



# New York Adult (21 +) Home and Community Based Services (HCBS) & Health and Recovery Plan (HARP) Supplemental Clinical Criteria

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Table of Contents	Page
<a href="#">Introduction &amp; Instructions for Use</a> .....	<a href="#">1</a>
<a href="#">Alternate Level of Care Placement</a> .....	<a href="#">2</a>
<a href="#">Community Psychiatric Supports and Treatment</a> .....	<a href="#">3</a>
<a href="#">Education Support Services</a> .....	<a href="#">5</a>
<a href="#">Habilitation and Residential Support Services</a> .....	<a href="#">5</a>
<a href="#">Intensive Crisis Respite</a> .....	<a href="#">6</a>
<a href="#">Prevocational</a> .....	<a href="#">6</a>
<a href="#">Short-Term Crisis Respite</a> .....	<a href="#">7</a>
<a href="#">Supported Employment</a> .....	<a href="#">7</a>
<a href="#">Transitional Employment</a> .....	<a href="#">9</a>
<a href="#">Prevocational – Adult</a> .....	<a href="#">9</a>
<a href="#">Supported Employment – Adult</a> .....	<a href="#">10</a>
<a href="#">References</a> .....	<a href="#">11</a>
<a href="#">Revision History</a> .....	<a href="#">11</a>

## Introduction & Instructions for Use

### Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

### Instructions for Use

When deciding coverage, the member’s specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

## Alternate Level of Care Placement – Applicable to all Medicaid

Alternative Level of Care Placement (Title 85.8 and 505.20) is available when during the process of making determination, it is determined that the patient no longer requires inpatient hospital care but cannot be discharged except to a lesser level of medical care, the care is determined to be non-covered unless the hospital demonstrates that it has made and is continuing to make every effort to place the patient but without success.

If it is determined that the member may require placement in an alternate level of care upon discharge from the hospital, the member is referred to the discharge planning unit of the hospital for appropriate placement.

### Coverage Criteria

The following requirements must be met:

- When a patient's condition is such that continued care in a hospital or skilled nursing facility is necessary pending placement in an alternate lower medical level of care, continuing payment may be authorized following certification by the patient's physician and a clinical determination when medically necessary and when feasible, non-hospital placement in the community or other community placement are arranged.
- As soon as the patient's physician has indicated need for alternate medical care placement and the anticipated date the patient will be ready for discharge to such care, the hospital shall inform the social services district, and other agencies that can most appropriately be expected to arrange for the provision of alternate care services, of the patient's medical needs with the physician's recommendations.
- Failure by the hospital or skilled nursing facility to notify the local district or other appropriate agencies prior to or within 24 hours of the patient's assignment to alternate care status shall result in denial of payment for care rendered on or after that date. Verbal notification by the hospital or skilled nursing facility shall be promptly confirmed in writing to the local district.
- Patients who no longer need inpatient facility care shall be discharged promptly and, for hospital patients, shall be discharged in accordance with the Department of Health's hospital discharge planning requirements.
- The hospital or skilled nursing facility shall make weekly admission contracts with at least three facilities providing the appropriate level of care in its discharge community, defined as a 50-mile radius around the facility. These contracts must be rotated weekly among all available facilities in the referring facility's discharge community. The contracts shall be documented.
- The hospital or skilled nursing facility shall have admission documentation for each patient awaiting placement on file with at least five facilities in its discharge community.
- The hospital or skilled nursing facility shall assess the patient's medical condition and alternate medical care placement needs prior to or within 24 hours of the patient's assignment to alternate care status. To determine the alternate care level to which the patient shall be assigned, the hospital or skilled nursing facility shall apply either the patient assessment standards promulgated by the Department of Health (DOH) or a DOH-approved equivalent.
- Each patient assessment shall be reviewed and updated periodically during the patient's alternate level of care stay according to the continuing stay review intervals specified by DOH. A copy of each such assessment form shall be forwarded to the local district, if required by the district.
- Review forms as required by the State Department of Health must be completed by the hospital as follows:
  - The Hospital/Community Patient Review Instrument (Hospital/Community PRI) is completed by a professional who has successfully completed a training program in patient case mix assessment approved by the department to train individuals in the completion of the Patient Review form (PRI) or the Hospital/Community Patient Review form (Hospital/Community PRI).
  - The SCREEN is completed by a professional with demonstrated skills in assessing psychosocial situations, including but not limited to social work and discharge planning professionals, who has successfully completed a training program in patient case mix screening approved by the department to train individuals in the completion of the patient screening form (SCREEN); or
  - Each hospital shall have on staff one trained and qualified assessor, and one trained and qualified screener for every 70 medical surgical beds, who attest to the accuracy of the patient review forms, except that no more than nine trained and qualified assessors and nine trained and qualified screeners shall be required in a hospital.
- The Hospital/Community PRI is completed prior to or within 24 hours of the patient's assignment to alternate level of care (ALC) status, and every 15 days for the first 30 days, and every 30 days thereafter, and within 24 hours prior to the time of

discharge to a skilled nursing facility or a health-related facility, unless a different schedule is contained in 18 NYCRR 505.20.

- The SCREEN is completed prior to or within 24 hours of the patient's assignment to ALC status, and every 30 days thereafter, unless a different schedule is contained in 18 NYCRR 505.20.
- The Hospital/Community PRI and SCREEN are completed when the patient's status changes and the patient is given an explanation of the information contained on the SCREEN, including the determination of the care setting.
- Patients younger than 16 years of age shall be assessed at the frequency specified above using patient review forms as required by the facility(ies) to which the patient is referred for care upon discharge.
- When the utilization review committee determines that medical assistance payments should be discontinued because the recipient has refused an appropriate alternate care placement, it shall send written notification of its action to the recipient or the recipient's representative or appropriate relative, and the local social services district.
- Medical assistance payments for patients needing alternate care placement shall be available only for patients whose initial admission to the hospital or skilled nursing facility was both medically necessary and appropriate.

### **Limitations/Exclusions**

No payment for hospital or skilled nursing facility care for an eligible person pending alternate medical care placement shall be made if:

- The requirements contained above are not met;
- The requesting hospital or skilled nursing facility has an alternate care facility attached to it or affiliated with it and such an alternate care facility has an appropriate alternate medical care vacancy;
- An appropriate alternate medical care vacancy exists within a 50-mile radius of the requesting facility or beyond this radius for a hospital patient whom the local social services district has directed the hospital to place beyond the hospital's discharge community; or
- The requesting hospital has failed to secure other available third-party reimbursement for the care of the patient for that period of time the patient was awaiting alternate care placement.
- Payments for patients needing alternate care placement shall not be available for patients whose initial admission was not both medically necessary and appropriate, but was made because an appropriate placement at a lower level of care was unavailable at the time of admission to the referring facility.

## **Ambulatory Behavioral Health Services (Adult) HARP Home and Community Based Services (HCBS) Adult 21 +**

### **Community Psychiatric Supports and Treatment**

CPST – Adult includes time-limited goal-directed supports and solution-focused interventions intended to achieve identified person-centered goals or objectives as set forth in the individual's Plan of Care and CPST Individual Service Plan.

The following activities under CPST are designed to help individuals with serious mental illness to achieve stability and functional improvement in the following areas: daily living, finances, housing, education, employment, personal recovery and/or resilience, family and interpersonal relationships and community integration. CPST is designed to provide mobile treatment and rehabilitation services to individuals who have difficulty engaging in site-based programs who can benefit from off-site rehabilitation or who have not been previously engaged in services, including those who had only partially benefited from traditional treatment or might benefit from more active involvement of their family of choice in their treatment.

- Services are intended to help engage individuals with mental health and/or a substance use diagnosis who are unable to receive site-based care or who may benefit from community-based services, including those who had only partially benefited from traditional treatment or might benefit from more active involvement of their family in their treatment. In addition, this service is intended for individuals who are being discharged from inpatient units, jail or prisons, and with a history of non-engagement in services; individuals who are transitioning from crisis services; and, for individuals who have disengaged from care.
- Community treatment for eligible individuals can continue as long as needed, within the limits, based on the individual's needs. The intent of this service is to eventually transfer the care to a place based clinical setting.

- The total combined hours for CPST, Psychosocial Rehabilitation (PSR) and Habilitation are limited to no more than a total of 500 hours in a calendar year.
- CPST - Child: CPST services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child/youth's treatment plan. This includes the implementation of interventions using evidenced-based techniques, drawn from cognitive-behavioral therapy and/or other evidenced-based psychotherapeutic interventions approved by New York State.
- CPST includes the following components: Rehabilitative Psychoeducation, Intensive Interventions, Strengths Based Treatment Planning, Rehabilitative Supports, Crisis Avoidance, and Intermediate Term Crisis Management.
- CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the member lives, works, attends school, engages in services (e.g., provider office sites), and/or socializes.

## Admission Criteria

- The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR the child/youth is at risk of development of a behavioral health diagnosis; AND
- The child/youth is expected to achieve skill restoration in one of the following areas:
  - Participation in community activities and/or positive peer support networks;
  - Personal relationships;
  - Personal safety and/or self-regulation;
  - Independence/productivity;
  - Daily living skills;
  - Symptom management;
  - Coping strategies and effective functioning in the home, school, social or work environment; AND
- The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND
- The services are recommended by the following Licensed Practitioners of the Health Arts operating within the scope of their practice under state license:
  - Licensed Master Social Worker
  - Licensed Clinical Social Worker
  - Licensed Mental Health Counselor
  - Licensed Creative Arts Therapist
  - Licensed Marriage and Family Therapist
  - Licensed Psychoanalyst
  - Licensed Psychologist
  - Physician's Assistant
  - Psychiatrist
  - Physician
  - Registered Professional Nurse or
  - Nurse Practitioner

## Continued Service Criteria

- The child/youth continues to meet admission criteria; AND
- The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve; AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
- The child/youth is at risk of losing skills gained if the service is not continued; AND
- Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.

## Discharge Criteria

- The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; OR
- The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
- The child/youth or parent/caregiver(s) withdraws consent for services; OR

- The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
- The child/youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
- The child/youth and/or family/caregiver(s) no longer needs this service as he/she is obtaining a similar benefit through other services and resources.

### **Limitations/Exclusions**

- The provider agency will assess the child prior to developing a treatment plan for the child.
- Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- Group face-to-face may occur for Rehabilitative Supports
- Group should not exceed more than 6-8 members. Consideration may be given to a smaller limit of members if participants are younger than eight years of age.

## **Education Support Services**

Education Support Services are provided to assist individuals with mental health or substance use disorders who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment. Services may also include classes, vocational training, and tutoring to receive a Test Assessing Secondary Completion (TASC) diploma, as well as support to the participant to participate in an apprenticeship program.

## **Habilitation and Residential Support Services**

Habilitation and Residential Support Services: Habilitation services are provided on a 1:1 basis and are designed to assist individuals with a behavioral health diagnosis (i.e. SUD or mental health) 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.

These services assist individuals with developing skills necessary for community living and, if applicable, to continue the process of recovery from an SUD disorder. Services include things such as: instruction in accessing transportation, shopping and performing other necessary activities of community and civic life including self-advocacy, locating housing, working with landlords and roommates and budgeting. Services are designed to enable the participant to integrate full into the community and ensure recovery, health, welfare, safety and maximum independence of the participant.

### **Admission Criteria (SMI/SED)**

- The individual requires habilitation and onsite services that may include but are not limited to cognition (cognitive skills), functional status (ADLs), and recovery-oriented community support.
- Providers who did not apply for both PSR and Habilitation are encouraged to apply for both of these services. Programs without a joint designation will not be allowed to serve individuals having both a PSR and Habilitation goal in their Plan of Care. The state will work with these programs to facilitate this process.

### **Limitations/Exclusions**

The total combined hours for Psychosocial Rehabilitation, Community Psychiatric Support and Treatment and Habilitation are limited to no more than a total of 500 hours in a calendar year.

Time limited exceptions to this limit for individuals transitioning from institutions are permitted if prior authorized and found to be part of the cost-effective package of services provided to the individual compared to institutional care.



## Intensive Crisis Respite

Intensive Crisis Respite (ICR): a short-term, residential care and clinical intervention strategy for individuals who are facing a behavioral health crisis, including individuals who are suicidal, express homicidal ideation, or have a mental health or co-occurring diagnosis and are experiencing acute escalation of mental health symptoms. In addition, the person must be able to contract for safety.

Individuals in need of ICR are at imminent risk for loss of functional abilities and may raise safety concerns for themselves and others without this level of care. The immediate goal of ICR is to provide supports to help the individual stabilize and return to previous level of functioning or as a step-down from inpatient hospitalization.

### Admission Criteria

- Individuals who may be a danger to self or others and are experiencing acute escalation of mental health symptoms and/or at imminent risk for loss of functional abilities and raise safety concerns for themselves and others but can contract for safety.
- Experiencing symptoms beyond what can be managed in a short-term crisis respite.
- Individual does not require inpatient admission or can be used as an alternative to inpatient admission if clinically indicated and person can contract for safety.

### Limitations/Exclusions

- 7 days maximum
- Intensive Crisis Respite services include a limit of 21 days per year. Individuals requiring Intensive Crisis Respite for longer periods than those specified may be evaluated on an individual basis and approved for greater length of stay based on medical necessity.
- Have an acute medical condition requiring higher level of care.

## Prevocational

Prevocational Services – Adult: time-limited services that prepare an individual for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/or disabling substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in competitive work environment as well as in the integrated community settings. Pre-vocational services occur over a defined period of time and with specific person centered goals to be developed and achieved, as determined by the individual and his/her employment specialist and support team and ongoing person-centered planning process as identified in the individual's person-centered Plan of Care, Pre-vocational services provide supports to individuals who need ongoing support to learn a new job and/or maintain a job in a competitive work environment or a self-employment arrangement. The outcome of this pre-vocational activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

### Admission Criteria

- Individuals must have a clear desire to work in competitive employment.

### Limitations/Exclusions

The total combined hours (for pre-vocational services and transitional supported employment) are limited to no more than a total of 250 hours and duration of 9 months of service in a calendar year.

For all employment supports services, documentation is maintained in the file of each individual receiving this service 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.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program

- Payments that are passed through to users of supported employment programs
- Payments for training that is not directly related to an individual's supported employment program

## Short-Term Crisis Respite

Short-Term Crisis Respite: a short-term care and intervention strategy for individuals who have a mental health or co-occurring diagnosis and 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 without onsite supports including:

- A mental health or co-occurring diagnosis and are experiencing challenges in daily life that create imminent risk for an escalation of symptoms and/or a loss of adult role functioning but who do not pose an imminent risk to the safety of themselves or others
- A challenging emotional crisis occurs which the individual is unable to manage without intensive assistance and support
- When there is an indication that an individual's symptoms are beginning to escalate

Referrals to Crisis Respite may come from the emergency room, the community, self-referrals, a treatment team, or as part of a step-down plan from an inpatient setting. Crisis respite is provided in site-based residential settings. Crisis Respite is not intended as a substitute for permanent housing arrangements.

### Admission Criteria

- All individuals receiving this service must be experiencing a crisis, and be:
  - Willing to voluntarily stay at a Crisis Respite
  - Willing to be assessed by a treating professional including undergo a BH HCBS assessment
  - Willing to authorize release of medical records by relevant treating providers
  - Have a mental health or co-occurring diagnosis and are experiencing challenges in daily life that create imminent risk for an escalation of symptoms and/or a loss of adult role functioning but who do not pose an imminent risk to the safety of themselves or others.

### Limitations/Exclusions

- Diagnosis of dementia, organic brain disorder or TBI
- Those with an acute medical condition requiring higher level of care
- At imminent risk to self or others that requires higher level of care
- Displays symptoms indicative of active engagement in substance use manifested in a physical dependence or results in aggressive or destructive behavior
- Is not willing or able to respect and follow the guest agreement during his/her stay
- Is not willing to sign necessary registration documentation
- Is not willing to participate in the wellness process during his/her stay
- No longer than 1 week per episode, not to exceed a maximum of 21 days per year. Individual stays of greater than 72 hours require prior authorization. Individuals requiring crisis respite for longer periods may be evaluated on an individual basis and approved for greater length of stay based on medical necessity.

## Supported Employment

Intensive Supported Employment (ISE) – Adult: Services that assist recovering individuals with MH/SUDs to obtain and keep competitive 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 is based on Individual Placement Support (IPS) model which is an evidence-based practice of supported employment. It consists of intensive employment supports that enable individuals for whom competitive employment at or

above the minimum wage is unlikely, absent the provision of supports, and who, because of their clinical and functional needs, require supports to perform in a regular work setting.

Individual employment support services are individualized, person-centered services that provide supports to individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement. Individuals in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

## Admission Criteria

- In order to achieve a successful outcome in ISE, an individual must have made a clear decision to work in competitive employment in the community.
- The basic tenet of ISE is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity.
- The ongoing level of care criteria including service duration, intensity and effectiveness should be reviewed by the BH HCBS provider and/or the MCO at least quarterly.

## Limitations/Exclusions

250 hours per calendar year. For all employment supports services, documentation is maintained in the file of each individual receiving this service 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.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program,
- Payments that are passed through to users of supported employment programs, and
- Payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided at an integrated work site where individuals without disabilities are employed, payment is made only for the adaptations, supervision, and training required by OMH participants who receive services as a result of their disabilities but does not include payment for the supervisory activities rendered in as a normal part of the regular business setting.

Supported Employment - Youth: Services that are individually designed to prepare individuals with severe disabilities age 14 or older to engage in paid work. Supported Employment provides ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Supported employment services are individualized and may include any combination of the following services:

- Vocational/job-related discovery or assessment;
- Person-centered employment planning;
- Job placement;
- Job development;
- Negotiation with prospective employers;
- Job analysis;
- Job carving;
- Training and systematic instruction;
- Job coaching;
- Benefits support;
- Training and planning;



- Transportation;
- Career advancement services; and
- Other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

## Transitional Employment

Transitional Employment: This service is designed to strengthen the participant'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. This service is provided, instead of individual supported employment, only when the person specifically chooses this service and may only be provided by clubhouse, psychosocial club program certified provider or recovery center. This service specifically provides learning and work experiences where the individual with behavioral health and/or substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in the competitive work environment in integrated community settings paying at or above minimum wage. The outcome of this activity is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

### Admission Criteria

- An individual must have made a clear decision to work in competitive employment in the community regardless of limited or unsuccessful work history, or present status of sobriety and/or abstinence.
- The basic tenet of Transitional Employment is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity.

### Limitations/Exclusions

The total combined hours for pre-vocational and transitional supported employment) are limited to no more than a total of 250 hours and duration of 9 months of service in a calendar year.

Additionally, Transitional Employment placements should be part-time and time-limited, usually 15-20 hours/week from 6-9 months in duration.

For all employment supports services, documentation is maintained in the file of each individual receiving this service 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.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program,
- Payments that are passed through to users of the state VR supported employment programs, and
- Payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided in a competitive and integrated work site where individuals without disabilities are employed, payment is made only for the adaptations, supervision, and training required by individuals who receive services as a result of their disabilities and does not include payment for the supervisory activities rendered as a normal part of the business setting.

## Prevocational – Adult

Prevocational Services – Adult: time-limited services that prepare an individual for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/or disabling substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in competitive work environment as well as in the integrated community settings. Pre-vocational services occur over a defined period of time and with specific person centered goals to be developed and achieved, as determined by the individual and his/her employment specialist and support team and ongoing person-centered planning process as identified in the individual's person-centered Plan of Care, Pre-vocational services provide supports to individuals who need ongoing support to learn a new

job and/or maintain a job in a competitive work environment or a self-employment arrangement. The outcome of this pre-vocational activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

## Admission Criteria

- Individuals must have a clear desire to work in competitive employment.

## Limitations/Exclusions

The total combined hours (for pre-vocational services and transitional supported employment) are limited to no more than a total of 250 hours and duration of 9 months of service in a calendar year.

For all employment supports services, documentation is maintained in the file of each individual receiving this service 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.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program
- Payments that are passed through to users of supported employment programs
- Payments for training that is not directly related to an individual's supported employment program

When Pre-vocational services are provided at a work site where individuals are competitively employed, payment is made only for the adaptations, supervision, and training required by individuals receiving services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting or work environment.

## Prevocational Services – Child

Structured around teaching concepts based on a specific Plan related to youth with disabilities. Services include activities that are not primarily directed at teaching skills to perform a certain job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform work and optimally to perform competitive, integrated employment such as:

- facilitating appropriate work habits;
- learning job production requirements;
- ability to communicate effectively with supervisors, co-workers and customers;
- generally accepted community workplace conduct and dress;
- ability to follow directions;
- ability to attend to and complete tasks;
- punctuality and attendance;
- appropriate behaviors in and outside the workplace;
- workplace problem solving skills and strategies;
- mobility training;
- career planning;

proper use of job-related equipment and general workplace safety.

## Supported Employment – Adult

Intensive Supported Employment (ISE) – Adult: Services that assist recovering individuals with MH/SUDs to obtain and keep competitive 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 is based on Individual Placement Support (IPS) model which is an evidence-based practice of supported employment. It consists of intensive employment supports that enable individuals for whom competitive employment at or above the minimum wage is unlikely, absent the provision of supports, and who, because of their clinical and functional needs, require supports to perform in a regular work setting.

Individual employment support services are individualized, person-centered services that provide supports to individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement.

Individuals in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

## Admission Criteria

- In order to achieve a successful outcome in ISE, an individual must have made a clear decision to work in competitive employment in the community.
- The basic tenet of ISE is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity.
- The ongoing level of care criteria including service duration, intensity and effectiveness should be reviewed by the BH HCBS provider and/or the MCO at least quarterly.

## Limitations/Exclusions

250 hours per calendar year. For all employment supports services, documentation is maintained in the file of each individual receiving this service 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.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program,
- Payments that are passed through to users of supported employment programs, and
- Payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided at an integrated work site where individuals without disabilities are employed, payment is made only for the adaptations, supervision, and training required by OMH participants who receive services as a result of their disabilities but does not include payment for the supervisory activities rendered in as a normal part of the regular business setting.

## References

New York Codes, Rules and Regulations, Title: Section 85.8, Alternate Level of Care and Title: Section 505.20, Alternate Care.

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New York Office of Mental Health, Crisis Residence Benefit Medicaid Managed Care Implementation, October 15, 2020.

## Revision History

Date	Summary of Changes
12/17/2018	Version 1
08/19/2019	Version 2
01/31/2020	Version 3
02/15/2021	Version 4
04/15/2022	Version 5
07/18/2023	Version 1 (Adult Only)

Date	Summary of Changes