals in the past?

Barriers example statement: "My depression causes me to isolate and sometimes I get fired from my jobs because I don't show up when I am depressed."

OBJECTIVES

Objectives should show steps that need to be taken by the client in order to reach the goal and reflect the removal of barriers.

A commonly used prompt says objectives should be S.M.A.R.T-

Specific/ Simple, Measurable, Attainable, Realistic and Time-Framed.

Example of an Objective:

Within the next six months, Greg will be employed and working at least 20 hours a week as a Mechanic.

INTERVENTIONS (METHODS)

Interventions are the actions taken by the staff person that will assist the client to achieve their goals and objectives.

Interventions should indicate who will do what, when, where and how often.

- Specify the frequency, intensity and duration
- Specify the location when appropriate/known
- State the purpose, intent or impact (Adams and Grieder)

Examples of Interventions:

This writer will refer Greg to Consumer Credit counseling to assist with resolving debt.

This writer will meet with Greg in the office once per week, for one hour at a time to search for available jobs.

BILLING NOTES

- The dates of contact and how long you met for
- The goals/objectives addressed related to the service plan/ HCBS service
- Progress made since last appointment
- Barriers that still need to be addressed (can include diagnosis information due to showing medical necessity)
- Steps to take next between participant and provider
- Steps participant will take on their own

BILLING NOTE EXAMPLE

John and this writer met today, 3/1/19 for one hour, to discuss progress he has made toward his goal of attaining his TASC (formerly known as GED) as part of HCBS Education Support Service. Writer and John have spoken several times over the last month on a check-in basis, to support his attendance. John continues to attend TASC class onsite at East House regularly. He makes every effort to attend the required 6 hours per week. John is always on time, prepared for class, and displays an attitude of being willing to learn. John calls ahead of time if he is unable to make a class, which is rare. John has developed appropriate professional relationships with the Learning Center staff. John intends to continue attending TASC class in order to reach his goal. John's symptoms of anxiety can occasionally cause barriers during his class experience due to crowded classrooms, but he manages this by checking in with this writer and stepping out of class briefly when needed. In order to continue attending class, John will require ongoing bus passes through Non-Medical transportation, as transportation poses a barrier for him. This writer has contacted John's Health Home Care Manager to request the continuation of NMT service. John will continue to attend 6 hours per week, and will re-test the TABE after every 60 hours of instruction. Going forward, John will meet with his writer once per month or more often if needed.

DISCHARGE PLANNING

Discharge planning should be addressed in the assessment and an objective related to the plan should be included in the ISP.

- The individual:
- Has achieved the Goal / no longer wants to pursue the goal /No longer wants service/ Withdraws consent for service
 - These are the steps the individual plans to take to continue to support his/her success in meeting his/her goal:
 - Continue working on strategies they have developed while working with agency, specifically:
 - The Discharge Plan was addressed at the assessment meeting and the individual is aware that it is part of the process.
 - Communication of Discharge to Health Home Care Manager (or SDE)
 - Communication of Discharge to MCO

SAMPLE (BRIEF) SERVICE PLAN CREATION

Based on your scenario, report back to the group with:

- > Your participant's:
- > Goal statement
- > Barriers
- > Strengths
- > Objectives to reach the goal (what the participant needs to do)
- > Methods to reach the goal (what the service provider needs to do)

Remember to keep your objectives and methods S.M.A.R.T.!

THANK YOU FOR ATTENDING!

Helpful Links:

<https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>

<https://www.oasas.ny.gov/ManCare/BHO/HCBS.cfm>

https://www.omh.ny.gov/omhweb/bho/acces-vr_bhhcbs-memo-and-final-guidance_07-25-17.pdf

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hcbs_poc_template.pdf
