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Table of Contents

[Introduction & Instructions for Use](#)

[Evidence-Based Practice Criteria](#)

Mental Health: 23 Hour Observation (Please apply LOCUS/CASII/ECSII)

Mental Health: Crisis Stabilization & Assessment (Please apply LOCUS/CASII/ECSII)

Mental Health: Crisis Intervention (Please apply LOCUS/CASII/ECSII)

Mental Health: Day Treatment (Please apply LOCUS/CASII/ECSII)

Mental Health: Inpatient (Please apply LOCUS/CASII/ECSII)

Mental Health: Intensive Outpatient Program (Please apply LOCUS/CASII/ECSII)

[Mental Health: Other Licensed Practitioner](#)

Mental Health: Outpatient (Please apply LOCUS/CASII/ECSII)

Mental Health: Partial Hospital Program (Please apply LOCUS/CASII/ECSII)

Wraparound Services: Assertive Community Treatment (Please apply LOCUS/CASII/ECSII)

Wraparound Services: Case Management – Adult (Please apply LOCUS/CASII/ECSII)

[Wraparound Services: Community Psychiatric Supports and Treatment \(CPST\) – Adult and Child](#)

[Wraparound Services: Crisis Response – Child](#)

Wraparound Services: Family Support Services – Adult and Child (Please apply LOCUS/CASII/ECSII)

[Wraparound Services: Education Support Services – Adult](#)

[Wraparound Services: Intensive In-Home - Child](#)

Wraparound Services: Peer Services and Supports – Adult (Please apply LOCUS/CASII/ECSII)

[Wraparound Services: Personalized Recovery Oriented Services \(PROS\) – Adult](#)

Wraparound Services: Psychosocial Rehabilitation – Adult (Please apply LOCUS/CASII/ECSII)

[Wraparound Services: Prevocational – Adult and Child](#)

[Wraparound Services: Supported Employment – Adult and Child](#)

[Wraparound Services: Transitional Employment – Adult](#)

[Wraparound Services: Short-Term Crisis Respite Services - Adult](#)

[Wraparound Services: Intensive Crisis Respite –Adult](#)

[Wraparound Services: Habilitation and Residential Support Services - Adult](#)

[Wraparound Services: Therapeutic Foster Care – Child](#)

[Wraparound Services: Youth Peer Support and Training \(YPST\) – Youth](#)

[Wraparound Services: Youth Peer Advocate – Youth](#)

[Wraparound Services: Skill Building – Child](#)

[Wraparound Services: Transitional Case Management – Child](#)

[References](#)

[Revision History](#)

INTRODUCTION & INSTRUCTIONS FOR USE

The following *State or Contract Specific Clinical Criteria*¹ 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 OptumHealth Behavioral Solutions of California (“Optum-CA”)).

Other *Clinical Criteria*² may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®³. 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. When deciding coverage, the member’s specific benefits must be referenced.

¹ **Clinical Criteria (State or Contract Specific):** Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.

² **Clinical Criteria**

(Level of Care Utilization System-LOCUS) Standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make medical necessity determinations and placement decisions for adults ages 19 and older.

(Child and Adolescent Service Intensity Instrument-CASII)-Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children and adolescents ages 6-18.

(Early Childhood Service Intensity Instrument-ECSII) - Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children ages 0-5.

(ASAM Criteria) Criteria used to make medical necessity determinations for substance-related disorder benefits.

³ Optum is a brand used by United Behavioral Health and its affiliates.

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.

EVIDENCE-BASED PRACTICE CRITERIA

In addition to the applicable Clinical Criteria, for all services, treatments and levels of care, services are delivered according to evidence-based practices consistent with the applicable definition of Medical Necessity and the following:

- Services are:
 - Provided under an individualized plan of treatment or diagnostic plan developed in conjunction with providers of appropriate disciplines on the basis of a thorough evaluation of the member's strengths and disabilities;
 - Supervised and evaluated by the most appropriate physician or provider;
 - For the purpose of diagnosis or services are reasonably expected to improve the member's condition:
 - It is not necessary that a course of therapy have as its goal restoration of the member to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some members. For many other members, particularly those with long-term, chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement.
 - "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the member's condition would deteriorate, relapse further, or require hospitalization, this criterion is met.
- The individualized written plan includes the type, amount frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals.
- For continued service, the member continues to show improvement in accordance with his/her individualized treatment plan, and the frequency of services is within accepted norms of medical practice.
- Discharge is indicated when stability can be maintained without further treatment or with less intensive treatment.
 - Discharge planning includes linkages with community resources, supports, and providers in order to promote a member's return to a higher level of functioning in the least restrictive environment.
 - A discharge plan and a summary with recommendations for appropriate services concerning follow-up or aftercare have been developed as well as a summary of the member's condition upon discharge.

MENTAL HEALTH: OTHER LICENSED PRACTITIONER

Other Licensed Practitioner: OLP service is delivered by a Non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the state of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law. OLP does not require a DSM diagnosis in order for the service to be delivered. NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individuals who are licensed under supervision or direction of a licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, in settings permissible by that designation.

Admission Criteria

- The child/youth is being assessed by the NP-LBHP to determine the need for treatment. The NP-LBHP develops a treatment plan for goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits that:
 - Corrects or ameliorates conditions that are found through an EPSDT screening; OR
 - Addresses the prevention, diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development, and the ability to attain, maintain, or regain functional capacity.

Continuing Stay Criteria

- The child/youth is making some progress but has not fully reached established service goals and there is expectation that if the child/youth continues to improve, then the service continues OR
- Continuation of the service is needed to prevent the loss of functional skills already achieved.
- The child/youth continues to meet admission criteria AND
- The child/youth and/or family/caregiver(s) continue to be engaged in services AND
- An alternative service(s) would not meet the child/youth needs AND
- The treatment plan has been appropriately updated to establish or modify ongoing goals.

Discharge Criteria

- The child/youth no longer meets continued stay criteria OR
- The child/youth has successfully reached individual/family established service goals 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 need OLP as he/she is obtaining a similar benefit through other services and resources.

Limits/Exclusions

- Groups must not exceed more than 6-8 members. Consideration may be given to a smaller limit of participants are younger than eight years of age.
- Evidence Based Practices (EBPs) require prior approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

- Inpatient hospital facilities are allowed for licensed professional other than social workers if a Preadmission Screening and Resident Review (PASRR) indicate it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately.
- Visits to Intermediate Care Facilities for individuals with Mental Retardation (ICF-MR) are not covered.
- All NP-LBHP services provided while the person is a resident of an institution for Mental Disease, such a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
- If a child requires medically necessary services that are best delivered in the school setting by a community provider the service needs to be detailed on the treatment plan.
- If a child needs assistance in the schools (educationally necessary) and a school employee will be providing the service, the service must be on the child's Individualized Education Plan (IEP) (504 plan services are not reimbursable by Medicaid).
- EBPs require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

WRAPAROUND SERVICES: COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT (CPST) - ADULT AND CHILD

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.

Admission Criteria

- 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.

Limits/Exclusions

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

Continuing Stay 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.

Limits/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.

WRAPAROUND SERVICES: CRISIS RESPONSE - CHILD

Crisis Response: interventions designed to assist children and families when they are in a crisis. A crisis is an unplanned event that requires a rapid response. A crisis includes instances in which a person cannot manage his/her behavior or psychiatric symptoms without the help of a third party. A crisis may also include situations in which the experience of challenges in daily life have resulted in, or are at risk of creating, an escalation in psychiatric symptoms which cannot be managed without acute crisis intervention. This may include de-escalation techniques, assessment, consultation, facilitating the safety plan interventions, and referral when necessary. Crisis response services are to be made available on a 24 hour/7 day a week basis.

WRAPAROUND SERVICES: EDUCATION SUPPORT SERVICES - ADULT

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.

WRAPAROUND SERVICES: INTENSIVE IN-HOME - CHILD

Intensive In-Home (IIH): Services that support the child's social and emotional development and learning. IIH supports the child and family in implementing both the Treatment Plan (from the clinical provider) and the Waiver Service Plan (established by the Waiver program). Strategies are designed to be sensitive to the culture and values of each individual family and may include:

- anger management,
- psycho-education,
- post crisis de-briefing,
- re-enforcing the integration of safety plans in the home,
- parent-child relationship building,
- teaching parenting skills,
- providing support in emotional self-regulation in situational contexts including anger management,
- encouraging supportive sibling relationships with the Waiver child,
- developing healthy coping mechanisms,
- making healthy choices,
- building self-esteem,
- clarifying identity issues, etc.

WRAPAROUND SERVICES: PERSONALIZED RECOVERY ORIENTED SERVICES (PROS) - ADULT

PROS: PROS is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. Through a single plan of care, the program model integrates treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. The PROS model is person-centered, strength based, and comprised of a menu of group and individual services designed to assist a participant to overcome mental health barriers and achieve a desired life role. As PROS is individualized, a person can participate in one service or multiple services as needed. Examples of goals for program participants are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

PROS programs offer combinations of the following 4 service components:

1. Community Rehabilitation and Support (CRS): includes services designed to engage and assist individuals in managing their illness and restoring those skills and supports necessary for living successfully in the community.

2. Intensive Rehabilitation (IR) consists of four different services:

a. Intensive Rehabilitation Goal Acquisition to help an individual attain a specific goal within a certain area such as education, housing or employment.

b. Intensive Relapse Prevention includes targeted interventions to reduce the risk of hospitalization or involvement in the criminal justice system.

IR also includes two evidence-based practices:

c. Family Psychoeducation;

d. Integrated Dual Disorder Treatment (IDDT) (includes smoking cessation).

3. Ongoing Rehabilitation and Support (ORS): ORS, as a service, provides supports to assist individuals in managing their symptoms in the competitive workplace. OMH recommends that PROS programs use the Individual Placement & Support evidence-based model for employment services.

4. Clinical Treatment: an optional component of a PROS program, Clinical Treatment provides a recovery-focused, disability management approach with medication management, health assessment, clinical counseling and therapy, symptom monitoring, and treatment for co-occurring disorders. PROS participants can choose to receive their Clinical Treatment through PROS program or from another provider. As of 2015, 87 of the 90 NYS PROS programs offer the Clinical Treatment component and 78% of PROS recipients receive their clinical treatment at their PROS program.

Admission Criteria

- The member is 18 years of age or older;
- The member has been diagnosed with a mental illness diagnosis;
- The member has a functional disability due to the severity and duration of mental illness; and
- The member has been recommended for admission by a Licensed Practitioner of the Healing Arts.
- Pre-Admission begins with initial visit and ends when Initial Service Plan (ISR) is submitted to MMCO/HARP;
- Admission begins when ISR is approved by MMCO/HARP. IRP must be developed within 60 days of admission date;
- Active Rehabilitation begins when the IRP is approved by the MMCO/HARP;
- Individualized Recovery Plan (IRP) is developed within 60 days of admission;
- The IRP is reviewed and updated, at a minimum, every 6 months;
- For individuals receiving Intensive Rehabilitation (IR) or Ongoing Rehabilitation and Supports (ORS), the IR or ORS services identified in the IRP shall be assessed for continued need, at a minimum, every 3 months.

Continuing Stay Criteria

- Concurrent review and authorizations should occur at 3-month intervals for IR and ORS services and at 6-month intervals for Community Rehabilitation and Support (CRS) and Clinic Treatment services. Continuing stay criteria may include:
 - The member has an active recovery goal and shows progress toward achieving it; OR
 - The member has met and is sustaining a recovery goal, but would like to pursue a new goal; OR
 - The member requires a PROS level of care in order to maintain psychiatric stability and there is not a less restrictive level of care that is appropriate; OR without PROS services the individual would require a higher level of care.

Discharge Criteria

- Any one of the following must be met:
 - The member has sustained recovery goals for 6-12 months and a lower level of care is clinically indicated.
 - The member has achieved current recovery goals and can identify no other goals that would require additional PROS services.

- The member is not participating in a recovery plan, is not making progress toward any goals, extensive engagement efforts have been exhausted, and no significant benefit is expected from continued participation.
- The member can live, learn, work and socialize in the community with supports from natural and/or community resources.

Service Delivery

- PROS services are offered in 3 phases that are defined based upon the pace of service planning and the specific service components offered: Pre-Admission, Admission, and Active Rehabilitation. NYS issued guidance on prior and concurrent review authorization for ambulatory services on May 14, 2015, which lists authorization and review requirements for each of the 3 phases. A person-centered approach is key when applying level of care criteria for PROS. The 3 phases of PROS include:
 - Pre-Admission: This phase begins with the initial visit and ends when the PROS provider submits an Initial Service Recommendation (ISR) to the MMCO/HARP. PROS providers bill a monthly Pre-Admission rate but add-ons for Intensive Rehabilitation, Ongoing Rehabilitation and Supports, and Clinical Treatment are not allowed. The Pre-Admission phase is open-ended to allow flexibility for recipients who may be ambivalent about participation or who may need an extended period of time to develop an initial goal. Although there is no time limit, PROS providers may not bill the Pre-Admission rate for more than 2 consecutive months. For example, a PROS provider may bill for month A but not month B because the recipient did not participate in month B. If the recipient returns and receives Pre-Admission services in months C and D, the PROS provider may bill for months C and D but may not bill for month E. If the recipient still has not decided to enroll and the provider has not submitted an Initial Service Recommendation, the recipient can remain in Pre-Admission status and the PROS provider could bill for month F and G (but not month H) if the recipient attends the program, etc.
 - Admission begins when the ISR is approved by the MMCO/HARP. Upon admission, providers may offer additional services and bill add-on rates accordingly for:
 - Intensive Rehabilitation (IR);
 - Ongoing Rehabilitation and Supports (ORS); or
 - Clinical Treatment.
- Prior authorization for the Admission phase will ensure that individuals are not receiving duplicate services from other clinical or HCBS providers. An Individualized Recovery Plan (IRP) must be developed within 60 days of the admission date.
- Active Rehabilitation begins when the IRP is approved by MMCO/HARP. Concurrent review and authorizations should occur at 3-month intervals for IR and ORS services and at 6-month intervals for Base/ Community Rehabilitation and Support (CRS) and Clinic Treatment services.

WRAPAROUND SERVICES: PREVOCATIONAL- ADULT AND CHILD

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.

Limits/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.

WRAPAROUND SERVICES: SUPPORTED EMPLOYMENT – ADULT AND YOUTH

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.

Limits/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.

WRAPAROUND SERVICES: TRANSITIONAL EMPLOYMENT - ADULT

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.

Limits/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 hrs/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.

WRAPAROUND SERVICES: SHORT-TERM CRISIS RESPITE SERVICES - ADULT

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.

Limits/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.

WRAPAROUND SERVICES: INTENSIVE CRISIS RESPITE – ADULT

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.

Limits/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.

WRAPAROUND SERVICES: HABILITATION AND RESIDENTIAL SUPPORT SERVICES - ADULT

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

- 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.

Limits/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.

WRAPAROUND SERVICES: THERAPEUTIC FOSTER CARE - CHILD

Therapeutic Foster Care: Therapeutic Foster Care provides a structured home environment in which specifically trained foster parents teach social, behavioral, and emotional skills to children and adolescents who are at risk of placement, or who have complex and significant behavioral health problems which cannot be managed at home. The course of treatment is focused on addressing the member's condition to the point that the member's condition can be safely, efficiently and effectively treated in a less intensive level of care or no longer requires treatment. The member's condition includes consideration of the acute and chronic symptoms in the member's history and presentation, including co-occurring behavioral health or medical conditions, informed by information collected by the provider following evaluation and treatment planning.

Placements in a therapeutic foster home are usually limited to two youths per family. Whenever appropriate, Therapeutic Foster Care supports family permanence by also training the parent(s)/guardian(s) to manage the member's needs and behavior, and by providing case management.

Therapeutic Foster Care varies in intensity and duration in order to support the member's ability to manage functional difficulties and enhance the member's resiliency.

Admission Criteria

- The member's condition indicates that the member cannot be suitably cared for in the member's home. Examples include:
 - The member is at risk for placement.
 - The member has complex and significant behavioral health problems that cannot be managed by the member's family or caregiver.

Service Delivery

- The responsible Therapeutic Foster Care provider evaluates the member's needs as well as the needs of the family or caregiver upon admission.
- The responsible Therapeutic Foster Care provider, in conjunction with the member and/or member's family or caregiver, develops a plan that includes a description of the following:
 - The goal of Therapeutic Foster Care;
 - Objectives aimed at achieving the goal(s) of Therapeutic Foster Care, including interventions aimed at promoting effective parenting skills as appropriate.
- The plan includes instructions for accessing behavioral health services.

Youth Peer Support and Training: Youth Peer Support and Training (YPST) services are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Admission Criteria

- The youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; OR
- The youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
- The youth requires involvement of a Youth Peer Advocate to implement the intervention(s) outlined in the treatment plan; AND
- The youth demonstrates a need for improvement in the following areas such as but not limited to:
 - Enhancing youth's abilities to effectively manage comprehensive health needs
 - Maintaining recovery
 - Strengthening resiliency, self-advocacy
 - Self-efficacy and empowerment
 - Developing competency to utilize resources and supports in the community
 - Transition into adulthood or participate in treatment; AND
- The youth is involved in the admission process and helps determine service goals; AND
- The youth is available and receptive to receiving this service; AND
- The services are recommended by the following Licensed Practitioners of the Healing 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

Continuing Stay Criteria

- The youth continues to meet admission criteria; AND
- The 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 youth will continue to improve; AND
- The youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
- The 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.

Discharge Criteria

- The youth no longer meets admission criteria; OR
- The youth has successfully met the specific goals outlined in the treatment plan for discharge; OR

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

Limits/Exclusions

- The provider agency will assess the child prior to developing the 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 youth with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- A group is composed of two or more youth and cannot exceed more than 12 individuals total.
- The intervention plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The intervention plan must specify the amount, duration and scope of services. The intervention plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing to note concurrence with the treatment plan. The plan will specify a timeline for reevaluation of the plan that is at least a quarterly review. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategies with revised goals and services.
- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTAs, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g., during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.
- The state assures that rehabilitative services do not include, and FFP is not available for any of the following:
 - Educational
 - Room and board
 - Habilitation services
 - Services to inmates in public institutions
 - Services to individuals residing in institutions for mental disease
 - Recreational and social activities
 - Services that must be covered elsewhere in the state Medicaid plan

WRAPAROUND SERVICES: YOUTH PEER ADVOCATE - YOUTH

Youth Peer Advocate (YPA): This service will promote skills for coping and managing psychiatric symptoms. YPA service will facilitate the use of natural and community resources. In addition, YPA service promotes wellness through modeling and will assist waiver participants with gaining and regaining the ability to make independent choices and playing a proactive role in their own treatment. This service may be delivered in either a one-to-one session or a group setting of 2 or 3 waiver participants.

YPA activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. Activities provided by the YPA can include problem solving, mentoring, community resources exploration, and life skills support. The structured, scheduled activities provided by this service emphasize the opportunity for the YPA to support participant in the restoration and expansion of the skills and strategies necessary to move forward in meeting their personal, individualized life goals and to support their transition into adulthood.

WRAPAROUND SERVICES: SKILL BUILDING - CHILD

Skill Building: Skill Builders focus on the developmental stage of the child and work with the child towards achieving age appropriate developmental tasks. In collaboration with the Intensive In-Home provider, they design and provide activities that assist children in developing skills for performing age appropriate tasks needed to live successfully in their homes and communities. Skill Builders help the child to identify current strengths and strategies for acquiring additional desired ones. Activities may support areas such as completing schoolwork, being part of a team, handling money and performing activities of daily living. Skill Builders may work with children or groups of Waiver children on developing specific social skill sets necessary for acceptable social interactions such as how to give and receive compliments, how to start a conversation, how to ask for something, the etiquette of common courtesy, etc. Skill Builders may also work with youth in developing skills for independent living and in accessing vocational skills training. Skill Builders can provide any of their services to an individual child or in a group with other Waiver children. They may also work with the Waiver child's family, including siblings, in teaching them how to best support the child in maintaining the skill sets.

WRAPAROUND SERVICES: TRANSITIONAL CASE MANAGEMENT - CHILD

Transitional Case Management (TCM): designed to provide coordination and continuity of care by supporting youth and family/natural support system in transition from an inpatient or residential setting to a community setting. TCM provides case management to youth enrolled in Waiver that require temporary inpatient care.

TCM coordinators work closely with youth, family/ natural support system and collaborate with all providers to address service plan goals and objectives. TCM coordinators focus on promoting, engaging and empowering youth and family/natural support system to enhance safety and resiliency in all aspects of the youth's life including: behavioral health care, social, education, vocation, and/or community resources and supports. TCM coordinators ensures that the youth and natural support systems' preferences and priorities are addressed through a partnership of shared decision-making and service plan implementation throughout their transition and enrollment into Waiver.

TCM is provided during temporary inpatient stays while the youth is participating in the Waiver Program. By nature of their clinical eligibility for Waiver, it is expected that some youth that are enrolled in Waiver will need short-term psychiatric hospitalization to stabilize in the event of a crisis. Youth may also require medical hospitalization while enrolled in the Waiver. In that case, TCM coordinators will continue to collaborate with a comprehensive set of supports and providers to ensure the participant has the necessary supports, resources, strategies and linkages upon discharge. Ongoing contact with the child and family will be maintained to assure continuity of care and facilitate seamless transition back into the Waiver program. Natural supports will be utilized to assure optimal outcomes for the youth through on-going assessment and documentation to depict the needs and strengths of the participant and family and/or support unit.

Transitional Case Management and HCBS Individualized Care Coordination (ICC) will be provided by the same individual to assure continuity of care. This will provide consistency to the family and participant while allowing for a smooth and efficient transition from inpatient care to the community.

REFERENCES

New York State Guidelines for New York City Medicaid Managed Care Organizations and Health and Recovery Plans regarding utilization management for Assertive Community Treatment, 2015.

New York State Guidelines for Medicaid Managed Care Organizations regarding Utilization Management for Personalized Recovery Oriented Services (PROS), 2015.

New York State Utilization Management Guidelines for Children's State Plan and Demonstration Services for Medicaid Managed Care Plans, 2017.

Centers for Medicare and Medicaid Services. Benefit policy manual, chapter 6 – hospital services covered under part B 2015. Retrieved from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c06.pdf>

Code of Federal Regulations 2015. 42 CFR 410.78; Telehealth Services. Retrieved from: <https://www.law.cornell.edu/cfr/text/42/410.78>

Code of Federal Regulations. 42 CFR 440.169 - Case Management Services 2009. Retrieved from: <http://www.ecfr.gov>

REVISION HISTORY

Date	Action/Description
12/17/2018	<ul style="list-style-type: none">• Version 1
08/19/2019	<ul style="list-style-type: none">• Version 2
01/31/2020	<ul style="list-style-type: none">• Version 3: Added Evidence-Based Practice Criteria section, updated with LOCUS/CASII/ECSII language.