

# Understanding Children's Home and Community Based Services (HCBS) Part 1



# Introduction

**The information and dates in this presentation are accurate as of the date of this presentation or delivery of content**



# Agenda

- Understanding Children's Home and Community Based Services (HCBS)
  - Overview
  - Community Self-Advocacy Training and Supports
  - Caregiver/Family Supports and Services
  - Prevocational Services
  - Supported Employment
  - Community Habilitation
  - Day Habilitation
- Remaining HCBS will be covered in Part 2

# Children's Home and Community Based Services (HCBS) Overview



# Overview: What are Children's Home and Community Based Services (HCBS)?

- HCBS allow children/youth to participate in a vast array of Medicaid funded services
- HCBS reduces the need to provide services in a restrictive environment, such as long-term care facilities or psychiatric inpatient care

## Vision

- Provide individualized, person-centered care that accounts for the strengths, preferences, needs, and desired outcome of the individual
- Support children in non-institutionalized settings that enable them, to remain at home and in the community

# Reminder: HCBS Aims to Be

- Person-Centered
- Recovery-Oriented
- Integrated
- Data-Driven
- Evidence-Based
- Trauma-Informed
- Flexible and Mobile

# Important

- Providers must be designated to provide HCBS services
- Staff qualifications, modality rules and limits, and exclusions for these services are state mandated

# Children's HCBS Provider Manual

NYS Children's Health and Behavioral Health Services  
Transformation Home and Community Based Services Provider  
Manual can be accessed at

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/hcbs\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf)



# HCBS Settings

Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes, while remaining inclusive of those in the family and caregiver network.

Examples of acceptable HCBS Settings:

- Home of child/family
- Community Center
- Library
- Coffee shop

As per CMS final rule, HCBS may not be provided in certain settings as noted in Limits and Exclusions for each service in the HCBS manual.

## Former 1915(c) HCBS → Children's HCBS

- Before April 1, 2019, there was a select population of children who were receiving HCBS Waiver services, also known as 1915(c) Waiver Services.
- As part of children's system transformation, Aligned HCBS was created, now referred to as Children's HCBS. Children's HCBS seeks to align the multiple waiver services (that existed pre-transition) into one consolidated set of services.
- These services are available to all HCBS eligible children ensuring consistency across systems regardless of primary diagnosis (as long as HCBS eligible).
- HCBS were billed to Medicaid Fee for Service from April 1 until September 30, 2019.

# Reminder:

**October 1, 2019: Children's HCBS  
transitioned into Medicaid Managed Care**

## Children's Home and Community Based Services (HCBS)

- Adaptive and Assistive Equipment
- Caregiver/Family Supports and Services
- Community Self-Advocacy Training and Supports
- Community Habilitation
- Day Habilitation
- Environmental Modifications
- Non-Medical Transportation\*
- Palliative Care: Bereavement Service
- Palliative Care: Massage Therapy
- Palliative Care: Expressive Therapy
- Palliative Care: Pain and Symptom Management
- Prevocational Services
- Respite
- Supported Employment
- Vehicle Modifications

\*Non-Medical Transportation will be paid Fee-for-Service for eligible children/youth, regardless of whether the child/youth is enrolled in Medicaid Managed Care, to leverage the existing Medicaid Fee-for-Service transportation infrastructure.

**Please note:** FPSS, YPST, and CI could be provided as interim HCBS to only those children enrolled in HCBS in the period before they went live as CFTSS (FPSS went live as CFTSS July 1, 2019; YPST and CI went live as CFTSS January 1, 2020).

# Children's Home and Community Based Services (HCBS)



# Community Self-Advocacy Training and Supports



# What are Community Self-Advocacy Training and Supports?

- Train family and child on tips and methods that can help them have success in the community
- Provide techniques and information to allow family and other contacts to better respond to the child's needs
- Train the child and family on how to self-advocate regarding the child's disability and health care needs

# Aims of Community Self-Advocacy Training and Supports

- Improve understanding of the child's needs by the child, family and other contacts in the community
- Enhance ability of child and other contacts to respond appropriately to health care issues that may come up
- Support a child who is experiencing difficulty within community settings
- Improve the child's ability to take part in and benefit from community experiences



# Example

Charlotte, age 16, has been struggling with substance abuse issues and recently was admitted into a 30 day treatment program.

Charlotte and her parents are not familiar with how to support Charlotte's recovery in their community. The provider meets with Charlotte and her parents to provide assistance accessing the appropriate community resources (i.e. AA and NA groups as well as an Al-Anon group) as well as teaching methods/behaviors (i.e. seeking positive peer interactions, avoiding triggering environments) that support recovery while still allowing interaction with the community.

# Caregiver/Family Supports and Services



# What are Caregiver/Family Supports and Services?

- Offer educational, advocacy, and support resources to child/youth and caregiver/family
- Help teach the caregiver/family how to access resources independently and ensure appropriate services are received by their child
- Promote families' self-sufficiency caring for child/youth at home/community
- Address issues the caregiver/family is concerned about (as appropriate) in relation to supporting their child
- Provide instruction to allow child/family to have a fully understanding of the child's condition or illness

**Note: This service is different from the CFTSS (Child and Family Treatment Supports and Services) Family Peer Support Services which is required to be delivered by a certified/credentialed Family Peer with lived experience.**

# Aims of Caregiver/Family Supports and Services

- Improve the child's ability to be part of a caregiver/family unit
- Improve the caregiver/family's ability to care for the child in their home or community

# Example

Jamil is a 7 year old struggling with significant impulse control issues impacting school performance and peer relationships. His father is concerned about him maintaining his school placement and feels helpless.

The Caregiver/Family Support provider helps Jamil's father connect with available resources, provides education about Jamil's diagnosis and helps Jamil's father understand the issues Jamil is experiencing in school and actively take part in school meetings.

# Review of Key Differences: Community Self-Advocacy Training and Supports VS Caregiver/Family Supports and Services

## •Community Self-Advocacy Training and Supports

- Goal: Improved functioning of the child in the community, allowing them to interact with and benefit from their community
- Provides training to establish methods and behaviors to facilitate that goal

## •Caregiver/Family Supports and Services

- Goal: Improved functioning of the child and family as a family unit
- Provides education and resources to the child and family in pursuit of that goal

# Prevocational Services



# What are Prevocational Services?

- Services that teach/develop general skills, NOT skills geared towards a specific job. Examples of skills include, but are not limited to:
  - ability to communicate effectively
  - understanding the norms of workplace conduct and dress;
  - ability to follow directions;
  - workplace problem solving skills and strategies;
- Prevocational Activities can include: resume writing, interview techniques, exploring career options, applying to a college or technical school



# Aims of Prevocational Services

- Prepare youth (age 14 or older) with disabilities to engage in paid work, volunteer work or career exploration
- Allow the youth to
  - attain the highest level of work in the most integrated setting and
  - find a job matched to their interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines from the U.S. Department of Labor

# Example

Susie is 17 and her Prevocational Employment provider engages her in exploring opportunities for college including considering a technical school and completing a college application.

The Prevocational Employment provider also helps Susie create a resume and explore opportunities for a part time job to help finance her college pursuits. In preparation for getting a part time job, Susie's Prevocational provider works with her to develop punctuality and understand what is and is not appropriate workplace behavior.

# Supported Employment



# What is Supported Employment?

- Services to assist youth as they work
- Examples include, but are not limited to:
  - Intensive ongoing support
  - Transportation to and from the job site
  - Communication with employers regarding the individual's disability(ies) and needs related to his or her healthcare issue(s)
  - Monitoring through on-site observation and communication with job supervisors and employers
  - Other activities needed to sustain paid work

# Aims of Supported Employment

- Prepare youth (age 14 or older) with disabilities to engage in paid work
- Provide ongoing intensive supports so the youth can acquire and maintain a job that meets their goals in the general workforce
- Youth sustains paid employment at or above minimum wage

# Example

Susie just obtained a part time job working in a department store. The Supported Employment provider meets with Susie's supervisor to discuss her specific workplace needs based on her healthcare needs.

# Important to Note

- Does not include facility based or other similar types of vocational services furnished in specialized facilities; Supported Employment is for positions that are part of the general workplace
- Does not include ongoing support during volunteer work (volunteer work falls under Prevocational Services)
- Cannot be used for incentive payments or subsidies

# Community Habilitation





# What is Community Habilitation?

- Assistance with the acquisition, maintenance, and enhancement of functional skills necessary to perform daily activities or health related tasks
- Example skills include, but are not limited to:
  - Self-care
  - Life safety
  - Medication and health management
  - Communication skills
  - Mobility
  - Community transportation skills
  - Appropriate social behaviors
  - Money management

# Aims of Community Habilitation

- Allow child/youth greater independence
- Prevent regression of a child's skills
- Promote growth and further already acquired skills in pursuit of the child's goals

# Example

Tyler, age 19, who is on the Autism Spectrum is interested in being more independent from his caregivers.

Tyler and his Community Habilitation provider work on skills around meal prep including creating a shopping list, visiting the grocery store, and cooking a few different meals at home.

They also work to enhance Tyler's skills navigating transportation in order to transfer the skills he learned taking the bus to school to using public transportation in his community.

# Day Habilitation



# What is Day Habilitation?

- Assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills
- Individual Day Habilitation and Group Day Habilitation
- **Day Habilitation (DH) services are provided to a child at a NYS certified (e.g., OPWDD certified) setting** typically between the daytime hours of 9am-3pm. However, service delivery may include outings to community (non-certified) settings.
- A supplemental version of Individual and Group Day Habilitation is available for children who do not reside in a certified setting. The supplemental Day Habilitation is provided outside the 9am-3pm weekday time period, and includes later afternoon, evenings, and weekends. Day Habilitation and Supplemental Day Habilitation services cannot be delivered at the same time.

# Aims of Day Habilitation

- Allow the child to gain new skills, more independence and greater community inclusion
- Increase self-advocacy and relationship building
- Reinforce skills and behaviors taught previously in other settings

# Example

Juan, who is a child in Foster Care and has a developmental disability, receives Day Habilitation at an OPWDD certified agency.

Juan and his Day Habilitation provider work on his communication skills including introductions, small talk, appropriate topics of conversation, etc. in pursuit of Juan's goal to make more friends and feel more comfortable around people he doesn't know well.

# Questions





# Resources

- **NYS Children's Health and Behavioral Health Services Transformation Home and Community Based Services Provider Manual can be accessed at [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/hcbs\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf)**
- **Process and Delivery of Services Documentation [https://health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/services\\_access\\_documentation.pdf](https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf)**