

**Children's Medicaid Redesign
Proposed Benefit Package
March 2014**

Comments are due by April 7, 2014 to:
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State Plan Amendment Recommendation

The following services are proposed for inclusion in the State Plan as new behavioral health services within the Medicaid benefits. Any services added to the State Plan need to be REHABILITATIVE (i.e., regaining of skills). These services would be available to all children enrolled in Medicaid.

Mobile Crisis Intervention

Mobile Crisis Intervention (MCI) services are provided to a child who is experiencing a psychiatric or substance use crisis, are designed to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution and de-escalation, and development of a safety plan. The goals of MCI are engagement, symptom reduction, stabilization, and restoring individuals to previous level of functioning. All activities must occur within the context of a potential or actual psychiatric or substance abuse crisis. MCI is a face-to-face intervention and can occur in a variety of locations, including an emergency room or health/behavioral health clinic setting, or other community locations where the child lives, attends school, works, engages in services and/or socializes. Coordination between emergency room staff and crisis service providers will divert from inpatient admissions when appropriate. MCI services include the following components:

- 24/7 availability and capacity to respond within one hour of call.
- An assessment of risk, mental status, and medical stability; and the need for further evaluation or other health/behavioral health services. (the entity that the person is referred to conducts an evaluation/assess)
 - Includes engagement with the child, family members, or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of an assessment to determine level of safety, risk and to plan for the next level of services, including treatment and/or referral to other alternative mental health/chemical dependency services at an appropriate level. (warm hand off)
- Short-term MCI includes crisis resolution and de-briefing with the identified Medicaid eligible child, the child's family and the treatment provider.
- Development of immediate safety plan.
- Referral and linkage to appropriate community services to avoid more restrictive levels of treatment.
- Follow-up with the child and family within 24 hours of initial contact/response.

- Consultation with a physician or other qualified providers to assist with the child's specific crisis.

Community Psychiatric Support and Treatment (CPST):

CPST services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the child's treatment plan. CPST is a face-to-face intervention, recommended by a licensed practitioner of the healing arts, with the child, family or other collateral supports. The service may include the following components to meet the needs of the individuals with mental health or mental health co-occurring diagnoses:

- Assist the child and family members or other collateral supports to identify strategies or treatment options associated with the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the child's daily living,, academic progress, personal recovery, family and/or interpersonal relationships, and community integration. (Psycho-education)
- Provide individual supportive treatment and counseling, solution-focused interventions, emotional, cognitive and behavioral management, and problem behavior analysis with the child/family, with the goal of assisting the child with social, interpersonal, self-care, daily living, and independent living skills to restore stability, to support functional gains and to adapt to community living. (Intensive In-Home)
- Provide socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life and to reside successfully in home and community settings. (Skill building)
- Provide life safety skills such as, ability to access emergency services, basic safety practices and evacuation, physical and mental health care (maintenance, scheduling physician appointments), recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses (Skill building)
- Assist the child with developing and maintaining living skills specific to living independently including managing their money, medications, and using community resources and other self-care requirements. (Skill building)
- Facilitate participation in and utilization of strengths based planning and treatments which include assisting the child and family members or other collateral supports with identifying strengths and needs, resources, natural supports, and developing goals and

Comment [AK1]: Overall goal of this service is for non-licensed providers, upon the recommendation by licensed practitioners, to provide crisis related, skill building, psycho-education and intensive services. These activities could be with in an evidence based practice, for which a provider is credentialed by the State, or as a separate defined intervention.

Parentheses at the end of each bullet are merely a 'cue' of the intent of the defined activity.

objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

- Provide restoration, rehabilitation, assistance with employment, housing and education goals, and support to connect with additional services for attaining and sustaining the identified goals.
- Assist the child/family with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including: assisting the child and family members or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessment of the step-by-step plan before a crisis occurs; strategies to take medication regularly; and seeking other supports to restore stability and functioning. (Crisis Avoidance)
- Provide short-term in-home crisis intervention to families following a crisis. The purpose of this activity is to defuse the crisis and stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from mobile crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused. (In Home Crisis Intervention)
- Implement interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and other evidence-based psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. (EBPs)

Other Licensed Practitioner:

Other licensed practitioner who is licensed in the State to prescribe, diagnose and treat individuals with the physical or mental disability or functional limitations at issue, and operating within the scope of practice defined in State law (only includes: Psychologist, Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Clinical Social Worker or Advance Practice Registered Nurse). Activities would include:

- Recommending treatment
- Developing recovery or treatment plan
- Activities within the scope of all applicable state laws and their professional license including counseling, individual or family therapy.

Proposed 1915i-like Services

HCBS Services should be thought of as HABILITATIVE (i.e., services needed to acquire skills). Children will need to meet Level of Need criteria to have access to 1915i-like services; the criteria has not yet been developed. The State hopes to apply deeming to enable Medicaid eligibility determination to be based on a 'family of one'.

Care Coordination ¹

A comprehensive process of: engagement and outreach activities that will support engaging children and families in care and promoting continuity of care; assessment and periodic reassessment of needs; creating an individualized, child and family centered plan of care using high fidelity wraparound for planning; coordinating and arranging for the provision of services between primary care, specialist and behavioral health providers, school, LDSS, legal or mandated providers, evidence-based referrals and follow-up and consultations; supporting adherence to treatment recommendations or legal requirements; building the family's natural supports; and monitoring and evaluating a child/family's needs and service access, care transitions and social, legal and community services, where appropriate.

Skill Building

This service focuses on helping the child to be successful in the home, community and school by acquiring both social and environmental skills associated with his/her current developmental stage.

Skill Building Services are provided to the child and the child's family to support the development and maintenance of skills sets. Skill Building Services utilizes an individualized, strength based approach in assisting the child in recognizing his/her functional assets/strengths and those that need developing.

It is expected that independent living/skills building activities take place in the community. Examples of community settings could encompass: a grocery or clothing store (teaching the young person how to shop for food, or what type of clothing is appropriate for interviews), apartment complexes (to seek out housing opportunities), laundromats (how to wash their clothes). Housekeeping, homemaking (shopping, child care and laundry services) or basic

¹ The final inclusion of this service definition within the 1915i-like service array for children will depend on final decisions made related to health home eligibility criteria for children. That is, if children meeting the Level of Need (LON) criteria for 1915i-like services meet the health home eligibility, their care coordination will be provided by the health home and it will be duplicative to have a 1915i like care coordination service.

services, solely for the convenience of a child receiving independent living/skills building, are not covered.

Support is offered through a variety of activities (not an all-inclusive list) in areas such as

- completing homework (excludes tutoring)
- problem solving
- functional social skills such as receiving a compliment, asking for help, etc.
- verbal skills
- the development of play skills and imagination
- organizational skills
- cooperation and peer relationships
- life coaching to prepare a youth for transition to living independently
- developing Independent living skills to assist children who, are or will be, transitioning to adulthood with support in acquiring, retaining and improving self-help
- use of transportation (accessing public transportation, learning to drive, obtaining insurance)
- social and emotional skills development to support recovery oriented activities and living.

Family and Caregiver Support Services²

Family and Caregiver Support Services (FCSS) are an array of formal and informal services and supports provided to families raising a child who is experiencing social, emotional, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FCSS provide a structured, strength-based relationship between a Family Advocate and the parent/family member for the benefit of the child/youth.

Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a biological, foster, adoptive or self-created unit of people residing together, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family. For the purposes of this service, "family" is defined as the persons who live with, or provide care to, a child served by 1915i-like services and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the individual.

FCSS are provided by a trained and credentialed Family Peer Advocate (FPA) or trained family advocate who is uniquely qualified to work with families based on their personal experience

² NOTE: Resource analysis will be conducted with regard to this proposed service. It may at a future date be proposed as a new SPA service.

parenting a child with similar needs and/or the specialized training they receive. FCSS can be provided through individual and group face-to-face work (at the family's home, in the community or in an office) and/or by telephone/Skype contacts. Categories of FPSS include:

- Outreach and Information
- Engagement, Bridging and Transition Support
- Self-Advocacy, Self-Efficacy and Empowerment
- Parent Skill Development
- Community Connections and Natural Supports
- Promoting Effective Family-Driven Practice

Youth Support and Training

Youth support and training (YSAT) services are child/youth centered services that provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Activities may include:

- promote skills for coping with and managing psychiatric symptoms and substance use disorders;
- serve as an advocate, mentor or facilitator for resolution of issues;
- enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy;
- build community living skills; and,
- navigating the service system.

Youth advocacy activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals and to support their transitioning into adulthood.

Crisis Respite

Crisis Respite is a short-term care and intervention strategy for children and their families as a result of a behavioral health crisis event that creates an imminent risk for an escalation of symptoms without supports and/or a loss of functioning. It may be used when acutely challenging emotional crisis occur which the child is unable to manage without intensive assistance and support. The need for Crisis Respite may be identified as a result of a mobile crisis intervention or may come from referrals from the emergency room, the community, self-referrals, or as part of a step-down plan from an inpatient setting.

Crisis Respite services may be delivered in home or out of home by front-line staff in community based sites. Services offered may include: site-based crisis residence, health and wellness coaching, wellness activities, family support, conflict resolution, and other services as needed. Out of home Crisis Respite is not intended as a substitute for permanent housing arrangements.

Ongoing communication between child/family receiving crisis respite, crisis respite staff, and the child's established behavioral health providers is recommended to assure collaboration and continuity in managing the crisis situation and identifying subsequent support and service systems.

At the conclusion of a Crisis Respite period, crisis respite staff, together with the child/family and his or her established behavioral health providers, will make a determination as to the continuation of necessary care and make recommendations for modifications to the child's plan of care. Children are encouraged to receive crisis respite in the most integrated and cost-effective settings appropriate to meet their respite needs.

Planned Respite

Planned respite services provide planned short-term relief for family/caregivers (non-shift staff) that are needed to enhance the family/caregiver's ability to support the child's disability and/or health care issues. This service may be provided in a one-to-one, individual session or group session. The service is direct care for the child by staff trained to support the child's disability-related needs while providing relief from caregiver activities for the family/caregiver. This may occur on an hourly basis or on a daily/overnight basis. Planned Respite Services support the treatment plan goals. Planned Respite activities include providing supervision and recreational activities that match the child's developmental stage

Prevocational Services

Prevocational services are individually designed to prepare a youth to engage in paid work, volunteer work or career exploration. Prevocational services are not job-specific, but rather are geared toward facilitating success in any work environment for children whose disabilities do not permit them access to other prevocational services. The need for services will be reevaluated every six months and may be provided up to a total of 12 months.

This service may be delivered in a one-to-one session or in a group setting. Prevocational services are structured around teaching concepts such as compliance, attendance, task completion, problem solving, and safety based on a specific curriculum related to youth with disabilities. In addition, prevocational services assist with exploring career options, facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements. This service may be provided in the community or a worksite to introduce the participant to the world of work.

Documentation is maintained that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Supported Employment

Supported employment services are individually designed to prepare children with serious emotional disturbance to engage in paid work, volunteer work or career exploration. Supported employment services provide assistance to children/youth with severe disabilities in a work setting.

This service may only be provided in an individual, one-to-one session. Supported employment services may be provided in a variety of settings, particularly work sites.

Supported employment services include the following:

- supervision and training;
- intensive ongoing support;
- transportation to and from the job site;
- interface with employers regarding the child's disability(ies) and needs related to his or her healthcare issue(s);
- other activities needed to sustain paid work (e.g., employment assessment, job placement, adaptive/assistive equipment necessary for employment);
- job finding and development;
- training in work behaviors;
- assessing the interest and fit of a child for particular job opportunities;
- staff work with employers and job sites preparing them to be able to make necessary and reasonable accommodations;
- on-site support for the child as they learn specific job tasks;
- monitoring through on-site observation and through communication with job supervisors and employers.

Education Support Services

(NOTE: We wish to include a support service that is focused upon providing assistance with education system navigation. This will be explored further and included here, as we delve further into the limitation of doing so given the special education and related services as defined in Sections (22) and (25) of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.).

Residential Supports³

Residential Supports services are designed to assist residents with acquiring, retaining and improving the necessary skills needed to live successfully in home and community-based settings. This service may be delivered in the participant's home or in local, public community environments as described in the service plan, such as libraries or stores.

Residential Supports services are necessary, as specified by the service plan, to enable the participant to integrate fully into the community and ensure the health, welfare, safety and maximum independence of the participant. Residential Supports providers will coordinate and ensure access to necessary medical and clinical services. Residential Supports may be provided

³ Note: The State is in the process of analyzing the CMS HCBS Final Rule to make a determination whether the defined allowable settings in which HCBS services allows NY to deliver this service in residential settings. This service may stand within 1915i or be removed.

when the provider of Residential Supports services is also the provider of the housing for the participant.

Residential supports are designed to assist participants with a mental health and/or substance use disorder or co-occurring diagnosis in acquiring, retaining and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of community resources and adaptive skills necessary to reside successfully in home and community-based settings.

Residential Supports are skill based and individualized and will be provided to meet the participant's needs as determined by the assessment performed in accordance with Department requirements and as outlined in the participant's service plan. Supports include management of symptoms of Mental Health and/or Substance Use Disorder that impact stable living in a community setting.

Residential Supports services may help participants develop skills necessary for community living, such as:

- Instrumental Activities of Daily Living (IADLs) including: Instruction in accessing and using community resources such as transportation, translation, and communication assistance as identified as a need in the plan of care and services to assist the participant in shopping and performing other necessary activities of community and civic life, including self-advocacy.
- Instruction in developing or maintaining financial stability and security (e.g., understanding budgets, managing money and the right to manage their own money).

Residential Supports provide onsite and offsite modeling, training, and/or supervision to assist the participant in developing maximum independent functioning in community living activities. This service also includes assistance with medication administration and the performance of health-related tasks to the extent State law permits.

The cost of transportation provided by Residential Supports service providers to and from activities is included as a component within the rate of the Residential Supports services and, therefore, is reflected in the rate for the service.

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

Non-Medical Transportation

Non-medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-medical Transportation services are necessary, as specified by the service plan, to enable participants to gain access to authorized 1915i services that enable them to integrate more fully into the community and ensure the health, welfare, and safety of the child.

This service will be provided to meet the child's needs as determined by an assessment performed in accordance with Department requirements and as outlined in the child's service plan.

Transportation services consist of:

- Transportation (Mile)

This Transportation service is delivered by providers, family members, and other qualified, licensed drivers. Transportation (Mile) is used to reimburse the owner of the vehicle or other qualified, licensed driver who transports the participant to and from services and resources related to outcomes specified in the participant's service plan. The unit of service is one mile. Mileage can be paid round trip. A round trip is defined as from the point of first pickup to the service destination and the return distance to the point of origin.

When Transportation (Mile) is provided to more than one participant at a time, the provider will divide the shared miles equitably among the participants to whom Transportation is provided. The provider is required (or it is the legal employer's responsibility under the Vendor Fiscal/Employer Agent (FMS) model) to track mileage, allocate a portion to each participant, and provide that information to the Care Manager for inclusion in the participant's service plan.

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

- Public Transportation

The utilization of Public Transportation promotes self-determination and is made available to participants as a cost-effective means of accessing services and activities. This service provides payment for the individual's use of public transportation.

The Care Manager will monitor this service quarterly and will provide ongoing assistance to the child/family to identify alternative community-based sources of transportation. Consistent with other HCBS authorities in New York, all other options for transportation, such as informal supports, community services and public transportation must be explored and utilized prior to requesting non-medical transportation.

The state may employ its contracted regional transportation managers to oversee and approve this service working closely with individual care managers.