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Office of
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Office of Children
and Family Services

Children's Health and Behavioral Health Services Transformation

Home and Community Based Services Provider Manual

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Revisions made to remove Habilitative skill building

Contents of this manual are subject to change. Any questions or concerns about this document can be sent to

OMH-Managed-Care@omh.ny.gov



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Introduction

Home and Community Based Services (HCBS) are designed to allow children/youth to participate in a vast array of habilitative services, by granting access to a series of Medicaid funded services. New York (NY) has affirmed its commitment to serving individuals in the least restrictive environment by providing services and supports to children and their families to enable them to remain at home and in the community. HCBS are designed for people who, but for these services, require the level of care provided in a more restrictive environment such as in a long-term care facility or psychiatric inpatient care and for those at risk of elevating to that level of care.

The Medicaid Managed Care transition for individuals under the age of 21 includes the alignment of the following NY children's waivers currently accessible under the authority of the 1915(c) amendment of the Federal Social Security Act: Office of Children and Family Services (OCFS) Bridges to Health [B2H Serious Emotional Disturbance (SED), B2H Developmental Disabilities (DD), B2H medically fragile (MedF)], the Office of Mental Health (OMH) SED Waiver, Office for People with Developmental Disabilities (OPWDD) Care at Home (CAH) waiver and the Department of Health (DOH) operated Care at Home (CAH) I/II Waiver.

The Office of Alcoholism and Substance Abuse Services (OASAS), OCFS, OMH, and DOH have worked in collaboration to create a newly aligned service array of HCBS benefits for children meeting specific criteria. The 1115 Medicaid Redesign Team (MRT) Waiver, with approval from the Centers for Medicare and Medicaid Services (CMS), provides NYS the authority for these HCBS benefits. Included in the 1115 are person-centered planning requirements as well as specifics on the transitional coverage requirements for children currently enrolled in 1915(c) waivers at the time of transition.

HCBS eligibility includes 1) target criteria; 2) risk factors and 3) functional criteria as well as Medicaid eligibility. These criteria are currently limited to children that would otherwise qualify for institutional placement Level of Care (LOC) criteria. The 1115 federal authority seeks to expand LOC to include a new needs-based criteria category referred to as Level of Need, allowing more children to access HCBS benefits. This expansion group addresses gaps in service where a child who may benefit from HCBS was not eligible based on higher functioning.

New York State will continue to use the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment tool to assure person-centered service planning for all HCBS eligible children/youth.

The HCBS Provider Manual defines the specific composition of each service while designating provider roles and responsibilities. All HCBS benefits are intended to be applicable in any home or community setting meeting federal HCBS settings requirements inclusive of the child or family environment. Exceptions are noted.

Over the coming months, the State will be seeking approvals from the Centers for Medicare and Medicaid (CMS) of an 1115 Waiver and State Plan Amendments (SPAs), which collectively will implement the Medicaid Redesign Team (MRT) Children's Behavioral Health and Health Medicaid Redesign Plan. The approvals of those collective documents will authorize the State to implement the proposed six new State Plan services and the HCBS. Providers that choose to submit an application to become a designated provider of the proposed six new SPA services and/or HCBS as described herein are advised that such designation and ability to provide services under such designation is contingent upon the State receiving CMS and any other approvals required for implementation of such Medicaid services.

Vision/Goals

HCBS are designed to offer support and services to children in non-institutionalized settings that enable them to remain at home and in the community. HCBS provides person-centered care which accounts for the strengths, preferences and needs, as well as the desired outcome of the individual. Services are individualized to meet the developmental and/or behavioral health needs of each child/youth. Participants have independent choice among an array of service options and providers. These services are provided in flexible, complimentary package that evolves over time to meet the changing needs of children.

The setting in which the child lives and receives HCBS is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

It is the mission of NYS and its child and family serving agencies to improve health and behavioral health care access and outcomes for individuals served while demonstrating sound stewardship of financial resources.

Person-Centered Care: Services must reflect a child's stated goals and emphasize shared decision-making approaches that empower the child and family members, provide choices, and minimizes stigma. Services should be designed to emphasize wellness and attention to the child's overall well-being and full community inclusion.

Family-centered, strengths-based care planning and care coordination engages family members throughout the interaction to ensure services are tailored to best address the family's strengths and needs. Family members can recommend services that will be most helpful to them and participate in identifying expected outcomes and setting timelines to achieve their goals.

Ongoing care coordination/management requires frequent, planned contact with the family to assess progress toward goals. Care coordinators/managers communicate and plan with multiple service systems to ensure provision of appropriate services and assess service effectiveness. Family members also are encouraged to use their skills to access resources, fully participate in services and evaluate progress.

Recovery-Oriented: Services must be provided based on the principle that all children and youth have the capacity to thrive. Recovery involves recognition of the need for change and transformation; it exists on a continuum of improved health and wellness and involves systems anchored in the community. Specifically, services should support the acquisition of living, vocational, and social skills and be offered in home and community-based settings that encourage goals established by the individual child and family.

Integrated: Success for children requires both integrated and effective treatment. Initial and on-going collaboration between providers and natural supports is fundamental to enhancing resiliency, meeting the imperatives of developmental stages, and promoting wellness for each child and their family.

Data-Driven: Providers must use data to define outcomes, monitor performance, and promote health and well-being. Performance metrics should reflect a broad range of health and recovery indicators beyond those related to acute care and also document medical necessity.

Evidence-Based: Services must utilize evidence-based practices where appropriate and provide or enable continuing education activities to promote uptake of these practices.

Trauma-Informed: Trauma-informed services are based on an understanding of the vulnerabilities or triggers experienced by trauma survivors that may be exacerbated through traditional service delivery approaches so that these services and programs are designed to be more supportive and avoid re-traumatization. All programs should engage all individuals with the assumption that trauma has occurred within their lives (SAMHSA, 2014)

Flexible and Mobile: Services must adapt to the specific and changing needs of each child, using mobile service delivery approaches along with therapeutic methods and recovery approaches which best suit each individual. HCBS, where indicated, may be provided in home or within the child's community.

Eligibility and Enrollment

To access the HCBS described in this document, a child must be determined eligible based on meeting target and risk factors in addition to functional deficits on measured by the CANS-NY assessment. Children already receiving HCBS through enrollment in a 1915(c) Medicaid waiver will have continued access to HCBS for as long as the child continues to meet the eligibility criteria for the 1915(c) Medicaid waiver.

Children and youth seeking HCBS must be under 21 years old and eligible for Medicaid.

HCBS eligibility is comprised of three components: 1) Target criteria, 2) Risk factors, and 3) Functional criteria.

There are 2 HCBS eligibility groups:

1. Level of Care (LOC): children that meet institutional placement and
2. Level of Need (LON): children who are at risk of institutional placement.

There are 3 subgroups within the LOC group:

- 1. children with Serious Emotional Disturbance (SED)
 - with or without co-occurring Substance Use Disorders (SUD)
- 2. children with Developmental Disability in Foster Care
- 3. children who are Medically Fragile

There are 2 subgroups within the LON group:

- 1. children with Serious Emotional Disturbance (SED)
 - with or without co-occurring Substance Use Disorders (SUD)
- 2. children/youth that have abuse and neglect targeting criteria, including children with complex trauma

The services described in this document are accessible to the child once a provisional Plan of Care (POC) is in place.

Both LOC and LON determinations involve/require the completion of a common assessment tool, the Child and Adolescent Needs and Strengths Assessment - New York version (CANS-NY). (except LOC DD) The results of a comprehensive CANS-NY will play a role in determining functional deficits and identifying risk factors.

The target criteria, risk factors and functional limits are to be documented in the UAS.

Children seeking HCBS who are not otherwise eligible for Medicaid (e.g. Income and resources are above Medicaid eligibility allowances) must meet a needs-based criteria before Medicaid eligibility determination:

- a HCBS Eligibility Evaluation Screen including a brief CANS-NY will be completed by the Independent Entity
- If presumptively eligible, the Independent Entity will develop a provisional plan of care and refer to LDSS/HRA for Medicaid application.
- Once Medicaid is established, referral to appropriate care management will be completed
- The CANS-NY will be used to determine each child's comprehensive needs.
- For children ineligible for Health Home, a full CANS and POC will be done by their Comprehensive Care Coordinator.

Whether a child meets the LOC or the LON criteria, eligible children, youth and their families will have access to the same array of HCBS services which will be provided in a person-centered manner.

Glossary of Terms

Developmental Disability: Section 1.03(22) of the New York State Mental Hygiene Law is the legal base for eligibility determination and defines Developmental Disability as: A disability of a person that: (a)(1) Is attributable to an intellectual disability cerebral palsy, epilepsy, neurological impairment or autism; (2) Is attributable to any other condition of a person found to be closely related to an intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons or requires treatment and services similar to those required for such persons; or (3) Is attributable to dyslexia resulting from a disability described in (1) or (2); (b) Originates before such person attains age twenty-two; (c) Has continued or can be expected to continue indefinitely; and (d) Constitutes a substantial handicap to such person's ability to function normally in society. *Source: OPWDD, OMRDD Advisory Guideline--Determining Eligibility for Services: Substantial Handicap and Developmental Disability, Eligibility for Services/Substantial Handicap/Developmental Disability, 8/10/01.*

Family: Family is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

“Family of One”: A commonly used phrase to describe a child that becomes eligible for Medicaid through use of institutional eligibility rules for certain medically needy individuals. These rules allow a budgeting methodology for children to meet Medicaid financial eligibility criteria as a “family of one,” using the child's own income and disregarding parental income.

Home or Community Setting: Home setting or community setting means the setting in which children primarily reside or spend time, as long as it is not a hospital nursing facility, Intermediate Care Facility (ICF), or psychiatric nursing facility. Note: this is distinguished from a Home and Community Based setting.

Licensed Practitioner of the Healing Arts: An individual professional who is licensed as a Registered Professional Nurse, Nurse Practitioner, Psychiatrist, Licensed Psychologist, Licensed Psychoanalyst, Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, or Physician (per OMH 599 regulations) and practicing within the scope of their State license.

Medicaid Eligible Child: Any child in New York State who is eligible for Medicaid, whether eligible via income consideration, medically needy definitions or categorical eligibility (e.g., foster care).

Medically Fragile: A "medically fragile child" is defined as an individual who is under 21 years of age and has a chronic debilitating condition or conditions, and who requires a complex medication regimen or medical interventions to maintain or to improve their health status.

Natural Supports: Natural supports are individuals and informal resources that a family/caregiver can access, independent of formal services. These supports are a significant source of culturally relevant emotional support and caring friendships for children and families. Natural supports can be short-term or long-term and are usually sustainable and available to the child and family/caregiver after formal services have ended.

Person-Centered Care: Services should reflect a child and family's goals and emphasize shared decision-making approaches that empower families, provide choice, and minimize stigma. Services should be designed to optimally treat illness, improve clinical and psychosocial outcomes, and emphasize wellness and attention to the family's overall well-being and the child's full community inclusion.

Physical Disability: "Disability" under Social Security is based on one's inability to work. A person is considered disabled under Social Security rules if: they cannot do work that s/he did before; SSA decides that s/he cannot adjust to other work because of his/her medical condition(s); and his/her disability has lasted or is expected to last for at least one year or to result in death.

Recovery-Oriented: Services should be provided based on the principle that all individuals have the capacity to recover from mental illness and/or substance use disorders. Specifically, services should support the acquisition of living, vocational, and social skills and be offered in home and community-based settings that promote hope and encourage each person to establish an individual path towards recovery.

Rehabilitative services- Within the context of State Plan Services for children under 21 years of age, rehabilitative services refer to behavioral health services that help a child/youth keep, restore, or improve skills and functioning for daily living and skills related to communication that have been lost or impaired. Rehabilitative services under the new children's State Plan Amendment are primarily provided by unlicensed practitioners within qualified provider agencies complying with the requirements outlined in this policy manual.

Restoration: Returning to a previous level of functioning.

School Setting: The place in which a child/youth attends school.

Serious Emotional Disturbance (SED): A designated mental illness diagnosis according to the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a child or adolescent who has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

- Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- Family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
- Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
- Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or
- Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

Service Goal: A general statement of outcome relating to the identified need for the specific intervention provided.

Service Provider: Individuals/organizations that provide and are paid to provide services to the youth and family/caregiver.

Substance Use Disorder (SUD): A diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substance. The diagnosis of a substance use disorder is based on criteria defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) and can be applied to all ten classes of drugs including: alcohol; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, anxiolytics; stimulants; tobacco; and other (or unknown) substances.

Trauma-Informed: Trauma-informed services are based on an understanding of the vulnerabilities or triggers experienced by trauma survivors that may be exacerbated through traditional service delivery approaches so that these services and programs can be modified to be more supportive and avoid re-traumatization. All programs should engage all individuals with the assumption that trauma has occurred within their lives (SAMHSA, 2014).

Youth: Individuals generally 14 years of age and older.

SERVICE DEFINITIONS

HABILITATION

Definition

Habilitation services assists children/youth with developmental, medical or behavioral disabilities with the self-help, socialization, and adaptive skills necessary for successful functioning in the home and community when other types of skill-building services are not appropriate.

Service Components

The service includes assistance with acquiring, retaining, or improving skills related to:

- personal grooming and cleanliness;
- bed making and household chores;
- eating and/or preparing food;
- social and adaptive skills;
- transportation;
- communication skills;
- participating in community activities,
- safety skills,
- managing money
- and making informed choices

Modality

- Individual face-to-face intervention
- Group face-to-face intervention

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix F) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network. Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Under Development

Certification/Provider Qualifications

Provider Agency Qualifications:

- New York State Office for People with Developmental Disabilities (OPWDD) certified, not-for-profit habilitation provider agencies.

Individual Staff Qualifications:

- An individual employed by the agency approved to provide this service.

Training Requirements

Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe

<p>Habilitation</p>	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • Suicide prevention training (SafeTalk) • Domestic Violence Signs and Basic Interventions 		
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Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children in order to demonstrate competency (see Appendix B).

CAREGIVER/FAMILY SUPPORTS AND SERVICES

Definition

Caregiver/Family Supports and Services enhance the child/youth’s ability regardless of disability (developmental, physical and/or behavioral), to function as part of a caregiver/family unit and enhance the caregiver/family’s ability to care for the child/youth in the home and/or community. Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Note: this service is not the State Plan service of Family Peer Support Services which is delivered by a certified Family Peer with lived experience.

Service Components

Based upon the Caregiver/Family Supports and Services plan developed by the child/youth and caregiver/family team, this service provides opportunities to:

- Interact and engage with family/caregivers and children/youth to offer educational, advocacy, and support resources to develop family/caregivers ability to independently access community services and activities;
- Maintain and encourage the caregivers’/families’ self-sufficiency in caring for the child/youth in the home and community;
- Address needs and issues of relevance to the caregiver/family unit as the child/youth is supported in the home and community; and
- Educate and train the caregiver/family unit on resource availability so that they might better support and advocate for the needs of the child and appropriately access needed services
- Direct instruction and guidance in the principles of the children’s chronic condition or life threatening illness.

Modality

- Individual face-to-face intervention
- Group face-to-face intervention (no more than two HCBS eligible children/families)

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix F) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Under Development

Certification/Provider Qualifications

Provider Agency Qualifications:

- Practitioners must operate within a child serving agency that is licensed, certified, designated, and/or approved by OMH, OASAS, OCFS, OPWDD or DOH or its designee to provide comparable and appropriate services referenced in settings permissible by the designation.

DOH, OASAS, OCFS, OPWDD or OMH may designate additional provider agencies, as needed, to address particular accessibility needs of the child behavioral health population using the process noted in the Appendix. In all cases, the newly designated provider agency meet and must comply with the following requirements:

- Provider agencies and practitioners adhere to all Medicaid requirements in this manual and in other applicable provider manuals, regulations and statutes.
- Provider agencies adhere to cultural competency guidelines (See Appendix A.)
- Provider agencies must be knowledgeable and have experience in trauma-informed care and working with individuals from the cultural groups of those being served.

- The provider agency ensures that staff receive Mandated Reporting training which is provided throughout New York State and Personal Safety in the Community training prior to service delivery.
- The provider agency ensures that practitioners maintain the licensure necessary to provide services under their scope of practice under State law if applicable.
- The provider agency ensures that any insurance required by the designating state agency is obtained and maintained.
- The provider agency ensures that any safety precautions needed to protect the child population served are taken as necessary and required by the designating State agency.

Individual Staff Qualifications:

- **Minimum** qualification of a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS) with related human service experience.
- **Preferred** experience working with children/youth.

Supervisor Qualifications:

- **Minimum** qualification of a Bachelor’s degree with one year experience in human services working with children/youth.
- **Preferred** two years’ experience in human services working with children/youth.

Training Requirements

Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe
Caregiver/Family Supports & Services	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • Suicide prevention training (SafeTalk) • Domestic Violence Signs and Basic Interventions 		

Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children/youth in order to demonstrate competency (see Appendix B).

RESPITE

Definition

This service focuses on short-term assistance and/or relief for children/youth with disabilities (developmental, physical and/or behavioral), and family/caregivers which can be provided in a planned mode or delivered in a crisis environment. Respite workers supervise the child/youth and engage the child in activities that support his/her and or caregiver/family's constructive interests and abilities.

Respite providers will offer services with a level of expertise in understanding and implementing behavioral/developmental interventions required to support optimal functioning for children/youth. Respite providers will regularly communicate the details of the child/youth's intervention plan so that there is a carryover of skill from the respite source to the caregivers and treatment providers.

To the extent that skilled nursing is provided as a form of respite, this service has to be ordered by a physician.

Service Components

Planned

Planned respite services provide planned short-term relief for family/caregivers that are needed to enhance the family/caregiver's ability to support the child/youth's functional, mental health/substance use disorder and/or health care issues. The service is direct care for the child/youth by staff trained to support the child/youth's needs while providing relief from caregiver activities for the family/caregiver. This may occur in short-term increments of time (usually during the day) or on an overnight or longer-term increment. Planned Respite Services support the plan of care goals. Planned Respite activities include providing supervision and recreational activities that match the child/youth's developmental stage and continue to maintain the participant's health and safety.

Crisis

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

Crisis Respite services may be delivered in home by qualified practitioners, out of home by staff in community-based sites, or allowable facilities. Services offered may include: site-based crisis residence or bed, monitoring for high risk behavior, health

and wellness coaching, wellness activities, family/caregiver support, conflict resolution, and other services as needed.

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

At the conclusion of a Crisis Respite period, crisis respite staff, together with the child/youth and family/caregiver and his or her established behavioral health or health care 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. Out of home Crisis Respite is not intended as a substitute for permanent housing arrangements.

Modality

Planned Overnight Respite: This service may be delivered in a one-to-one session in a home setting.

Planned Day Respite: This service may be delivered in a one-to-one session or in a group of HCBS eligible youth (no larger than 3 children/youth).

Crisis Day/Overnight Respite: This service may be delivered in a one-to-one session

Setting

More Guidance Forthcoming

Limitations/Exclusions

Under Development

Respite is not an allowable substitute for permanent housing arrangements.

Certification/Provider Qualifications

Provider Agency Qualifications:

- Practitioners must operate within a child serving agency that is licensed, certified, designated, and/or approved by OMH, OASAS, OCFS, OPWDD or DOH or its designee to provide comparable and appropriate services referenced in settings permissible by the designation.
- Out-of-home, non-medical respite agencies must be approved respite care and services providers under Part 435 of 18 NYCRR. Please note there is an exemption in the CMS HCBS Final Rule (March 16, 2014) for allowable respite care settings.

DOH, OASAS, OCFS, OPWDD or OMH may designate additional provider agencies, as needed, to address particular accessibility needs of the child behavioral health population using the process noted in the Appendix. In all cases, the newly designated provider agency meet and must comply with the following requirements:

- Provider agencies and practitioners adhere to all Medicaid requirements in this manual and in other applicable provider manuals, regulations and statutes.
- Provider agencies adhere to cultural competency guidelines (See Appendix A.)
- Provider agencies must be knowledgeable and have experience in trauma-informed care and working with individuals from the cultural groups of those being served.
- The provider agency ensures that staff receive Mandated Reporting training which is provided throughout New York State and Personal Safety in the Community training prior to service delivery.
- The provider agency ensures that practitioners maintain the licensure necessary to provide services under their scope of practice under State law if applicable.
- The provider agency ensures that any insurance required by the designating state agency is obtained and maintained.
- The provider agency ensures that any safety precautions needed to protect the child population served are taken as necessary and required by the designating State agency.

Individual Staff Qualifications:

- To serve children/youth in foster care: Out-of-home, non-medical respite agencies must be approved respite care and services providers under Part 435 of 18 NYCRR with the following depending on setting of respite services:
 - Provision of service in child's residence: Crisis respite providers are paraprofessionals with a high school diploma or equivalent and with appropriate skills and training. For medically fragile children, specific training for the respite workers will be defined and arranged by the care manager.
 - Provision of service outside child's residence in a foster boarding home: Crisis respite providers must be a Licensed Foster Parent pursuant to Part 435 of 18 NYCRR. For medically fragile children, specific training for the respite workers will be defined and arranged by the care coordinator.
 - Provision of service outside child's residence in a group home setting: Crisis respite providers are paraprofessionals with a high school diploma or equivalent and with appropriate skills and training. For medically fragile children, specific training for the respite workers will be defined and arranged by the care coordinator.
- To serve children/youth not in foster care, respite workers must be staff of an OMH-certified Community Residence, including Crisis Residence, or specially trained

family homes (Former FBT) which has an OMH Operating Certificate demonstrating compliance with 14 NYCRR 594;

OR

- an in-home or in the community respite worker who:
 - is at least 18 years of age for daytime and 21 for overnight services;
 - has experience working with children/youth (preference given to those with experience working with children/youth with special needs);
 - A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS)

Supervisor Qualifications:

- **Minimum** qualification is a Bachelor’s degree with one year experience in human services working with children/youth.
- **For Children/Youth in Foster Care: Provision of service outside child’s residence in a foster boarding home: Minimum qualification:** must be a Licensed Foster Parent pursuant to Part 435 of 18 NYCRR and a Bachelor’s degree with one year experience in human services working with children/youth.
- **For Children/Youth in Foster Care: Provision of service outside child’s residence in a group home setting: Minimum qualification:** a Bachelor’s degree with one year experience in human services working with children/youth.

Training Requirements

Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe
Respite (Crisis/Planned)	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • OMH recommended suicide prevention training (SafeTalk) • Domestic Violence Signs and Basic Interventions 	Prior to Service Delivery	

Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children/youth in order to demonstrate competency (see Appendix B).

PREVOCATIONAL SERVICES

Definition

Prevocational Services are individually designed to prepare a youth (age 14 or older) 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 youth whose disabilities do not permit them access to other prevocational services. The service will be reflected in youth's plan of care and must be directed to teaching skills rather than explicit employment objectives. In addition, Prevocational Services assist with facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements.

Prevocational Services may include volunteer work, such as learning and training activities that prepare a person for entry into the paid workforce. Prevocational Services should enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines from the U.S. Department of Labor. Services are intended to develop and teach general skills. Examples include, but are not limited to:

- 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.

Prevocational Services include activities that are not primarily directed at teaching skills to perform a particular 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.

Prevocational services will not be provided to an HCBS participant if:

- (i) Special education and related services that are otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA).

(ii) Vocational rehabilitation services that are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (Access VR).

(iii) Vocational services that are provided in facility based work settings that are not integrated settings in the general community workforce.

Service Components

- Helping the youth to connect their educational plans to future career/vocational goals
- Helping youth to complete college or other applications to continue formal education/training
- Helping youth to apply for financial aid or scholarship opportunities
- Resume writing, interview techniques, role play and job application completion.
- Exploring career options, facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements
- Teaching concepts such as compliance, attendance, task completion, problem solving, and safety based on a specific curriculum related to youth with disabilities
- Assisting in identifying community service opportunities that could lead to paid employment
- 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.).

Modality

This service may be delivered in a one-to-one session or in a group setting of two or three participants.

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix F) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Under Development

Certification/Provider Qualifications

Provider Agency Qualifications:

- Practitioners must operate within a child serving agency that is licensed, certified, designated, and/or approved by OMH, OASAS, OCFS, OPWDD or DOH or its designee to provide comparable and appropriate services referenced in settings permissible by the designation.

DOH, OASAS, OCFS, OPWDD or OMH may designate additional provider agencies, as needed, to address particular accessibility needs of the child behavioral health population using the process noted in the Appendix. In all cases, the newly designated provider agency meet and must comply with the following requirements:

- Provider agencies and practitioners adhere to all Medicaid requirements in this manual and in other applicable provider manuals, regulations and statutes.
- Provider agencies adhere to cultural competency guidelines (See Appendix A.)
- Provider agencies must be knowledgeable and have experience in trauma-informed care and working with individuals from the cultural groups of those being served.
- The provider agency ensures that staff receive Mandated Reporting training which is provided throughout New York State and Personal Safety in the Community training prior to service delivery.
- The provider agency ensures that practitioners maintain the licensure necessary to provide services under their scope of practice under State law if applicable.
- The provider agency ensures that any insurance required by the designating state agency is obtained and maintained.
- The provider agency ensures that any safety precautions needed to protect the child population served are taken as necessary and required by the designating State agency.

Individual Qualifications:

- **Minimum** qualifications of an Associate's degree with one year human service experience.
- **Preferred** qualifications of a Bachelor's degree with one year experience in human services working with children/youth

Supervisor Qualifications:

- **Minimum** qualification of a Bachelor’s degree with three years experience in human services.
- **Preferred** qualification of a Master’s with one year experience in human services working with children/youth.

Training Requirements			
Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe
Prevocational Services	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • Suicide prevention training (SafeTalk) • Domestic Violence Signs and Basic Interventions 		

Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children/youth in order to demonstrate competency (see Appendix B).

SUPPORTED EMPLOYMENT

Definition

Supported Employment services are individually designed to prepare youth with disabilities (age 14 or older) to engage in paid work. Supported Employment services provide assistance to participants with disabilities as they perform in a work setting.

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 participant to be successful in integrating into the job setting.

Supported employment services may also include services and supports that assist the participant in achieving self-employment through the operation of a business including home-based self-employment. However, Medicaid funds are not used to defray the expenses associated with starting up or operating a business.

In addition to the need for an appropriate job match that meets the individual's skills and interests, individuals may also need long term employment support to successfully maintain a job due to the ongoing nature of the HCBS participant's support needs, changes in life situations, or evolving and changing job responsibilities.

Supported Employment service will not be provided to an HCBS participant if:

- (i) Special education and related services that is otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA).
- (ii) Vocational rehabilitation services that are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973.
- (iii) Supported employment does not include facility based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.
- (iv) Supported employment does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.
- (v) Supported employment does not include volunteer work. Such volunteer learning and un-paid training activities that prepare a person for entry into the paid workforce are addressed through pre-vocational services.

Medicaid funding cannot be 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 supported employment; or
- Payments that are passed through to users of supported employment services.

Service Components

Supported employment services may be provided in a variety of settings, particularly work sites. Supported employment services include the following:

- Supervision and training that are not job-related
- Intensive ongoing support
- Transportation to and from the job site
- Interface with employers regarding the individual'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, and/or adaptive/assistive equipment necessary for employment)
- Job finding and development training in work behaviors
- assessing the interest and fit of an individual 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 individual as they learn specific job tasks
- Monitoring through on-site observation through communication with job supervisors and employers.

Modality

- Individual face-to-face intervention

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix F) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Under Development

Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.

Certification/Provider Qualifications

Provider Agency Qualifications:

- Practitioners must operate within a child serving agency that is licensed, certified, designated, and/or approved by OMH, OASAS, OCFS, OPWDD or DOH or its designee to provide comparable and appropriate services referenced in settings permissible by the designation.

DOH, OASAS, OCFS, OPWDD or OMH may designate additional provider agencies, as needed, to address particular accessibility needs of the child behavioral health population using the process noted in the Appendix. In all cases, the newly designated provider agency meet and must comply with the following requirements:

- Provider agencies and practitioners adhere to all Medicaid requirements in this manual and in other applicable provider manuals, regulations and statutes.
- Provider agencies adhere to cultural competency guidelines (See Appendix A.)
- Provider agencies must be knowledgeable and have experience in trauma-informed care and working with individuals from the cultural groups of those being served.
- The provider agency ensures that staff receive Mandated Reporting training which is provided throughout New York State and Personal Safety in the Community training prior to service delivery.
- The provider agency ensures that practitioners maintain the licensure necessary to provide services under their scope of practice under State law if applicable.
- The provider agency ensures that any insurance required by the designating state agency is obtained and maintained.
- The provider agency ensures that any safety precautions needed to protect the child population served are taken as necessary and required by the designating State agency.

Individual Qualifications:

- **Minimum** qualifications of an Associate's degree with one year human service experience.
- **Preferred** qualifications of a Bachelor's degree with one year experience in human services working with children/youth

Supervisor Qualifications:

- **Minimum** qualification of a Bachelor's degree with three years of experience in human services.

- **Preferred** qualification of a Master’s with one year experience in human services working with children/youth.

Training Requirements			
Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe
Supported Employment	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • OMH recommended suicide prevention training (SafeTalk) • Domestic Violence Signs and Basic Interventions 		

Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children/youth in order to demonstrate competency (see Appendix B).

COMMUNITY SELF-ADVOCACY TRAINING AND SUPPORTS

Definition

Participating in community events and integrated interests/occupations are important activities for all children/youth, including those with disabilities (developmental, physical and/or behavioral health in origin). Success in these activities is dependent not only on the child/youth, but on the people who interact with and support the child/youth in these endeavors. Community Self-Advocacy Training and Support improves the child/youth’s ability to gain from the community experience, and enables the child/youth’s environment to respond appropriately to the child/youth’s disability and/or health care issues.

Community Self-Advocacy Training and Support is intended to assist the child/youth, family/caregiver, and collateral contacts in understanding and addressing the participant’s needs related to their disability(ies).

Community Self-Advocacy Training and Support provides family, caregivers, and collateral contacts with techniques and information not generally available so that they can better respond to the needs of the participant. The use of this service may appropriately be provided to prevent problems in community settings as well as when the child/youth is experiencing difficulty. The Plan of Care objectives must clearly state

how the service can prevent as well as ameliorate existing problems and to what degree. This service cannot be used to develop an Individualized Education Program (IEP), the plan for students with disabilities who meet the federal and state requirements for special education, or to provide special education services to the child/youth.

Service Components

- Training (one-on-one or group) for the child/youth and/or the family/caregiver regarding methods and behaviors to enable success in the community. Each group must not exceed 12 participants (enrollees and collaterals).
- Direct self-advocacy training in the community with collateral contacts regarding the child/youth's disability(ies) and needs related to his or her health care issues.
- Self-advocacy training for the child/youth and/or family/caregiver, including during community transitions.

Modality

- Individual face-to-face intervention
- Group face-to-face intervention (No more than three HCBS eligible children/youth enrolled may attend a group activity at the same time)

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix F) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Under Development

Certification/Provider Qualifications

Provider Agency Qualifications:

- Practitioners must operate within a child serving agency that is licensed, certified, designated, and/or approved by OMH, OASAS, OCFS, OPWDD or DOH or its designee to provide comparable and appropriate services referenced in settings permissible by the designation.

DOH, OASAS, OCFS, OPWDD or OMH may designate additional provider agencies, as needed, to address particular accessibility needs of the child behavioral health population using the process noted in the Appendix. In all cases, the newly designated provider agency meet and must comply with the following requirements:

- Provider agencies and practitioners adhere to all Medicaid requirements in this manual and in other applicable provider manuals, regulations and statutes.
- Provider agencies adhere to cultural competency guidelines (See Appendix A.)
- Provider agencies must be knowledgeable and have experience in trauma-informed care and working with individuals from the cultural groups of those being served.
- The provider agency ensures that staff receive Mandated Reporting training which is provided throughout New York State and Personal Safety in the Community training prior to service delivery.
- The provider agency ensures that practitioners maintain the licensure necessary to provide services under their scope of practice under State law if applicable.
- The provider agency ensures that any insurance required by the designating state agency is obtained and maintained.
- The provider agency ensures that any safety precautions needed to protect the child population served are taken as necessary and required by the designating State agency.

Individual Staff Qualifications:

- **Preferred Qualifications:** An individual employed by the agency with a Master's degree in education, or a Master's degree in a human services field plus one year of applicable experience.
- **Minimum Qualifications:** An individual employed by the agency with a bachelor's degree plus two years of related experience

Supervisor Qualifications:

- **Minimum** qualifications of a Master's degree with one year experience in human services working with children/youth.
- **Preferred** two years of experience in human services working with children/youth.

Training Requirements

Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe
Community Self-Advocacy Training and Supports	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • Suicide prevention training (SafeTalk) • Domestic Violence Signs and Basic Interventions 		

Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children/youth in order to demonstrate competency (see Appendix B).

Non-Medical Transportation

Definition

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 available for individuals to access authorized HCBS and destinations that are related to a goal included on the child/youth’s Plan of Care.

Examples where this service may be requested include transportation to: HCBS that a child/youth was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED preparatory class, etc. This service will be provided to meet the child/youth’s needs as determined by an assessment performed in accordance with the State’s requirements and as outlined in the child/youth’s Plan of Care.

Limitations/Exclusions

Under Development

Certification/Provider Qualifications

Agencies interested in providing Non-Medical Transportation must be a current Medicaid Transportation Provider. Please see the following links on information on Medicaid Transportation:

- Link to transportation provider manuals: <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>
- Link to transportation provider enrollment application: <https://www.emedny.org/info/ProviderEnrollment/transportation/index.aspx>

Adaptive and Assistive Equipment

This service provides technological aids and devices that can be added to the home, vehicle, or other eligible residence of the enrolled child to enable him/her to accomplish daily living tasks that are necessary to support the health, welfare, and safety of the child. The adaptive and assistive equipment available through the HCBS cannot duplicate equipment otherwise available through the Medicaid State Plan or other federal/state funding streams. The equipment enables the child to increase, maintain and/or improve his or her ability to function in the home and community based setting with independence and safety. Combined five year spending threshold of \$30,000 with the ability to consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.

More information and guidance forthcoming.

Accessibility Modifications

This service provides internal and external physical adaptations to the home or other eligible residences of the enrolled child that are necessary to support the health, welfare, and safety of the child. These modifications are additive to services available through Medicaid State Plan or federal/state funding streams, and enable the child to function with greater independence related to the child's disability and/or health care issues and prevent medical institutionalization. All equipment and technology used for entertainment is prohibited. Combined five year spending threshold of \$30,000 with the ability to consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.

More information and guidance forthcoming.

Palliative Care

Definition

Palliative care is specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life threatening illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses, social workers and other specialists who work together with a patient's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic condition or life threatening illness and can be provided along with curative treatment.

Children must meet LOC functional criteria and suffer from the symptoms and stress of chronic medical conditions **OR** illnesses that put individuals at risk for death before age 21.

Service Components

Types of activities included: Bereavement Therapy; Pain and Symptom Management; Expressive Therapy (Art, Music and Play); and Massage Therapy.

- **Pain and Symptom Management** – Relief and/or control of the child's suffering related to their illness or condition.
- **Bereavement Service** – Help for participants and their families to cope with grief related to the participant's end-of-life experience. Bereavement counseling services are inclusive for those participants in receipt of hospice care through a hospice provider.

Massage Therapy – To improve muscle tone, circulation, range of motion and address physical symptoms related to their illness.

- **Expressive Therapy (art, music and play)** – Help children better understand and express their reactions through creative and kinesthetic treatment. **Modality**

N/A

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see appendix F) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Under Development

Certification/Provider Qualifications

Provider Agency Qualifications:

- Certified Home Health Agency (CHHA) or Hospice Organization

NOTE: For all staff providing Palliative Care Services it is expected that they will have a minimum of three years working with the medically fragile population and at least one year of clinical experience with pediatric population, preferably involving end of life care.

- **Expressive Therapy (art, music and play)** Child Life Specialist with certification through the Child Life Council a Creative Arts Therapist licensed by the State of New York ,a Music Therapist with a Bachelor's Degree from a program recognized by the NYS Education Department, or a Play Therapist with Master's Degree, from a program recognized by the New York State Education Department and a current Play Therapist Registration conferred by the Association for Play Therapy (Expressive Therapy (Art, Music and Play)).
- **Massage Therapy** Massage Therapist currently licensed by the State of New York.
- **Pain and Symptom Management** Pediatrician or Family Medicine Physician, board certified in Pediatrics or Family Medicine licensed by the State of New York, a Nurse Practitioner licensed by the State of New York (Pain and Symptom Management)
- **Bereavement Service** A Licensed Clinical Social Worker (LCSW), a Licensed Master Social Worker (LMSW), a Licensed Psychologist or a Licensed Mental Health Counselor, that meet current NYS licensing

DOH, OASAS, OCFS, OPWDD or OMH may designate additional provider agencies, as needed, to address particular accessibility needs of the child behavioral health population using the process noted in the Appendix. In all cases, the newly designated provider agency meet and must comply with the following requirements:

- Provider agencies and practitioners adhere to all Medicaid requirements in this manual and in other applicable provider manuals, regulations and statutes.
- Provider agencies adhere to cultural competency guidelines (See Appendix A.)
- Provider agencies must be knowledgeable and have experience in trauma-informed care and working with individuals from the cultural groups of those being served.
- The provider agency ensures that staff receive Mandated Reporting training which is provided throughout New York State and Personal Safety in the Community training prior to service delivery.

- The provider agency ensures that practitioners maintain the licensure necessary to provide services under their scope of practice under State law if applicable.
- The provider agency ensures that any insurance required by the designating state agency is obtained and maintained.
- The provider agency ensures that any safety precautions needed to protect the child population served are taken as necessary and required by the designating State agency.

Training Requirements

Service Type	Trainings Required	Requirement Completion Timeframe	Recertification Timeframe
Palliative Care	<ul style="list-style-type: none"> • Mandated Reporter • Personal Safety And Safety In The Community • Strength Based Approaches • Domestic Violence Signs and Basic Interventions 		

Practitioners are encouraged to review knowledge base and skills the State recommends for providers who will be delivering HCBS to children/youth in order to demonstrate competency (see Appendix B).

Customized Goods and Services

Definition

Customized Goods and Services are services, equipment, or supplies not otherwise provided through this demonstration or through the Medicaid State Plan, that are available under a pilot program and address an identified need in the Plan of Care. The item or service must:

- Decrease the need for other Medicaid services;

- Promote inclusion in the community;
- Increase the child/youths safety in the home or community environment.

To be an eligible service:

- The participant must lack funds to purchase the item or service; OR
- The service is not available through another source.

Customized Goods and Services should be used as the funding source of last resort - only for those costs that cannot be covered by any other source and that are vital to the implementation of the Plan of Care. Funding shall not exceed \$2,000 annually per participant.

Limitations/Exclusions

Services Ineligible for Customized Goods and Services include:

- Experimental or prohibited treatments;
- Purchases for or from third parties who are family members, friends, or significant others;
- Room and Board in a residential facility, including assisted living facilities;
- Tobacco products, alcohol products, firearms, contraband or illegal items;
- Pornographic materials, prostitution services, escort services;
- Payment of court-ordered costs, attorney fees, fines, restitution, or similar debts;
- Credit card payments of any kind, or similar debts;
- Items purchased for the purpose of resale;
- Gift cards or prepaid debit cards;
- Services or goods that are recreational in nature;
- Goods and services that a household does not include a person with a disability would be expected to pay for as a household expenses (e.g. subscription to a cable television service).

APPENDICES

A. Cultural Competency: Is defined as an awareness and acceptance of cultural and linguistic differences, an awareness of individual cultural values, an understanding of how individual differences affect those participating in the helping process, a basic knowledge about the clients culture, knowledge of the client's environment, and the

ability to adapt practice skills to best address the needs of a child and his/her family taking into account their cultural and linguistic context.

The provider shall promote and ensure the delivery of services in a culturally competent manner to all clients, including but not limited to those with limited English proficiency and diverse cultural and ethnic backgrounds as well as clients with diverse sexual orientations, gender identities and members of diverse faith communities. Cultural competence means having the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by clients and their communities across all levels of the provider's organization

The provider agency shall have the infrastructure to support the delivery of linguistically, culturally relevant, and appropriate services that incorporates:

- Continuous accountability and quality improvement measures to track, monitor, and manage disparities in care across cultural groups. To this end, providers shall utilize detailed data about cultural groups in order to identify disparities at the most "granular" level feasible.
- The achievement of care goals.
- Quality effectiveness and outcomes at the practice level and the child and family level.
- Processes to assess child and family satisfaction with services and care, which includes elements to determine if cultural and linguistic needs were met.
- Provide prompt access to qualified interpreters in order to adequately address the needs of individuals with limited-English proficiency and American Sign Language users.
- Adopt policies and procedures that incorporate the importance of honoring clients' beliefs, sensitivity to cultural diversity, fostering respect for each client's culture and cultural identity, and eliminating disparities across cultural groups.
- Perform internal cultural competence activities including completion of standardized cultural competence training, including training on the use of interpreters, for all participating providers' staff who have regular and substantial contact with clients.
- Provider agencies must be knowledgeable of, or familiarize themselves with, the individual's cultural group to adequately serve them.

B. Knowledge Base/Skills Recommendations:

These are the skills and knowledge base the State recommends for providers delivering the new Home and Community Based Services to children in order to demonstrate competency. This list is not exhaustive and it is expected that providers will augment the required training, detailed in each individual service section of this manual, and may include the following:

Knowledge Base

- Basic Understanding of Medications

- Child and Adolescent Development
- Child Serving Systems
- Cultural and Linguistic Competence
- Domestic Violence: Signs and Basic Interventions
- Emotional, Cognitive, and Behavior Management Techniques
- Frequently Abused Drugs and Drug Combinations
- Harm Reduction
- Medication Assisted Treatment for SUD
- Medications: Intended Effects; Interactions; and Side Effects
- Mental Health- Signs and Symptoms
- Service Continuum- Community Resources
- Substance Use Disorders- Signs and Symptoms
- Trauma Informed Care
- Age Appropriate Activities of Daily Living (ADL's)
- Systems/Community Resources
- SAFE Act Reporting Requirements
- Workers' rights, including minimum wage, work place conditions, and American Disability Act (ADA)
- Social service benefits/entitlements, including employment regulations and restrictions
- Career opportunities that prepare youth for competitive employment, including community-based training programs, internships, and community service opportunities
- End of Life Symptoms
- Adaptive and Assistive Equipment
- Transportation Alternatives
- Professional use of technology, social media, and digital communication
- Understand impact of learning, behavioral and physical differences on employment, Understand Individuals with Disabilities Education Act (IDEA)
- Essential work-related documents, including working papers and vital documents, and processes for obtaining them

Skills:

- Assessment- Clinical (as applicable for some services)
- Assessment- Collaborative Family/Peer Appraisal (as applicable for some services)
- Crisis De-escalation, Resolution, and Debriefing
- Crisis Management/ Avoidance Planning
- Emergency Recommendation Response (e.g. Narcan/Naloxone Administration, EpiPen)
- Engagement and follow through
- Family Support
- Linkage facilitation (bridging and transition support)
- Meeting or Group Facilitation Skills

- Motivational Interviewing
- Monitor and Evaluate Discharge Planning, Monitoring, and Follow-up
- Safety Plan Development, Implementation, and Monitoring
- Therapeutic Use of Self-Disclosure
- Treatment planning and Implementation
- Treatment Plan/Discharge Planning
- Individual, Group, Family Counseling (within scope of license)
- Therapy (within scope of license)
- Individual and Group Support Facilitation
- Plan of Care Development and Monitoring
- Advocacy, Training, Coaching
- Clear and Effective Communications
- Identification and Delivery of Functional Skill Building Interventions
- Positive Parenting Practices
- Supervision Utilization
- Personal, Health (including medication advocacy & coaching), Autonomy, Independence, and Community Competence
- Pain and Symptom Management
- Proficient Computer Skills
- Relaxation Techniques
- Qualified Licensed Driver
- Conflict Resolution
- Family Palliative Care Education and Training
- Critical Thinking and Problem Solving Skills
- Career coaching and Professional development workshop facilitation (including: work-related expectations; career planning; workplace decorum; conflict resolution; boundaries; interviewing; and networking)
- Cross system collaboration, including education, child welfare, juvenile justice, behavioral and physical health
- Educational Guidance
-

C. Staffing Guidelines:

Practitioners who are qualified by credentials, training, and experience to provide direct services related to the treatment of health and behavioral health issues under the Medicaid Agency will work for a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated, and/or approved by OMH, OASAS, OCFS, OPWDD or DOH or its designee to provide comparable and appropriate services referenced in the definition.

- a. **Licensed Occupational Therapist** is an individual who is licensed and currently registered as an Occupational Therapist by the New York State Education Department

- b. **Licensed Practical nurse** is an individual who is currently licensed and currently registered as a licensed practical nurse by the New York State Education Department
- c. **Licensed Psychoanalyst** is an individual who is currently licensed and currently registered as a psychoanalyst by the New York State Education Department
- d. **Licensed Psychologist** is an individual who is currently licensed and currently registered as a psychologist by the New York State Education Department from the New York State Education Department and who possesses a doctoral degree in psychology.
- e. **Licensed Marriage and Family Therapist** is an individual who is licensed and currently registered as a marriage and family therapist by the New York State Education Department
- f. **Licensed Mental Health Counselor** is an individual who is licensed and currently registered as a mental health counselor by the New York State Education Department
- g. **Nurse Practitioner** is an individual who is currently certified as a nurse practitioner by the New York State Education Department
- h. **Physician** is an individual who is licensed and currently registered as a physician by the New York State Education Department
- i. **Physician Assistant** is an individual who is currently registered as a physician assistant by the New York State Education Department
- j. **Psychiatrist** is an individual who is licensed and currently registered to practice medicine in New York State, who (i) is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.
- k. **Registered Professional Nurse** is an individual who is licensed and currently registered as a registered professional nurse by the New York State Education Department
- l. **Social Worker** is an individual who is either currently registered as a Licensed Master Social Worker (LMSW) or as a Licensed Clinical Social Worker (LCSW) by the New York State Education Department.

D. HCBS Documentation & Quality Assurance Reviews

HCBS Documentation requirements for encounters:

- Name of recipient
- Type of service provided
- Date of service provided
- Location of service
- Duration of service, including start and end times
- Description of interventions to meet Plan of Care goals
- Outcome (s) or Progress made toward goal achievement
- Follow up/ next steps
- Your name, qualifications, signature and date

Quality Assurance Reviews:

- Quality Assurance reviews and claims audits will be conducted by NYS or its designee, including Local Government Units, to ensure providers comply with the rules, regulations, and standards of the program, and may be conducted without prior notice.
- The Quality Assurance reviews will focus on program aspects, but may include technical requirements such as billing, claims, and other Medicaid program requirements.
- Managed care plans may also be developing protocols to oversee the provision of these services in their provider networks.

E. HCBS Attestation Forms and Example

Under Development

F. BH HCBS Settings Overview

The CMS Final Rule (§441.301(c)(4) and §441.710) defines the qualities that all home and community based settings must possess in order to be in compliance with the rule. In the final rule, CMS also clarifies which settings do NOT qualify as home and community based settings.

According to CMS, settings that DO NOT MEET the definition of being home and community based are:

- A nursing facility;
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities;

- A hospital; or
- Any other locations that have qualities of an institutional setting, as determined by the Secretary. In addition, the final rule 441.301(c)(5)(v) specifies that the following settings Are Presumed to Have the Qualities of an institution (and therefore likely do not meet the HCBS standard without documentation to support otherwise):
 - Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
 - Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
 - Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

CMS has created a Settings Requirements Compliance Toolkit that may be found here: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-andSupports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html> Included in the toolkit are exploratory questions to assist in the assessment of residential settings, found here:

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-servicesand-supports/home-and-community-based-services/downloads/exploratory-questions-re-settingscharacteristics.pdf>

Additionally, there are exploratory questions to assist in the assessment of non-residential settings, found here: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

Forthcoming, New York State will release a checklist for providers to use to establish compliance with the Final Rule regarding settings. We will disseminate other resources.

G. Grievances and Appeals *Under Development*