

Request for Services for Subcontractors

New York State received federal approval to begin implementation of the Office of Mental Health's Home and Community-Based Services (HCBS) Waiver for Children and Adolescents with Serious Emotional Disturbance on January 1, 1996. The HCBS Waiver program will expand the funding and service options currently available to the target population and will provide an opportunity to use the Individualized Care framework. This document provides the background for the HCBS Waiver program's goals, processes and services as well as criteria for potential subcontractors.

The **(insert name of LGU)** is seeking providers who are interested in delivering one or more of the waiver services other than Individual Care Coordination. Responses are due by **(due date)**. A provider may indicate an interest in providing one or more of the five (5) services described within this RFS. The expectation is that any provider requesting to be approved to provide services must have services available by **(insert anticipated date that children will begin receiving HCBS Waiver services)**.

HCBS Waiver Program

The HCBS Waiver provisions under the Social Security Act Section 1915(c) enable states to offer a range of community-based, non-institutional care. These provisions allow the federal Center for Medicare and Medicaid Services (CMS) to "waive" specific statutory requirements so that certain essential community-based services can be financed by Medicaid even though they are not included in a state's Medicaid plan. Without this waiver, the children would require institutionalization to receive a comparable level of services.

Through waiving certain requirements of the Social Security Act, New York State has enabled three things to occur:

1. The program can be offered only in specific counties in New York State.
2. For children enrolled in the HCBS Waiver, six new services (Individualized Care Coordination, Respite Care, Skill Building, Intensive In-Home Services, Crisis Response, and Family Support) will be available in addition to existing State Medicaid Plan services.
3. The HCBS Waiver will not consider parents' income and resources when determining a child's Medicaid eligibility.

The HCBS Waiver program provides families in New York State with more community-based alternatives to enable children to remain at home and in the community without additional costs. To the extent possible, it enables families to choose providers in their catchment area. The HCBS Waiver is now present in all counties except Oneida.

The goals of the HCBS Waiver are:

- to serve children with complex and significant mental health needs in their homes and communities,
- to decrease the need for placements in psychiatric inpatient levels of care, including Residential Treatment Facilities,
- to increase the array of Medicaid reimbursable community-based services available to children and adolescents with serious emotional disturbance and their families,
- to use a culturally sensitive, individualized, strength-based approach to build resiliency, assist in the achievement of age related developmental tasks and promote emotional well-being,
- to provide the services and supports that are specifically needed by each unique family to develop the ability to care for the child in their home in a supportive environment,
- to offer children and families a choice of providers, when possible;
- to provide services that promote better outcomes that are also cost-effective, and
- to demonstrate an integrated model of partnership with the family, treatment provider, core waiver services and other natural supports that are involved with the child and family.

Individualized Care Approach

The Individualized Care model requires that providers work in collaboration with the child, family and other child-serving systems to develop an individualized service plan for each child and their family. Individualized Care emphasizes the following major values:

- the service plan is designed specifically to address the unique needs and strengths of each child and family;
- services are provided within the least restrictive, most normative environment and enable the child to live as normal a life as possible;
- there is a true partnership with families, with family involvement during *all* phases of service planning and delivery;
- planning for services is strengths-based and recognizes that even the youngster with the most challenging problems and families that are the most stressed have strengths, assets, and coping skills;
- the planning and services are culturally competent; and
- no youngster should be rejected or found ineligible for services based solely on the severity of his/her presenting problems.

Target Population

The target population for the HCBS Waiver includes children and adolescents:

- with serious emotional disturbance;
- who are between the ages of 5 and 17 years (prior to 18th birthday);
- who demonstrate complex health and mental health needs;
- who are at imminent risk of admission to a psychiatric institutional level of care, or have a need for continued psychiatric hospitalization;
- whose service and support needs cannot be met by just one agency or system;
- who are capable of being cared for in the home and/or community if services are provided;
- who have a viable and consistent living environment with parents/guardians who are able and willing to participate in the HCBS Waiver and support the child in the home and community; and
- who can reasonably be expected to be served under the HCBS Waiver at a cost which does not exceed that of psychiatric institutional care.

Additionally, the children must be eligible for Medicaid under the HCBS Waiver (i.e., are currently enrolled in Medicaid or could be enrolled by meeting federal eligibility standards) in a county with a HCBS Waiver program.

Children receiving care in Residential Treatment Facility (RTF), Intensive Case Management, Supportive Case Management, Community Residence, Family Based Treatment, other HCBS Waiver programs or comparable programs in other service systems (e.g., DSS Therapeutic Foster Care) cannot be enrolled in this HCBS Waiver unless they will be discharged and returned home by the enrollment date. Children who reside in foster family homes may be eligible for the HCBS Waiver.

Enrollment Process

Children and adolescents are eligible for the HCBS Waiver program if they meet the above mentioned criteria. Referrals come from SPOA's. An approval process is undertaken for each referral, in conjunction with the **(insert name of LGU)** to determine eligibility and level of care.

Once a child or adolescent is enrolled in the HCBS Waiver, an individualized service plan is developed. The Individualized Care Coordinator (ICC) coordinates a service planning team with the child and family. Identified Waiver and other services are coordinated by the ICC. Waiver service providers referenced in the service plan become members of the child's service planning team and must participate fully in the process.

Once an initial plan of care is developed for each child and family, a corresponding budget is developed for the package of services. A determination must be made that there is reasonable expectation that the annual total of all medical assistance expenditures will *not exceed* the federal annual cap per slot. Although some children will have higher or lower expenditures, over the whole program statewide, the average expenditure must not exceed the New York State Office of Mental Health's annual CAP per slot.

Freedom of Choice/Fair Hearing

Upon determination of eligibility for HCBS Waiver services, the child and family are informed of any feasible alternatives and are given the choice of either institutional or home and community-based services. However, determinations of eligibility cannot exceed the total number of slots available. A fair hearing will be provided upon request for any family whose choice of home and community-based services as an alternative to institutional care is denied for reason other than the number of slots in the area being already filled, or who are denied the service(s) of their choice or the provider(s) of their choice. [The family will also be informed that the option of requesting an Agency Conference (pursuant to 18 NYCRR 358-2.4) is available prior to requesting a formal hearing.]

The Individual Care Coordination (ICC) Agency

The designated Individualized Care Coordination Agency:

- serves as coordinator of all the services the child and family will receive under the HCBS Waiver, including components of intake and screening, assessment of needs, service plan development, linking, advocacy/empowerment, monitoring, and consultation;
- is the primary biller of Medicaid HCBS Waiver services (providers of regular medical/surgical, licensed mental health outpatient and inpatient services will bill Medicaid directly);
- maintains relationships with approved subcontractors that will provide the remaining five HCBS Waiver services (respite, family support, crisis response, intensive in-home, and skill building), which include executing *written* contracts between the ICC Agency and approved providers, monitoring performance and coordinating care with all providers;
- hires and provides supervision/training to the Individualized Care Coordinators (ICC's);
- is responsible for all record keeping and reporting requirements associated with the program, including tracking of flexible service dollars, subcontract service expenditures, and service utilization as part of the site reports and 30/90 day service plan reviews; and
- is responsible for the ongoing development of the network of service providers.

In **(insert name of county)** County, the approved ICC Agency is **(insert name of ICC Agency)**.

Approval of Five Services Providers

The Local Governmental Unit designates agencies that may provide HCBS Waiver services in each geographic area in conjunction with the Local Social Services District and with the approval of the Office of Mental Health. (See Service Definitions and Requirements section for elaboration on qualifications for each individual service.) It should be noted that there may be more than one approved provider for each service. All providers are required to execute a written contract with the ICC Agency, outlining the requirements and expectations of the collaboration.

Expectations

The approved providers of the other five HCBS Waiver services will be expected to meet the following general requirements. Specific functions will be addressed in the written contract with the ICC Agency.

- Ensure that workers meet all HCBS Waiver training, experience and other requirements and that the philosophical values of the Individualized Care Model are followed.
- Provide on-going supervision to workers for service provision, documentation, billing, exchanging information with the ICC, attending service planning meetings as indicated and maintaining appropriate boundaries with child and family.
- Provide workers on an "as needed" basis per ICC Agency's need. There should be a no-reject policy, i.e., any child choosing services can not be denied services.
- Assure that workers provide only those services approved in the service plan and accompanying budget.
- Ensure that workers submit timely and accurate progress notes, billing records for service hours and any flexible service dollar expenditures. Records must meet Medicaid, Waiver and ICC Agency standards.
- Work with the ICC Agency and/or Local Governmental Unit to remedy any problems identified by child, family, ICC or subcontractor workers.
- Complete all other required OMH reporting documentation.

Service Definitions and Requirements

A service provider in a given county may elect to express interest in providing one or more of the following five services in the HCBS Waiver. *Prior to delivery of services, each individual worker must provide professional and/or personal references, a personal history of their experience and appropriateness to provide the service, clearance by the State Child Abuse Registry, clearance through OMH's Bureau of Criminal History Information (fingerprinting), and demonstrate that he/she meets the qualifications for the service to be provided and has completed training requirements.*

Services must be available by **(insert date)**. A description of the service and the worker standards follows.

Skill Building Service Workers

Skill Builder Job Description: Skill Builders focus on the developmental stage of the child and work with the child towards achieving age appropriate developmental tasks. They design and provide activities that assist children in developing skills needed to live successfully in their homes and communities. Skill Builders help the child to identify current assets and strategies for acquiring desired ones. Activities may support areas such as completing schoolwork, being part of a team, socialization, handling money and activities of daily living. Skill Builders may also work with youth in developing skills for independent living and in accessing vocational skills training. Skill Builders can provide 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.

Qualifications:

Skill Building Service workers must:

- be at least 18 years of age;
- have experience working with children (preference given to those with experience working with children with special needs);
- have some high school education (a high school diploma or G.E.D. preferred)
- be supervised by an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595;
- be cleared by the State Child Abuse Registry; and
- complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

Skill Building Services workers must:

- complete training in the Individualized Care Model (2 to 4 hour course) and
- have training in skill areas needed by the child and in:
 - normal growth and development of children, including developmental tasks associated with various stages of childhood and adolescence;
 - activities for skill development;
 - definition and description of serious emotional disturbance in children and adolescents and associated behaviors;
 - basic engagement skills

- addressing challenging behaviors
- working in a family's home and
- safety in the community as provided through their agency or the ICC agency.

Respite Care Services Workers

Job Description: Respite Workers temporarily care for the Waiver child, on an emergency or planned basis, providing relief from care-giving responsibilities for the family. This eases the on-going stress often experienced by families of children with serious emotional disturbances. Respite Workers supervise the child and engage the child in recreational activities that support his/her constructive interests and abilities. Respite may occur night or day in the child's home, the respite worker's home or in the community with one child or a group.

Qualifications:

Respite workers must:

- be staff of an OMH-certified Community Residence, including Crisis Residence, which has an OMH Operating Certificate demonstrating compliance with 14 NYCRR 594;

OR

- be a respite worker who:
 - is at least 18 years of age for daytime and 21 for overnight services;
 - has experience working with children (preference given to those with experience working with children with special needs);
 - has some high school education (a high school diploma or G.E.D. is preferred) and
 - is supervised by an individual who meets the criteria for a "qualified mental health staff person"¹ found in 14 NYCRR 594 or 14 NYCRR 595; and
 - is cleared by the State Child Abuse Registry; and
 - has completed fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

- Respite workers must complete OMH's Respite Curriculum which includes the Individualized Care Model, unless Respite training requirements were met prior to January 2008.
- Respite workers who have completed one of the following OMH-approved training curriculum: Rest A Bit, Parenting Skills Training, Model Approach to Partnerships and Parenting (MAAP),

Therapeutic Crisis Intervention or alternative OMH approved curriculum **and** the Individualized Care Model prior to January 2008 are not required to complete the OMH Respite Curriculum.

- Respite workers must receive training in safety in the home and community provided through their agency or the ICC agency.

Family Support Service Workers

Family Support Worker (FSW) Job Description:

FSW's are parents who are raising or have raised a child with mental health concerns and are personally familiar with the associated challenges. FSW's offer the integrity of their experience to the families they serve and are often able to connect with waiver families based on a unique understanding of their circumstances. FSW's have first hand knowledge of the services and supports available in the community. FSW's offer waiver families' activities designed to enhance the family unit, ultimately developing safe, stable, and supportive families who are connected to their communities.

FSW's offer resources, including, but not limited to: education, advocacy and support. FSW's offer information to families on community resources, assist families in **connecting** to community resources and natural supports, and **advocate** with the family to access supports, services and activities. FSW's introduce and connect families to community activities which foster family cohesion. These activities, which may be cultural, educational or recreational, are individualized for each family based on their culture, needs, values and preferences and are consistent with the family's income to assure the possibility of continuing the activities post-Waiver. FSW's are also expected to **facilitate** family/parent support groups. Family support group activities for parents (i.e., monthly meetings, game nights, annual picnics) are provided as a venue for engaging parents with similar experience as a way of assisting in building natural support systems in their communities.

FSW's may work with an individual parent/guardian or a group of Waiver parents/guardians. Workers must be supervised by an individual who meets the criteria for a "qualified mental health staff person".

Qualifications:

Family Support Services workers must:

- have some high school education (a high school diploma or G.E.D. is preferred);
- be at least 18 years of age;
- have experience working with children (preference given to those with experience working with children with special needs);
- be a parent or caregiver of a child with a history of emotional or behavioral problems (parent or caregiver is defined as a parent, foster

parent or other family member with direct responsibility for the care of a child with a diagnosis of emotional disturbance). OMH Parent/Family Advisors at the OMH Regional Offices assist in recruitment of qualified family support workers);

- be cleared by the State Child Abuse Registry; and
- complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

Family Support Services workers must:

- complete at least *fifteen* hours of training that is reviewed and approved by the OMH Regional Parent Advisors in principles of wellness and recovery, advocacy, creating support groups, group facilitation skills, basic engagement skills;
- complete training in the Individualized Care Model (2 to 4 hour course);
- complete safety in the home and community training as supplied by the ICC agency and
- be supervised by a *qualified Mental Health staff person. This is defined as a licensed physician, a licensed psychologist, an MSW or CSW, R.N. other professional disciplines which receive the written approval of the Office of Mental Health, or any individual having education, experience and demonstrated competence (this is defined as Master's or Bachelor's degree in a human services related field, or Associate's degree in a human services related field and three years experience in human services, or a high school diploma and 5 years experience in human services).

Crisis Response Services Workers

Job Description: Crisis Response Services Workers perform interventions designed to assist children and families when they are in crisis. These workers provide immediate, short-term interventions until linkages are made with other appropriate services. This may include assessment, consultation, facilitating the safety plan's interventions and referral wherever and whenever necessary on a 24 hour/7 day a week basis.

Qualifications:

Crisis Response workers must:

- have a Master's degree in one of the following fields: audiology, child and family studies, communication disorders, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and language pathology, human services, human

development, criminal justice or other related degrees, or a NYS Teacher's Certificate, **and** two years experience providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse

or

a Bachelor's degree in one of the above fields, or a NYS Teacher's Certificate, and four years experience providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

Qualifying experience may be pre- or post- degree. Candidates may qualify by meeting the qualifications for the NYS Intensive Case Manager position.

- be affiliated with an OMH-certified provider;
- be cleared by the State Child Abuse Registry; and
- complete fingerprinting clearance (if hired after April 1, 2005).

Training:

Crisis Response workers must:

- complete OMH-approved training in the Individualized Care Model;
- complete training in safety in the community;
- have training in mental health diagnosis (DSM-IV), suicide assessment, psychopharmacology, crisis intervention techniques, and available community resources.

Intensive In-Home Services Workers

Job Description: The Intensive In-Home (IIH) worker supports the child and family in implementing both their Treatment Plan (from the clinical provider) and the Waiver Service Plan (established by the Waiver program). The IIH worker receives direction from the Individual Care Coordinator who assures the initial and on-going flow of clinical information between the ICC, the treatment provider and the IIH worker. The IIH worker engages the child and family in ways that support the everyday application of treatment methods as described in the child's Treatment Plan and Waiver Service Plan.

Specifically, the IIH worker reinforces desired cognitive and behavioral changes to prevent crises and to support the emotional well-being of the family. As each family is unique, strategies are designed to be sensitive to the culture and values of each individual family and may include: 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, encouraging supportive sibling relationships with the Waiver child, developing healthy coping mechanisms, making healthy choices, building self-esteem, clarifying identity

issues, etc. IIH Services may be provided in the home or in the community for an individual child and their family.

Qualifications:

Intensive In-Home workers must:

- have a Master's degree in one of the following fields: audiology, child and family studies, communication disorders, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and language pathology, human services, human development, criminal justice or other related degrees, or a NYS Teacher's Certificate, **and** two years experience providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse

or

a Bachelor's degree in one of the above fields, or a NYS Teacher's Certificate, and four years experience providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

(Qualifying experience may be pre- or post- degree. Candidates may qualify by meeting the qualifications for the NYS Intensive Case Manager position.)

- be cleared by the State Child Abuse Registry; and
- complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

IIH workers must complete:

- 14 C.A.R.A.T. curriculum (If the worker has a Master's degree, IIH services may be provided prior to completion of the 14 C.A.R.A.T. training but the worker must complete the training when next offered in the agency's region or as reasonable in other regions) and
- training in the Individualized Care Model and
- safety in the community.

Training is strongly recommended in areas such as working with specific child diagnostic populations, overviews of evidence based practices, child and adolescent developmental stages, substance abuse, trauma, suicide prevention, teaching parenting skills, and stress management techniques.

Responding to the Request for Services - Instructions

Eligible Applicants:

Any agency that feels it can provide the county's HCBS Waiver program with a pool of workers who meet the individual service provider and worker qualifications may apply. The applicants must be able to satisfactorily demonstrate the points outlined in the narrative format below. For HCBS Waiver sites serving multiple counties, an agency must submit a separate application to each county that it would like to serve.

Format:

Each application must contain the following and not exceed 10 pages in length:

- Cover letter, signed by the Chief Executive Officer, indicating which service the agency is interested in providing. Specify the name and phone number of a contact person.
- Narrative that details:
 - a *brief* history of the agency and its role in providing community-based services, particularly the agency's ability to serve children and adolescents with serious emotional disturbance and their families;
 - the agency's qualifications to meet the specific provider standards outlined in the HCBS Waiver service definitions;
 - a readiness to make a pool of qualified workers for the specific service available when needed;
 - the agency's history of interagency collaboration in their locality;
 - a willingness to collaborate with the LGU and **(insert ICC agency's name)** for the provision of services, using an Individualized Care Model, under the HCBS Waiver;
 - any past collaborative efforts with **(insert ICC agency's name)**;
 - the agency's history of consumer and family input into its evaluation process;
 - an acceptance of the payment rate for the specific HCBS Waiver service; and
 - agreement to participate in the evaluation of the program (e.g., attending program meetings, providing data).