

## Appendix D: Program Work Plan

**Any services in this contract awarded to Contractor based on Contractor's submission (Contractor's Proposal) in response to a Request for Proposal (RFP) or Invitation for Bid (IFB) shall be subject to the terms and conditions in both the Contractor's Proposal and the RFP [or IFB], incorporated herein by reference, which shall apply as if fully stated herein. If there is any inconsistency between any part of this Agreement and another, the following order of precedence shall control: Appendix A; All other parts of this Agreement, including the State of New York Agreement and all attachments, appendices, exhibits or riders; RFP; Contractor's Proposal.**

<b>Contract #:</b>	C003455	<b>Contract Period:</b>	Jan. 1, 2011 – Dec. 31, 2011
<b>Agency:</b>	The Family Association		
<b>Program Name:</b>	Home and Community Based Services Waiver		

**Instructions:** Complete all blank areas and provide detailed program information as appropriate. Programs are required to comply with all standards in applicable regulations and/or OMH fiscal and program guidelines. It is not required to repeat any of this information in the program work plan.

**1. Program Overview:** A summary of the program(s).

- *The HCBS Waiver program (84 slots) provides home and community based services to children who face the likelihood of residential placement or psychiatric hospitalization due to a severe emotional disorder. The purpose of these services is to keep the child in their home and community.*
- *The program coordinates individually tailored plans of care, which are designed to meet the needs of children and their families by using their strengths and building a supportive home and community based environment.*
- *An Individualized Care Coordinator (ICC) is assigned to work intensively with the child and family to determine what is needed to allow the child and family to remain at home and in the community. Together the ICC and the family identify individual strengths and create a plan for service that will meet the needs of the child and family. The process is "family-driven", meaning the family is completely involved in every stage and every aspect of the process.*

**2. Program Specifics, Target Population & Capacity/Persons Served:** A description of the type of program(s), location(s) and the specific groups of people (individuals, families, or community members) who will be served or directly interact with the program(s), including referral sources, geographic location and demographics, as well as a description of the program(s)' capacity, including the number of contracted units (e.g., residential programs or case management programs), the number of unduplicated persons being served annually (e.g., community support programs), and the number of days/hours the program is in operation.

<b>Program Name/Type</b>	<b>Service Capacity</b>	<b>Location (County/City)</b>	<b>Target Population</b>
HCBS Waiver Program	84 slots	Suffolk County	Families raising children with emotional and behavioral difficulties between the ages of 5-18 living in Suffolk County

HCBS Waivers are screened through Suffolk County's Single Point of Accountability (SPOA) and must meet the following Criteria:

- *Age: The child must be at least 5 but no older than 18.*
- *Residence: The child must live in Suffolk County.*
- *SED Criteria: "Severe Emotional Disorder" is defined by current or extended impairment of functioning and a DSM IV diagnosis.*
- *Capability: The child must be capable of being cared for in the community if provided appropriate services.*
- *Placement Risk: The child must meet the eligibility criteria for placement in a residential mental health facility.*
- *Voluntary Participation: The child has a viable and consistent living environment with parents/guardians and both child and family are willing to participate in intensive in-home services.*
- *Medicaid Eligibility: The child's income and resources (without reference to parents) must meet Medicaid eligibility.*
- *Fiscal Eligibility: The child must be capable of being served in the community at the federally approved average yearly cost.*

3. **Services Provided:** A detailed explanation of the program(s)' core features (e.g., the kinds of services provided). Licensed programs are not required to repeat any standards already included in the applicable regulations and/or guidelines for those programs.

*Under the HCBS program, NYS is able to "waive" some of the customary rules that govern Medicaid reimbursement. The most significant of these is the ability to consider only the child's income (not the parents') and coordinate an individually tailored plan using the following supports:*

- ***Individualized Care Coordination (ICC):*** *The Coordinator's role is to guarantee the fullest measure of child and family participation in the process and the smooth linkage to all available/pertinent sources of help. The ICC works with the families to identify strengths, develop a tailored plan of care designed to meet the specific needs of each child and family to support keeping their child in their home environment. The ICC works as a liaison, advocate and support between the child's school, therapist, psychiatrist and any other service provider involved with the family. The ICC works intensively with the child and family and is required to have a minimum of six face-to-face visits per month. Three of these visits must be face-to-face with the child.*
- ***Respite Care:*** *Caring for a child with serious emotional disturbance can be exhausting and difficult at times, especially when families may feel isolated and alone. Respite care is designed to give the family and child a well deserved break, to ease the stress at home and improve family harmony. Each child is matched with a fully screened specially trained counselor who will provide fun, safe recreational activities and a role modeling relationship for the child. The settings in which respite is provided may include: the child's home, sub-contracted respite homes and other sites within the community that best fit the needs of the child and family. Respite may be for a designated period during the day or night, or overnight. Respite can occur individually or in groups. HCBS offers groups throughout the month and families are sent a calendar/brochure with additional details each month.*

- **Family Support Services:** *Family Support Services are designed to enhance the child's ability to function as part of a family, and the family's ability to care for the child in the home. Family Support Services are provided by HCBS Parent Advocates who work specifically with the child's care giver(s). The Parent Advocate provides emotional support and advocacy and works to enhance the family's ability to care for the child in their own home and community. HCBS Parent Advocates have raised a child with an emotional disability and is able to empathize with each family's situation and is able to provide unique support. Efforts are made to promote a sense of empowerment within the family through supporting the development of advocacy skills and providing the family with opportunities to advocate for their child within the children's mental health system. HCBS also offers Parent groups and workshops which the families receive in the mail.*
  - **Crisis Response Service:** *A support to help stabilize situations whenever and wherever they may occur. The child/family has access to an ICC at all times as this service is provided 24/7 as an alternative to police contact or psychiatric hospitalization. Crisis response can take place anytime, anywhere within Suffolk County. Many times the on call worker is able to facilitate an overnight respite to give the family and child a break rather than sending the child to the hospital. The on-call ICC is available via telephone, will visit the home, school, or wherever the crisis is occurring. They will also provide transportation to the respite home if this is what the family has requested.*
  - **Skill Building Services:** *Skill building services are designed to provide opportunities for the child to learn and practice the skills they need to stay at home and within their community. Some of the skills the child may work on include: personal hygiene, socialization skills, homework help, organizational skills, etc. If deemed necessary, siblings may also receive skill building as long as it will assist the child in the program meet his/her goals. Skill building services can be provided in the home, in the office, in the community, individually, or in groups.*
  - **Intensive In Home Services:** *Provide on-going interventions in the home when a "crisis response" is not enough. The program feels "crisis is opportunity". Intensive In-Home services are designed to help the family understand how to manage and identify precipitants to crises so they can prevent them from occurring or decrease their severity in the future. Intensive In-Home services can be conducted prior to a crisis event or immediately following a crisis.*
4. **Staffing/Resources:** A general description of the staffing resources, qualifications, and ongoing staff development/training activities; and relevant experience of the provider organization to support the program(s).

*The mission of the Home and Community Based Services Waiver Program is supported by employees with the following qualifications and trainings:*

- *Our Program director has a MSW and over 20 years of experience working with children and adolescents with a primary mental illness diagnosis.*
- *Our assistant director also has a MSW and has 5 years experience working with children and adolescents with a primary mental illness diagnosis.*

- *Our Coordinators have a Bachelors' degree in a health or human services field, and one year practical experience working with children and adolescents with a primary mental illness diagnosis.*
- *All of our program supervisors have a BS in a related field and 2-4 years experience working with children and adolescents with a primary mental illness diagnosis.*
- *Our ICC's have a MSW or a master's degree in a related field **and** two years experience providing direct services for children with a primary mental illness diagnoses. ICC's also:*
  - *complete OMH approved training in the Individualized Care Model, receive our program's policy and procedures, including the staff safety protocols, child abuse identification and reporting, and incident reporting, participate in technical assistance sessions and agency inservices, complete the 14 C.A.R.A.T. training.*
  - *Our respite counselors have at least a high school diploma or GED and receive special training on caring for a child with serious emotional disturbance. These counselors are cleared by the State Child Abuse Registry and complete fingerprinting for a criminal history background clearance.*
  - *All of our staff are required to complete additional training as mandated.*

**5. Program Goals/Outcomes:** A description of the desired benefits or changes for the target population(s) following their interaction with the program(s).

- *Hospitalization will be averted for 75% of all children active in the program.*
- *Out of home placement will be averted for 80% of all children active in the program.*
- *Of the children who are hospitalized while in the program, 80% will have a reduced length of hospitalization compared to the previous psychiatric hospitalization.*
- *35% of all children enrolled in the program will be stepped down to a lower level of care.*
- *The Family Association has a strong commitment to continuous quality improvement. Performance-based standards and evaluations of client satisfaction are used to ensure the highest quality of service. Children receiving HCBS Waiver services will increase their skills in one or more of the following areas: self care/direction; family and social relationships; and/or school performance. It is expected that increased skills in these areas will enhance the child's ability to remain at home. Data is collected on a quarterly basis from reports completed by staff, in conjunction with family perceptions of progress.*
- *Coordinators send satisfaction surveys to each family six months following enrollment and at discharge. They also call families periodically to check in on the family's progress and satisfaction with services. As part of the annual site review, the OMH parent advisor contacts a sample of families to discuss their satisfaction with the program and their perceptions of the effectiveness of service provision. Annually, through the agency's Continuous Quality Performance Improvement office, a sample of families is asked to complete a program evaluation questionnaire. Data is then compiled to assess program performance.*

*The Family Association HCBS Waiver Program has been able to keep more children in the home and community versus out-of-home placement and long term psychiatric hospitalizations. We have shown a decrease in hospitalizations. With the utilization of all services we have decreased our length of stay over the past year from 13 months to nine months which enables us to serve more children.*

- 6. Specific Deliverables and Timeframes (If Applicable):** A detailed description of the specific activities and steps required to operate the program(s) and/or project(s).

*N/A*

- 7. Performance Targets/Milestones (If Applicable):** A description of the proposed measures to track whether the project(s) or program(s) is/are on course with its performance targets.

*N/A*