Service Standards for Adult Behavioral Health Home and Community Based Services (Released 11/25/19, Revised 10/18/22)

These Service Standards are intended to briefly describe the standards for all Adult BH HCBS designated providers. The standards are derived from the Provider Manual, State and Federal Regulations, the Terms and Conditions for Adult BH HCBS Providers, and other policy and guidance documents. Please note that this document will be used to guide the State oversight process, but it should not be considered all-inclusive of the requirements for Adult BH HCBS providers.

INTAKE/EVALUATION & SERVICE PLANNING		
Area of Focus	**Standard**	**Reference**
1.1 Referral Process	1. The Provider Agency utilizes a defined procedure for receiving referrals and responding to inquiries within at least 14 days from receipt.	Workflow Guidance, p. 4
1.2 Intake & Evaluation	1. The Provider Agency uses I&E tools that are specific to its Adult BH HCBS line of business.	Workflow Guidance, p. 4
	2. The I&E process results in a recommended frequency, scope, and duration.	Workflow Guidance, p. 4
	3. The I&E process is person-centered and lasts from 1 to 3 visits depending on each member's unique needs and preferences.	Workflow Guidance, p. 4
	4. If through the course of the I&E, an individual chooses not to proceed with the service, the CM and MCO should be notified.	Workflow Guidance, pp. 4-5; Provider Manual, pp 3-4
1.3 Person-Centered Planning & the ISP	1. Each member is engaged in a process of person-centered planning to discuss their goal (as per the LOSD request and/or POC received from the HHCM/RC), their strengths, preferences, and barriers, and their level of support needed to achieve their goal.	Workflow Guidance, pp. 4-5; Provider Manual, p. 5
	2. The member's goal in the ISP is clearly linked to the member's goal in the full BH HCBS Plan of Care (POC).	Provider Manual, p. 5
	3. The ISP clearly documents the intended frequency, intensity, duration, and scope of services.	Provider Manual, p. 5
	4. The member, and when appropriate, family of choice and other supporters are invited to all service planning meetings.	Provider Manual, pp. 4-5
	5. There is evidence in the record that the individual was actively involved in the development of their ISP.	Provider Manual, pp. 3-5

1.4 Coordination and Collaboration	1. There is evidence that the BH HCBS provider maintains regular communication with the Managed Care Organization, and when applicable, the Health Home Care Manager (HHCM) or Recovery Coordinator (RC).	Provider Manual, p. 4-5
	2. There is evidence that the BH HCBS provider has shared the recommended frequency, scope, and duration for services with the HHCM or RC.	Workflow Guidance, p. 5
	3. The Provider Agency has an effective system in place to communicate with the MMCO and/or HHCM/RC around member service utilization and any applicable combined hours caps (e.g., TE/Pre-Voc.).	Provider Manual, pp. 4-5, 8, 10, 11, 13, 15, 17
	4. The case record includes a consent release of information, where appropriate.	T&C(1)(e)

SERVICE DELIVERY & DOCUMENTATION (GENERAL)		
Area of Focus	**Standard**	**Reference**
2.1 Recovery-Oriented	1. Services support the acquisition of person-centered goals and are provided based on the principle that all individuals have the capacity to recover from mental illness and SUD, as evidenced by language used in evaluations, service plans, and progress/ encounter notes.	Provider Manual, p. 3
2.2 Trauma-Informed Care	1. Services are delivered with a trauma-informed approach that is supportive and avoids re-traumatization. All services engage individuals with the assumption that trauma has occurred in their lives.	Provider Manual, p. 4
2.3 Flexible and Mobile	1. Services are adapted to meet the specific and changing needs of each member, using service delivery approaches to best suit each member's needs and preferences.	Provider Manual, p. 4
	2. Service locations, whether onsite or offsite, are chosen with respect to the member's informed choice.	Provider Manual, pp. 4-5
2.4 Documentation of Service Delivery	1. Documentation of face-to-face service delivery includes all required elements: a. Name of HARP member served b. Type of service provided c. Date of service provided d. Location of service e. Duration of service, including start and end times f. Description of interventions to meet POC goals g. Outcome(s) or progress made toward goal achievement h. Follow up/ next steps i. Name, qualifications, and dated signature of staff delivering service	Provider Manual, p. 22

SERVICE-SPECIFIC STANDARDS		
Area of Focus	**Standard**	**Reference**
3.1 Habilitation	1. Interventions included in the ISP are designed to assist the member in acquiring and improving skills such as communication, self-help, household management, self-care, socialization, personal adjustment, relationship development, and use of community resources.	Provider Manual, pp. 6-8
	2. Services are provided on a 1:1 basis with the member.	Provider Manual, p. 8
3.2 Education Support Services	1. The ISP clearly documents the link between the member's education-related goal and obtaining employment with the skills/knowledge acquired through pursuing school or formal training.	Provider Manual, pp. 8-10
	2. Interventions included in the ISP support the member in completion of school or formal training. Interventions included in the ISP are necessary to enable the member to integrate more fully into the community and to ensure the health, welfare, and safety of the member.	Provider Manual, pp. 9-10
	3. Services are provided 1:1.	Provider Manual, p. 10
	4. Members receive support navigating the non-duplicative benefits and services available through ACCES-VR that can support their educational attainment.	Provider Manual, p. 10
3.3 Pre-Vocational Services	1. Interventions included in the ISP provide learning and work experiences where the member 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.	Provider Manual, pp. 10-11
	2. Services are provided 1:1.	Provider Manual, p. 11
3.4 Transitional Employment	1. Interventions included in the ISP are designed to strengthen the member's work record and work skills toward the goal of achieving assisted or unassisted competitive and integrated employment.	Provider Manual, pp. 12-13
	2. The member has access to time-limited employment and on-the-job training in one or more integrated settings.	Provider Manual, pp. 12-13
	3. Services are provided 1:1.	Provider Manual, p. 13
	4. Members are given information on evidence-based supported employment practices, including Individual Placement & Support.	Provider Manual, p. 13

3.5 Intensive Supported Employment	1. Interventions included in the ISP consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage.	Provider Manual, p.15
	2. Interventions are provided with fidelity to the Individual Placement and Support (IPS) model of supported employment.	Provider Manual, p. 15
	3. Services are provided 1:1.	Provider Manual, p. 15
3.6 Ongoing Supported Employment	1. Interventions included in the ISP are individualized, person centered services providing supports to members who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement.	Provider Manual, pp. 16-17
	2. Services are provided 1:1.	Provider Manual, p. 17

ADMINISTRATION		
Area of Focus	**Standard**	**Reference**
4.1 Recovery-related Data and Performance Improvement	1. Provider Agency has systems in place that use data to define outcomes, monitor performance, and promote health and well-being.	Provider Manual, p. 4
	2. Provider Agency uses performance metrics that reflect a broad range of health and recovery indicators beyond those related to acute care.	Provider Manual, p. 4
4.2 Staff Qualifications & Competencies	1. Services are provided by qualified staff who meet the respective education and experience requirements indicated in the Provider Manual.	Provider Manual, pp. 8, 10, 12, 14, 16, 17, 20-22
	2. Direct Practitioners receive appropriate clinical supervision based on their licensure/certification and scope of work. (Qualifications for supervisory staff may be found in the Provider Manual.)	Provider Manual, pp. 8, 10, 12, 14, 16, 18, 20-22
	3. Staff (direct practitioners and supervisors) have completed all required trainings within timeframes established in guidance.	T&C (2)(g) Required Training Memo
	4. Services utilize evidence-based practices where appropriate.	Provider Manual, p. 4
4.3 Caseload Size	1. Adult BH HCBS Direct Practitioner and Supervisory caseloads (including mixed caseloads) are appropriate and reflective of a strong clinical rationale.	Provider Manual, pp. 8, 10, 12, 14, 16, 18,

4.4
BH HCBS Provider Designation Application & Onsite Service Locations
	1. The application on file in the Adult BH HCBS Application Database is reflective of the Provider Agency's current information, including:
	   a. Agency Name
	   b. Administrative Address
	   c. Executive Director and Primary Contact for Adult BH HCBS
	   d. Services offered
	   e. Sites/ Service Locations
		T&C (4)(a)

	2. Onsite service locations, as documented in the ISP and/or encounter notes, have been attested to for compliance with the CMS Final Rule (CMS 2249-F/2296-F).	T&C (1)(f)
4.5 **Attestation of Readiness**	1. The Provider Agency meets the minimum standards for active status and readiness to provide services, including: (1) at least one executed contract with a HARP/HIV-SNP to provide Adult BH HCBS, (2) the provider is ready to receive referrals and provide services utilizing qualified staff (unless caseloads are full), and (3) the provider is aware of staff training requirements specific to Adult BH HCBS.	Memo re: Hiatus Status for Adult BH HCBS; Designated Provider Attestation of Readiness
4.6 **BH HCBS Policies & Procedures**	1. The Provider Agency's Policies & Procedures have been developed or amended to include Adult BH HCBS per the Terms and Conditions (3/28/19).	T&C (2)(f)
	2. The Provider Agency has fully implemented all P&P.	T&C (2)(f)

Setting		
Area of Focus	**Standard**	**Reference**
5.1 **CMS Final Rule**	1. The setting 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.	42 CFR 441.301(c)(4)(i)/ 441.710(a)(1)(i)/ 441.530(a)(1)(i)
	2. The setting is selected by the individual from among setting options including non-disability specific settings. The settings options are identified and documented in the person-centered plan (POC/ISP) and are based on the individual's needs and preferences.	42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)
	3. The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)
	4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)
	5. The setting facilitates individual choice regarding services and supports, and who provides them.	42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)