ST PETER'S HEALTH PARTNERS	**Effective Date:** February 1, 2022

Category: **F. Special Programs**

Title: **1. HARP and HCBS**

Applies to:

☐ St. Peter's Health Partners (SPHP)

☐ All SPHP Component Corporations **OR** ☐ Only the following Component Corporations: (Click here for a list)
☐ _____

☐ All SPHP Affiliates **OR** only the following Affiliates: (Click here for a list)
☒ **All Capital Region Health Connections Care Management Agencies**

☐ St. Peter's Health Partners Medical Associates (SPHPMA)

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PURPOSE

This policy is intended to provide a standard set of expectations and procedures for determining HCBS eligibility for HARP enrollees as well as providing care coordination services to those who are HARP eligible.

POLICY STATEMENTS

It is the policy of Capital Region Health Connections that all Health Home Members who are deemed HARP Enrolled by the New York State Department of Health, be assessed by a qualified Care Coordinator, be referred to the applicable Home and Community Based Services and have an up-to-date Plan of Care that meets all Federal and State requirements.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Capital Region Health Connections Health Home program.

DEFINITIONS

Community Oriented Recovery and Empowerment (CORE): Four (4) services available under HARP and accessed via referral signed by a Licensed Practitioner of the Healing Arts (LPHA); services include Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR); Family Support and Training (FST); Empowerment Services – Peer Supports

***Full HCBS Plan of Care*:** The care plan for Members enrolled in HARP and HCBS services; must be approved by the Member's MCO

***Health and Recovery Plan (HARP)*:** Care management for adults with significant behavioral health needs. Plans will facilitate the integration of physical health, mental health, and substance use disorder services for individuals requiring specialized expertise, tools, and protocols, which are not consistently found within most medical plans. In addition to the State Plan Medicaid services offered by mainstream MCOs, qualified HARPs will offer access to an enhanced benefit package comprised of Behavioral Health Home and Community Based Services (HCBS) designed to provide the individual with a specialized scope of support services not currently covered under the State Plan.

***Home and Community Based Services (HCBS)*:** A menu of seven (7) services available to those who qualify via the HCBS Eligibility Assessment; services include Habilitation, Education and Support Services, Pre-vocational Services, Transitional Employment, Intensive Supported Employment, Ongoing Supported Employment and Non-medical Transportation

***Level of Service Determination Request (LOSD-R) / Preliminary Plan of Care (PPOC)*:** The care plan completed after the HCBS Eligibility Assessment is completed and a person is deemed eligible for HCBS services; sent to the MCO to receive authorization for recommended HCBS services to begin prior to completion of the full assessment.

***Licensed Practitioner of the Healing Arts**: group of licensed professionals who are authorized to sign recommendations for CORE services for interested Members*

NYS Eligibility Assessment: An assessment used to determine if the Member is eligible for Home and Community Based Services, and what tier of services (e.g., Tier 1 or Tier 2). This assessment is conducted annually and must be done face-to-face with Members.

***Tier 1 Services*:** HCBS services including: employment, education and peer support services

***Tier 2 Services*:** HCBS services including: psychosocial rehabilitation, community psychiatric support and treatment, habilitation, family support and training and crisis respite, in addition to the Tier 1 services

PROCEDURE

A. HARP Eligibility

1. EPACES / EMEDNY must be used to verify HARP enrollment by Restriction Exception (RE) code prior to completing the HCBS Eligibility Assessment or pursuing referral to CORE services. RE Codes are as follows:

HARP-Specific Restriction Exception (RE) Codes	
H1	HARP ENROLLED W/O HCBS
H2	HARP ENROLLED WITH TIER 1 HCBS
H3	HARP ENROLEED WITH TIER 2 HCBS
H4	SNP HARP ELIGIBLE W/O HCBS
H5	SNP HARP ELIGIBLE W/ TIER 1 HCBS
H6	SNP HARP ELIGIBLE W/ TIER 2 HCBS
H9	HARP ELIGIBLE – PENDING ENROLLMENT

2. The HARP / HCBS process (i.e., NYS Eligibility Assessment, Level of Service Determination Request, and Full HCBS Plan of Care) and referral to CORE services must **only** be initiated with Members who have an RE code indicating they are HARP Enrolled (H1 and H4), not those who are HARP Eligible (H9). Members who are HARP Eligible and are enrolled in a HIV SNP should also be assessed using the HCBS Eligibility Assessment.

3. Individuals meeting the HARP eligibility criteria who are already enrolled in an HIV SNP may remain enrolled in the current plan and receive the enhanced benefits of a HARP, including HCBS if determined eligible via the NYS Eligibility Assessment.

4. Members who are HARP Enrolled or HARP Eligible, must be noted as such in CareManager via the appropriate Program Type in the Programs Tab of the CareManager system.

B. HCBS and CORE Services

1. Care Coordinators must discuss service options to those enrolled in a HARP Plan, as described in Section A above. HCBS Services require an Eligibility Assessment process as described in Sections D – J of this policy. CORE services require a referral completed by a Licensed Practitioner of the Healing Arts, as described in Section C.

2. Members enrolled in a HARP Plan can pursue HCBS services, CORE services or both. Members can also choose not to pursue either suite of services. The required documentation and process for those who opt out of HCBS and CORE are described in Section K of this policy. The table below provides a list of services available under each program.

Home and Community Based Services (HCBS)	Community Oriented Recovery and Empowerment (CORE) Services
Habilitation	Psychosocial Rehab (PSR)
Education Support Services	Empowerment Services – Peer Supports
Pre-Vocational Services	Family Support and Training
Transitional Employment	Community Psychiatric Support and Treatment (CPST)
Intensive Supported Employment Support	
Ongoing Supported Employment Support	
Non-Medical Transportation	

C. Referral to CORE Services

1. If a HARP Enrolled Member expresses an interest in one of the CORE services as listed in Section B above, a referral should be made to a provider of that service in the Members home county. A list of CORE service providers is available here from NYS OMH. (https://omh.ny.gov/omhweb/bho/core/providers/)

2. Referrals must include the Recommendation for Community Oriented Recovery and Empowerment (CORE) Services: Determination of Medical Necessity, signed by a Licensed Practitioner of the Healing Arts (LPHA). See below for a list of professions that qualify as LPHAs.

Nurse Practitioner	Psychologist	Licensed Clinical Social Worker
Physician	Registered Professional Nurse	Licensed Psychoanalyst
Physician Assistant	Licensed Mental Health Counselor	Licensed Master Social Work, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency
Psychiatric Nurse Practitioner	Licensed Creative Arts Therapist	
Psychiatrist	Licensed Marriage and Family Therapist	

3. The recommendation form that must be used for CORE referrals is available here. (https://omh.ny.gov/omhweb/bho/core/lpha-memo-and-recommendation-form.pdf)

4. Once the referral to CORE service(s) is made, the *Core Referral Submitted* must be completed in the General Assessment section of CareManager for tracking purposes.

D. Supervisor Qualifications

1. Those supervising Care Coordinators conducting HARP assessments for HCBS services must be:
   a. a licensed level healthcare professional[1] with prior experience in a behavioral health setting
   OR
   b. a Master's level professional with two years prior supervisory experience in a behavioral health setting.

2. Care Coordinators must be provided sufficient supervision to assure that:
   a. they acquire and maintain up-to-date knowledge,
   b. the quality of work conforms to health home and agency standards and
   c. they obtain the support needed to maintain confidence and succeed in the workplace.

3. While each Care Management Agency is permitted to set their own schedules and formats for supervision, formal, regularly-scheduled supervision at a consistent frequency is required. (See Policy A1. Care Management Agency Staffing: Staff Training, Qualifications and Supervision)

1 Licensed level healthcare professional includes: Physicians, Psychiatrists, Physician's Assistants, Nurse Practitioners, Psychiatric Nurse Practitioners, Registered Professional Nurses, Licensed Practical Nurses, Licensed Psychologists, Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Licensed Creative Arts Therapists, and Licensed Occupational Therapists.

E. Care Coordinator Qualifications

1. Care Coordinators conducting HARP activities for referral to HCBS must meet the education and experience requirements listed below.

Education Requirements and Years of Experience

Degree	Number of Years of Experience
Bachelors in an approved field	Two (2) years of experience
Masters in an approved field	One (1) year of experience
Credentialed Alcohol and Substance Abuse Counselor (CASAC)	Two (2) years of experience
Bachelor's or higher in any field	Three (3) years of experience **OR** Two (2) years of experience as a Health Home Care Coordinator serving the SMI SED population

2. Approved field for degrees, as referenced above, include the following.
    - Child and Family Studies
    - Counseling
    - Nursing
    - Physical Therapy
    - Recreation
    - Rehabilitation
    - Sociology
    - Community Mental Health
    - Education
    - Occupational Therapy
    - Psychology
    - Recreational Therapy
    - Social Work
    - Speech and Hearing

Experience Requirements

3. The experience referenced in section E1 above must include the following:
    a. Providing direct services to people with Serious Mental Illness, developmental disabilities, alcoholism or substance abuse, and/or children with SED;
    OR
    b. Linking individuals with Serious Mental Illness, children with SED, developmental disabilities, and/or alcoholism or substance abuse to a broad range of services essential to successful living in a community setting (e.g. medical, psychiatric, social, educational, legal, housing and financial services).

4. Staff who meet the criteria above, must complete the required training courses, available in the UAS-NY Training Environment, accessed through the Health Commerce System (HCS) prior to administering the NYS Eligibility Assessment. Staff will not have access to enter NYS Eligibility Assessments if the required trainings are not completed.

5. As a best practice, those supervising staff who are conducting the NYS Eligibility Assessment should also complete the relevant trainings via the UAS-NY Training Environment.

6. In addition to the training requirements above, CRHC administrative staff, in conjunction with the CRHC Staff Development Sub-committee, will provide more specific trainings related to HARP and HCBS as needed. These may be in the form of Grand Rounds or half or full day education sessions. Staff may be mandated to attend such trainings. (See Policy A1. Care Management Agency Staffing: Staff Training, Qualifications and Supervision)

F. Staff Waivers

1. In rare circumstances, staff may have unique education and/or experience to adequately serve the high need behavioral health population but do not meet the updated qualifications outlined in this policy. Care Management Agencies and may apply for a waiver for such staff.

2. Waivers are not intended to be the sole approach for an agency looking to expand capacity in serving these populations. Agencies should be prudent in selecting staff to pursue a waiver of qualifications. Waivers should only be submitted for those staff whose unique qualifications allow them to adequately serve the population.

3. Waivers must be submitted to NYS online, via the form found here. (https://forms.office.com/Pages/ResponsePage.aspx?id=6rhs9AB5EE2M64Dowcge588RkoCaDulEmf42dSo2bc9URFo0WTVWUFhDVlBVNVJKNUtRV0pJVDBESS4u)

G. NYS Eligibility Assessment

1. The NYS Eligibility Assessment will determine if someone is Tier 1 Eligible (employment and education support services only), Tier 2 Eligible (employment support services, education support and habilitation) or Not Eligible for HCBS services. Non-medical transportation services are available for eligible individuals under either Tier 1 or Tier 2.

2. The NYS Eligibility Assessment can be completed face-to-face or via telehealth.

3. The NYS Eligibility Assessment must be completed with all interested HARP Members to determine eligibility for HCBS. Once completed, the NYS Eligibility Assessment must entered, signed and locked in the UAS and be uploaded and attached to the Member's chart in CareManager.

4. Once the Eligibility Assessment is completed, the Care Coordinator or Supervisor must complete the *Eligibility Assessment Completed* in the General Assessment section of CareManager for tracking purposes and to trigger billing for the Eligibility Assessment.

5. All HARP Enrolled Health Home Members interested in pursuing HCBS services must undergo the NYS Eligibility Assessment annually. Members who previously declined the assessment, should be offered HCBS again the following year. All updated assessments must be attached to the Member's chart in CareManager.

6. Members should be re-assessed using the NYS Eligibility Assessment whenever there is a significant change in the Member's status that may affect the services for which the Member now qualifies. While significant changes will vary from Member to Member, examples may include hospitalization or a loss of housing.

H. Level of Service Determination Request

1. Once a HARP enrolled Member is determined eligible for HCBS, the HCBS Level of Service Determination Request (LOSD-R), also called the Preliminary Plan of Care (PPOC), must be developed with the Member and sent to the Managed Care Organization (MCO) for Level of Service Determination (e.g., authorization from the MCO to begin HCBS services). See Attachment A for details on how to submit the HCBS Level of Service Request to each MCO.

2. Once completed and submitted, the LOSD-R/PPOC must be uploaded to the Member's record in CareManager. In addition, the *LOSD-R / PPOC Submitted to MCO* must be completed in the General Assessment section of CareManager for tracking purposes.

A copy of the CRHC-produced LOSD-R / PPOC can be found in Attachment B.

I. Referrals to HCBS Services

1. Once the Level of Service Determination is provided by the MCO, but prior to completion of the Full HCBS Plan of Care, the Care Coordinator must facilitate the referral to the approved HCBS services and assist the Member in making contact and engaging with the providers of his or her choice. Care Coordinators should follow-up with Members and HCBS service providers to ensure successful linkage to the approved services.

2. Care Coordinators should also work to keep Members engaged with HCBS. This may include appointment reminders, checking in on the intake process in the beginning, and helping with transportation to services, as needed.

3. If a HARP Enrolled Member is assessed for services, but declines HCBS services post-assessment, the Care Coordinator must document this in a note in the Member's chart in CareManager. In addition, the *HCBS Declined Post Assessment* must be competed in the General Assessment section of CareManager for tracking purposes. Documentation of the Member's opting out of the services should reflect an informed conversation in which the Member understand the services he or she could receive if pursued.

J. Full HCBS Plan of Care

1. The Full HCBS Plan of Care must be person-centered and Member-driven, meaning the Plan is developed with the Member and includes the preferences, services and resources requested by the Member.

2. The Plan of Care must be signed by the HARP enrolled Member prior to submission to the MCO. When possible, signatures should be obtained from other providers involved in the Member's care.

3. The current template for the Full HCBS Plan of Care can be found on the Conference of Local Mental Hygiene Directors website here. (http://www.clmhd.org/img/uploads/HCBS_POC_Template_Abridged%20Rheingold%20Version_Oct%2017%202018%20-%20FS%20Edits%208.8.19.pdf)

4. Once completed and submitted, the Full HCBS Plan of Care must be uploaded to the Member's record in CareManager. In addition, the *Full HCBS Plan of Care Submitted to MCO* must be completed in the General Assessment section of CareManager for tracking purposes and to trigger billing.

5. For HARP enrolled Members receiving HCBS Services, the Plan of Care must be revised annually, based on the results of the NYS Eligibility re-assessment. The revised Plan of Care should provide updates on Member goals, preferences, needs and progress. Revised Plans must be sent to the MCO.

6. If a Member is not available for re-assessment at the twelve (12) month mark, the NYS Eligibility Assessment and Plan of Care remain in place until the Member is available for reassessment. Authorized HCBS services will have an end date for the authorization, as assigned by the MCO. The MCO will need to reauthorize the services to avoid any interruption in service delivery. The reasons for any delays in re-assessing Members at the twelve (12) month mark must be documented in the Member electronic health record.

7. Relevant portions of the Plan of Care may be provided to HCBS providers if the Member grants consent for the provider via the DOH 5055 Consent Form.

K. Opting Out of HARP, HCBS or CORE

1. If a HARP Enrolled Member declines to pursue HCBS or CORE services, the Care Coordinator must document this in a note in the Member's chart in CareManager. In addition, the *HCBS / CORE Services Declined* must be competed in the General Assessment section of CareManager for tracking purposes. Documentation of the Member's opting out of the services should reflect an informed conversation in which the Member understand the services he or she could receive if assessed.

2. If a HARP Enrolled Member is assessed for services, but declines HCBS services post-assessment, the Care Coordinator must document this in a note in the Member's chart in CareManager. In addition, the *HCBS Declined Post Assessment* must be competed in the General Assessment section of CareManager for tracking purposes. Documentation of the Member's opting out of the services should reflect an informed conversation in which the Member understand the services he or she could receive if pursued.

3. If a Member declines the HCBS or CORE services, the Care Coordinator must re-visit the need for HCBS or CORE services and the Member's circumstances change. As long as the Member is still HARP enrolled, he or she can pursue HCBS / CORE services at any time.

4. There are circumstances in which the Member may be assessed using the NYS Eligibility Assessment, however will not pursue HCBS services. In those situations, the Level of Service Determination Request and Full HCBS Plan of Care do not need to be completed. These situations may include:
   - Individual is found *not eligible* for HCBS based on the NYS Eligibility Assessment.
   - Individual is found eligible for HCBS but does not feel BH HCBS will help them reach their identified goals.
   - Individual is found eligible for HCBS but chooses to remain in a State Plan service already meeting their need(s).
   - Individual is found eligible for HCBS and resides in a setting that is not considered home and community based (see NYS "HCBS Final Rule Statewide Transition Plan" for more information). **At the point when the individual later chooses to move out of this ineligible setting and into a BH HCBS eligible setting,** the Care Coordinator should ensure an NYS Eligibility Assessment has been completed and begin the process to connect the individual to HCBS (if the individual chooses). Ideally this process will start early enough to allow the individual to begin to receive BH HCBS immediately upon entering the eligible setting.

REFERENCES

New York State Department of Health (September 2015). UA-Community Mental Health Application: Conducting the HARP/HCBS Eligibility Assessment.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/harp_elig_assessment_webinar_slides.pdf)

New York State Department of Health (October 5, 2015). Health Home Standards and Requirements for Health Homes, Care Management Providers and Managed Care Organizations.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_mco_cm_standards.pdf)

New York State Department of Health (December 2015). Adult BH HCBS Plan of Care Approval Workflow.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hcbs_poc_workflow.pdf)

New York State Department of Health (December 15, 2015). Health Home Managed Care Work Group Meeting.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/2015-12-15_hhmco_pres.pdf)

New York State Department of Health (January 14, 2016). Adult Behavioral Health Home and Community Based Services (BH HCBS) Questions and Answers.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hcbs_poc_workflow_qa.pdf)

New York State Department of Health (January 2017). HCBS Final Rule Statewide Transition Plan.
(https://www.health.ny.gov/health_care/medicaid/redesign/home_community_based_settings.htm)

New York State Department of Health and Office of Mental Health (January 2022). Revised Adult BH HCBS Workflow Guidance for HARP and HIV SNP Members Enrolled in Health Home.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/docs/adult_bh_hcbs_workflow_2022.pdf)

New York State Medicaid Redesign Team (October 1, 2017). Revised Adult BH HCBS Workflow Guidance for HARP and HIV SNP Members Enrolled in Health Home.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/workflow_guidance.htm)

New York State Office of Mental Health (2022). CORE Provider Application and Designation. (https://omh.ny.gov/omhweb/bho/core/providers/)

New York State Office or Mental Health and Office of Addiction Services and Supports (October 19, 2021). LPHA Recommendation / Determination of Medical necessity for CORE Services. (https://omh.ny.gov/omhweb/bho/core/lpha-memo-and-recommendation-form.pdf)

Approving Official: Rachel Handler, MS CRC, LMHC **Key Sponsor: Janelle Shults, LMSW**		**Effective Date: February 1, 2022**
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Replaces: Special Programs: HARP and HCBS (January 16, 2017) **Special Programs: HARP and HCBS (November 15, 2017)** **Special Programs: HARP and HCBS (November 15, 2019)**		

ATTACHMENT A: Level of Service Determination Request MCO Contacts

- Please submit the HCBS Service Level Request along with the Member's consent listing the MCO to the Member's MCO.
  - When submitting the Preliminary POC to CDPHP, please include the separate, CDPHP-specific consent required by CDPHP.
  - For MVP Members, the DOH 5055 must list Beacon Health Care Options as well as MVP.

MCO	Preliminary POC Submission		Contacts for HARP/HCBS Questions	
	Secure Email	Fax	Name / Department	Contact
CDPHP	N/A	518-641-3601	HARP Access Center	518-641-3600
			John M. Arcuri, Manager Behavioral Health	518-641-3485 jarcuri@cdphp.com
			Jeremy Boyce, Team Lead	518-641-3492
			Nick Lansing	518-641-3397
Fidelis	QHCMHARPBH@fideliscare.org	347-868-6427	Eric Lantier, HCBS Compliance Manager	elantier@fideliscare.org 718-896-6500 ext. 60854
			Health Home Dedicated Phone Line	877-881-6895
			HARP Dedicated Phone Line	888-343-3547 ext. 16077
			HARP Enrollment Line (H9)	888-343-3547 ext. 16179
MVP / Beacon Health Care Options for HARP	Preferred Method: Tarrytownbeacon@BeaconHealthOptions.com Subject Line: MVP Plan of Care	781-994-7136 Attn: MVP Plan of Care	Kevin.Dame@beaconhealthoptions.com Case Management Clinical Supervisor	518-220-8605
			Danielle.Kleveno@beaconhealthoptions.com HARP Intensive Case Manager	781-994-7502
			Lissette.Rodriguez@beaconhealthoptions.com HARP Intensive Case Manager	646-927-4232
			Lyndsay.DeFeo@beaconhealthoptions.com HARP Intensive Case Manager	585-259-8797
			Chloe.Tibbitts@beaconhealthoptions.com HARP Care Coordinator	518-220-8735

ATTACHMENT B: Preliminary Plan of Care

Level of Service Determination Request

Date of Plan: _____ Member's Name: _____
Care Coordinator: _____ CMA: _____
Staff Completing Plan: _____ MCO: _____

Section 1: Member Information

Demographic Information

Member CIN: _____ Gender: ☐ Male ☐ Female ☐ Transgender
Date of Birth: _____ Phone: _____
Address: _____ Alternate Phone: _____
_____ Preferred Language: _____
Is the Member linked with any type of housing supports? ☐ No ☐ Yes, specify: _____

Note: Members in Supported and Enhanced Housing are eligible for HCBS with some restrictions

Members in Community Residences are not eligible for HCBS

Diagnoses: _____ _____
_____ _____

Section 2: BH HCBS Eligibility and Services

Results of HCBS Eligibility Screen:

☐ Eligible for Tier 1 HCBS Services ☐ Eligible for Tier 2 HCBS Services

Section 3: Member Goals and Related HCBS Services

In the table below, please specify the specific goals of the Member and the related HCBS service type. Goals should be written in the Member's words. Write in first person using "I" statements to reflect the Member's participation in the goals statements.

Goal	HCBS Service

Section 4: Current Services

Please provide a list of the services or supports the Member is currently receiving. ***If PROS involved, please note that specifically below.***

Service Type or Support *(Counseling, Substance abuse groups, family support, etc.)*	**Agency**	**Provider Name**	**Start Date**	**Frequency** *(daily, weekly, etc.)*	**Paid or Unpaid Service/Support?**	
					Paid	**Unpaid**
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Section 5: Preferences Regarding your HCBS Services and Goals

Please note the Member's preferences for services (i.e. things the Member may want HCBS provider to know about them before intake).

_____ _____

Member Signature Date

Obtain signature if possible