

Home and Community Based Services Settings Transition Plan

June 2016



Office of Mental Health

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I. OVERVIEW OF OMH'S SERVICE SYSTEM

New York State has a large, multi-faceted mental health system that serves more than 700,000 individuals each year. The Office of Mental Health (OMH) operates psychiatric centers across the State, and also regulates, certifies and oversees more than 4,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs. These community based resources have created a safety net which has helped the mental health system to evolve from a primarily hospital focused system to one of community support. The emergence of the peer recovery and empowerment movement in the 1990s has stimulated the shift in focus from support to recovery.

The legal system's expansion of civil rights to include people with mental illness, as part of Olmstead Legislation and Americans with Disabilities Act, has begun to move policy from the concept of least restrictive setting to full community inclusion. However, New York currently exceeds both the national average inpatient utilization rate at state-operated Psychiatric Centers (PCs), and per capita inpatient census levels at state-operated PCs in other urban states and all Mid-Atlantic States.

New York's extensive State PC inpatient capacity includes 24 facilities with nearly 4,000 budgeted beds. Among these are a number of hospitals operating with fewer than 100 beds. This situation had led to disproportionately high State-operated inpatient per capita costs as more individuals with mental illness are supported successfully with community- based mental health services, while the inpatient footprint has remained disproportionately large. The evidence of this imbalance is clear: while New York's State-operated inpatient facilities serve approximately 1% of the total number of people served in the public mental health system, they account for 20% of gross annual system expenditures. With the inclusion of other acute inpatient facilities (Article 28 or 31 psychiatric hospitals), inpatient psychiatric costs amount to approximately half of the total spending on public mental health services.

The OMH is in the process of creating the mental health system that New York needs in the 21st Century—a system focused on prevention, early identification and intervention, and evidence-based clinical services and recovery supports. OMH is rebalancing the agency's institutional resources to further develop and enhance community-based mental health services which are also consistent with the Americans with Disabilities Act (ADA). The US Supreme Court's 1999 Olmstead decision held that the ADA mandates that the State's services, programs, and activities for people with disabilities must be administered in the most integrated setting appropriate to a person's needs.

The New York State Office of Mental Health (OMH) has prepared an annual report to provide timely information on the progress of OMH's investments in community mental health services. This report describes the progress and effectiveness of investments in community mental health services in reducing the need for inpatient services and hospital lengths of stay, and the improvement of service effectiveness for children, adolescents and adults. The results so far from these community investments have continued to have significant positive impacts. The average daily inpatient census has declined by 5.7% during calendar year 2015 in OMH civil adult and children's Psychiatric Centers. Meanwhile, the OMH community service expansion has increased the number of people served in State-operated community settings in 2015 by 18% compared to the same period four years ago (prior to the OMH Transformation Plan and State-operated outpatient reforms). Most importantly, hundreds of children and adults are now receiving quality and effective care in the community, and no longer have to be separated from families and friends in a Psychiatric Center to help recover from mental illness. The OMH Transformation Plan website can be accessed by clicking here: [OMH Transformation Plan](#).

In addition, at the State level, the upcoming carve-in of most Medicaid beneficiaries into managed care, the Delivery System Reform Incentive Payment (DSRIP) program, and the Prevention Agenda 2013-18 are timely and direct drivers of reform to the State and community-based systems of care. Together these initiatives will further coordinate care across clinical modalities and levels of government by developing an integrated, recovery-centered service delivery system designed to improve patient care and population health—the means to achieve the "Triple Aim" of better care, better health and better lives for those whom we serve — at lower costs.

Part of OMH's systems transformation is the development of Health and Recovery Plans (HARPs) which is intended to promote significant improvements in the Behavioral Health System as we move into a recovery- based Managed Care delivery model. A recovery model of care emphasizes and supports a person's potential for recovery by optimizing quality of life and reducing symptoms of mental illness and substance use disorders through empowerment, choice, treatment, educational, employment, housing, and health and well-being goals. Recovery is generally seen in this approach as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, self-direction, social inclusion, and coping skills.

The Behavioral Health Home and Community Based Services (BH HCBS) will provide opportunities for adult Medicaid beneficiaries with mental illness and/or substance use disorders to receive services in their own home or community. Implementation of BH HCBS will help to create an environment where managed care plans, service providers, plan members, families, and government partner to help members prevent and manage chronic health conditions and recover from serious mental illness and substance use disorders. The partnership will be based on these core principles:

Person-Centered Care: Services should reflect an individual's goals and emphasize shared decision-making approaches that empower members, provide choice, and minimize stigma. Services should be designed to optimally treat illness and emphasize wellness and attention to the persons overall well- being and full community inclusion.

Recovery-Oriented: Services should be provided based on the principle that all individuals have the capacity to recover from mental illness and/or substance use disorders. Specifically, services should support the acquisition of living, employment, and social skills and be offered in home and community-based settings that promote hope and encourage each person to establish an individual path towards recovery.

Integrated: Services should address both physical and behavioral health needs of individuals. Care coordination activities should be the foundation for care plans, along with efforts to foster individual responsibility for health awareness.

Data-Driven: Providers should use data to define outcomes, monitor performance, and promote health and well-being. Performance metrics should reflect a broad range of health and recovery indicators beyond those related to acute care.

Evidence-Based: Services should utilize evidence-based practices where appropriate and provide or enable continuing education activities to promote uptake of these practices.

Trauma-Informed: Trauma-informed services are based on an understanding of the vulnerabilities or triggers experienced by trauma survivors that may be exacerbated through traditional service delivery approaches so that these services and programs can be more supportive and avoid re-traumatization. All programs should engage all individuals with the assumption that trauma has occurred within their lives. (SAMHSA, 2014)

Peer-Supported: Peers will play an integral role in the delivery of services and the promotion of recovery principles.

Culturally Competent: Culturally competent services that contain a wide range of expertise in treating and assisting people with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) in a manner responsive to cultural diversity.

Flexible and Mobile: Services should adapt to the specific and changing needs of each individual, using off-site community service delivery approaches along with therapeutic methods and recovery approaches which best suit each individual's needs. BH HCBS, where indicated, may be provided in home or off-site, including appropriate community settings such as where an individual works, attends school or socializes.

Inclusive of Social Network: The individual, and when appropriate, family members and other key members of the individual's social network are always invited to initial meetings, or any necessary meetings thereafter to mobilize support.

Coordination and Collaboration: These characteristics should guide all aspects of treatment and rehabilitation to support effective partnerships among the individual, family and other key natural supports and service providers.

The past 30 years have seen a transformation of the public behavioral health system. The State-operated adult psychiatric hospital census has declined from over 20,000 to under 2,900. Access to outpatient treatment, community supports, rehabilitation, and inpatient psychiatric services at general hospitals have expanded. The sheer breadth and scope of our service system includes more than 38,000 units of state supported community housing for people living with mental illness, including approximately 10,000 certified / licensed residential settings.

The following information provides more detail on the scope of OMH's service system and demonstrates the challenges in achieving system transformation and full compliance with the HCBS settings rule by March 2019.

OMH Housing Programs / Adult Programs

OMH provides development, capital and operating funding to not-for-profit sponsors in order to create opportunities for adults with serious mental illness, and children with serious emotional disturbances, to access a range of affordable housing and related services. OMH also develops its own State-operated housing, both on State psychiatric center grounds and in the community.

The types of housing programs that OMH funds are as follows:

TREATMENT PROGRAMS: OMH's residential treatment programs are the successors to the community residence programs that were introduced in 1978, primarily as a means of enabling residents of State-operated Psychiatric Centers to transition to community living. These programs are licensed by OMH under Part 595 of the New York Codes, Rules and Regulations, and focus on services to address specific functional and behavioral deficits that prevent residents from functioning independently in the community. Services are goal oriented and designed to be of limited duration. The types of housing that OMH provides funding to operate include the following:

- **Congregate Treatment:** These programs are operated by either not-for-profit organizations or NY State and are often referred to as "group homes." These are congregate living arrangements, for either adults or children, where staff are on-site 24 hours per day.

Programs range in size from 4 to 48 units. Programs of up to 16 units are eligible for Medicaid reimbursement under the Federal Rehabilitation Option. **OMH currently has 351 Congregate Treatment sites that serve 5,180 individuals.**

- **Apartment Treatment:** These programs are for adults and are apartment-based. Resident/staff contacts occur on a flexible schedule, as appropriate to the needs of the resident. **OMH currently has 2,795 Apartment Treatment sites that serve 4,783 individuals.**
- **Community Residence/Single Room Occupancy (CR/SRO):** This program model was introduced in 1990 under the first "New York/New York Agreement." The CR/SRO living units are usually designed as studio apartment, or as suites with single bedrooms around shared living spaces. **OMH currently has 67 CR/SRO sites that serve 3,271 individuals.**

SUPPORTIVE HOUSING: Supported Housing is unlicensed housing in which residents receive assistance with rent and housing-related support services, and in accessing the mental health treatment supports necessary to live successfully in the community. Services are provided on a flexible, as-needed basis. Such housing is usually located in mainstream "generic" apartments in the community, but may be in single-site buildings where program design or the cost of single apartments in the area renders such arrangements appropriate. This housing modality was introduced in 1989. Supported Housing programs are governed by OMH's Supported Housing Implementation Guidelines. There are two types of Supported Housing programs:

- **Scattered Site Supportive / Supported Housing (SH):** SH that is usually provided in apartments "scattered" over a given area, although there are some single-site apartment programs particularly in urban areas where it is fiscally advantageous to operate such housing. **OMH currently provides funding for 19,201 individuals.**
- **Congregate Supportive /Supported/Single Room Occupancy (SP/SRO):** SP/SRO programs are Supported Housing programs that receive an enhanced level of funding to operate large efficiency apartment programs where staff is on-site 24 hours per day for front desk security. **OMH currently has 140 SP/SRO sites that serve 5,402 individuals.**

FAMILY CARE: Family Care homes provide 24-hour residential services in family settings that carefully match resident needs and provider skills in order to offer individually tailored supervision. OMH issues an operating certificate to qualified individuals in the community who agree to offer specified residential services in their own homes to an average of three persons diagnosed with mental illness. **OMH currently has 448 Family Care sites that serve 1,639 individuals.**

II. INTRODUCTION TO THE OMH TRANSITION PLAN

The New York State Office of Mental Health will be initiating preliminary steps to comply with the Center for Medicaid and Medicare Services (CMS) Home and Community Based Services (HCBS) Federal Settings Rule. (42 CFR 441.301, et. seq). Under the new rule, States are required to develop a five year transition plan for existing home and community-based services demonstrating how they will ensure that HCBS services existing at the time of the promulgation of the regulation will be brought into compliance with the new requirements. Because the implementation of HARP and the inclusion of HCBS services in its benefit plan for adults were subsequent to the date of the issuance of the rule, compliance with the new requirements is mandatory from the date of the inception of the program.

Accordingly, OMH is undertaking an expedited assessment of the various adult residential programs and options available to individuals with serious mental illness who would otherwise be eligible for home and community-based services, in order to determine which settings are currently compliant, and whether and how settings that are currently non-compliant can be brought into compliance, in order to enable residents of such settings to participate in HCBS.

To accomplish this, OMH adult residential providers must complete a HCBS Settings Residential Program Assessment. This assessment will allow OMH to compile baseline data that will be used to assist OMH in determining what sites are currently compliant, thus making appropriate residents immediately eligible to receive HCBS. In addition, the assessment will identify system-wide challenges and help us in developing the timelines needed to achieve full system compliance.

OMH has pre-determined the following as settings automatically non-compliant with the HCBS Settings Rule. Providers must list in their final submission all non-compliant sites, but are NOT required to complete an assessment for these sites:

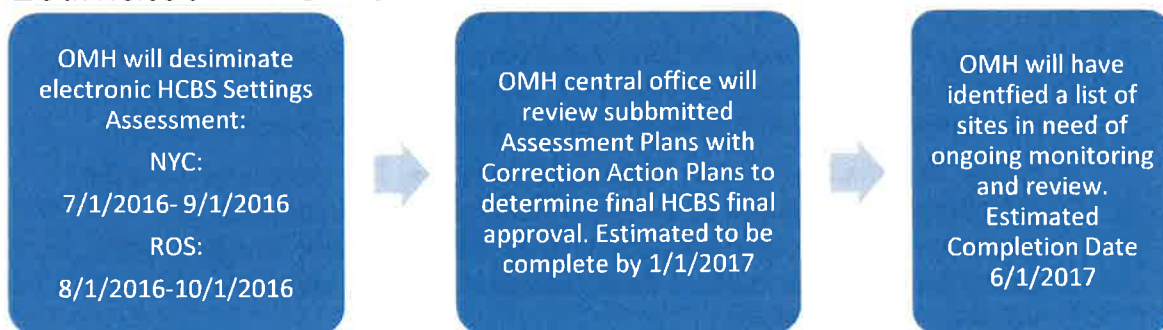
- OMH Licensed Congregate Treatment Sites (Community Residences)
- Family Care Programs
- Owned and/or operated sites located on the grounds of or adjacent to a psychiatric institution

OMH may complete a full assessment and review of these settings at a future date. Based upon the standards set forth by the federal settings regulation, OMH has pre-determined that the following OMH funded settings are in need of further review for compliance and must complete a HCBS Settings Residential Program Assessment for each housing site:

- Apartment Treatment Programs
- Community Residence Single Room Occupancy Programs (CR-SRO)
- Supportive Single Residence Occupancy Programs (SP-SRO)
- Supportive Scattered-Site Housing, formerly known as Supported Housing

Please note: Supportive scattered-site housing is NOT required to complete an assessment for each site. One assessment can be completed to represent the entire housing program. Once the program assessment and compliance plan have been submitted to OMH, the provider will receive notification from OMH within 60 days of submission whether the site has been determined to be compliant or non-compliant, or if additional information is necessary. Extensions may be allowed under specific circumstances approved by OMH.

Estimated Timeline:



UPCOMING TRAININGS & OMH STATE OFFICE CONTACT INFORMATION:

A series of trainings have been made available through the [Managed Care Technical Assistance Center](#) and the [OMH Website](#) regarding the HCBS Settings Rule and to assist providers in completing the assessment. Trainings will target agency executives and residential program directors and be provided in summer 2016.

Additional trainings will be scheduled in early fall 2016. In addition, OMH has set up an email mailbox which is specifically designated to questions and concerns regarding HCBS Settings compliance and integration. The email address is hcbs-residential@omh.ny.gov.

III. OMH SYSTEM REVIEW

OMH is undertaking an expedited assessment of the various adult residential programs and options available to individuals with serious mental illness who would otherwise be eligible for home and community-based services, in order to determine which settings are currently compliant, and whether and how settings that are currently non-compliant can be brought into compliance, in order to enable residents of such settings to participate in HCBS.

This section details how NYS OMH will assess the main areas of focus for the Transition Plan including: a description of the various stakeholder groups that participated and have engaged with us in systems transformation; the review of regulations and policies; assessment of residential settings through site specific review and collection of systemic data.

Stakeholders Participating in HCBS Settings Assessment:

OMH has a long history of engaging stakeholders at every level to promote transparency and open communication--the work around the HCBS Settings Transition Plan is no exception. While there are many teams, committees, and workgroups that function around OMH initiatives at any given time, the following are the major stakeholder groups that have or will have the most direct impact on OMH's HCBS Settings Transition Plan: OMH HCBS Settings Final Rule state agency workgroup;

1. OMH HCBS Settings Final Rule state agency workgroup;
2. NYS Advocacy Associations

HCBS SETTINGS SPECIFIC WORKGROUPS:

The following **HCBS Settings Stakeholder Workgroups** have been instrumental in the development of OMH's Transition Plan to date and continue to participate in ongoing activities related to HCBS settings assessment and remediation efforts:

- a. **HCBS Settings Stakeholder Steering Committee:** This group was formed in 2014 before promulgation of the final HCBS rules. The workgroup is comprised of OMH executive leadership, managed care, housing, and policy and planning staff. Its main purpose is to advise and guide OMH's transition planning efforts.
- b. **NYS Advocacy Associations:** Supported Housing Network of New York (SHNNY) and the Assisted Community Living Association (ACL) have reviewed and worked with OMH in created OMH's HCBS Residential Assessment. These associations represent and advocate on behalf of the OMH residential provider community. OMH has presented information regarding implementation of the HCBS settings assessment for both SHNNY and ACL conferences.

REGULATORY SYSTEMIC ASSESSMENT:

c. Interagency Occupancy Agreement Workgroup: OMH is in the process of working with our state agency partners through the Occupancy Agreement Work Group to develop model occupancy agreement templates and practice guidelines in this area for each type of provider operated/controlled residential setting to help the OMH field and other HCBS programs statewide comply with this component of the HCBS settings regulations.

The 595 regulation establishes the rules by which a mental health residential program must operate and defines the rights of individuals residing in these programs. OMH is currently reviewing the 595 Regulations to ensure HCBS compliance. The following OMH settings are currently under the 14 NYCRR 595 Regulations

- Apartment Treatment Programs
- CR-SROs
- SP-SROs

Please click here to review [OMH's 14 NYCRR 595 Regulations](#).

d. Interagency Plan of Care Health Home Initiative:

Within the BH HCBS the Health Home is the care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual "Health Home."

[Click here for Health Home person-centered planning checklist](#)

The above document is a checklist that lists the requirements for the person-centered planning process for BH HCBS, including that the individual is offered choice of services and providers.

The "Health Home Standards and Requirements for Health Homes, Care Management Providers and Managed Care Organizations" requires Health Homes to prepare plans of care for members receiving BH HCBS that meet the requirements in this checklist, offer choice of providers, and document choice in the plan of care. See D. 6 and also B.12 at [Health Home Standards and Requirements for Health Homes, Care Management Providers and Managed Care Organizations](#)

In addition, the State is updating a SAMPLE BH HCBS plan of care template to include these elements. The current template can be found [here](#).

Health Home care managers are responsible for creating the person-centered plans of care for BH HCBS. MCOs are responsible for the review and approval of the plans of care, including ensuring that plans of care contain the elements in the checklist and meet all of requirements per the "Health Home Standards and Requirements..." document.

In addition, the Medicaid Managed Care Model Contract revisions for the behavioral health transition to managed care; currently under CMS review, contain provisions requiring the MCO to ensure that a person-centered plan of care is developed. The plan of care must be consistent with the requirements set forth in the "Health Home Standards and Requirements..." document and must reflect individual preferences for services and providers. Contract language must also reflect MCO policies and procedures to monitor the implementation of the plan of care.

e. Site Review of OMH Residential Settings:

OMH is undertaking an expedited assessment of the various adult residential programs and options available to individuals with serious mental illness who would otherwise be eligible for home and community-based services. The assessment is needed in order to determine which settings are currently compliant, and whether and how settings that are currently non-compliant can be brought into compliance, in order to enable residents of such settings to participate in HCBS. The provider self-survey will assist OMH in:

- Inventory OMH's current residential settings
- Identifying specific sites for heightened scrutiny;
- Develop an accurate survey schedule for full review of heightened scrutiny; and
- Collection and verification of evidence of settings compliance

IV. ASSESSMENT METHODOLOGY

Site Review of OMH Residential Settings:

OMH has elected to first disperse a provider self -assessment for adult OMH residential providers to complete and self-assess compliance with the HCBS settings criterion. Providers will complete the assessments electronically via the OMH website. Based upon the standards set forth by the federal settings regulation, OMH has pre-determined that the following OMH funded settings are in need of further review for compliance and must complete a HCBS Settings Residential Program Assessment for each housing site:

- Apartment Treatment Programs
- Community Residence Single Room Occupancy Programs (CR-SRO)
- Supportive Single Residence Occupancy Programs (SP-SRO)
- Supportive Scattered-Site Housing, formerly known as Supported Housing

Please note: Supportive scattered-site housing is **NOT required to complete an assessment for each site**. One assessment can be completed to represent the entire housing program. Please use the following link for more information regarding [OMH's Supportive Housing Guidelines](#).

The program assessment will assess if the following criteria are met for each housing program site:

Category 1: Physical Characteristics of Settings

- *Criterion 1:* The Setting is NOT located on, near, or adjacent to an institutional setting.
- *Criterion 2:* The home is not isolating from the community and does not have the effect of isolating people from the community.

Category 2: Policies, Procedures, and Staff Competencies

- *Criterion 3:* Setting policies/ procedures and practices promote rights and integration.
- *Criterion 4:* Staff competencies, Training, and Interactions

Category 3: Legal/Financial Rights and Protection

- *Criterion 5:* Setting provides residents with comparable legal and financial rights as the general public

CHECKLIST FOR FINAL SUBMISSION TO OMH:

The final submission from Apartment Treatment, CR-SROs, and SP-SROs programs to OMH will include:

- HCBS Residential Settings assessment for each site
- Attestation signed by the Provider's Executive Director
- Additional supporting evidence such as maps, pictures of setting and/or other information
- List of non-compliant sites owned/operated by the provider (please include name of site and physical address)
- Corrective Action Plan if required via the electronic assessment or OMH

The final submission from Supportive Housing programs to OMH will include:

- HCBS Residential Settings assessment
- Supported Housing Attestation signed by the Provider's Executive Director
- Corrective Action Plan, if requested by OMH

When completing the assessment:

- Providers will establish a team of appropriate staff to complete the assessment.
- Providers must have their Executive Director sign and submit the attached attestation form with all their site specific assessment to OMH.
- Providers will include additional supporting evidence such as maps, pictures of the setting and/or other information that provides strong evidence the setting is a community-based setting where possible. The Guidance document will indicate when a map, picture, and/or other information are needed.

V. REMEDIATION

Settings that **do not yet meet** HCBS settings standards at the time of this review will be required to develop a Corrective Action Work Plan outlining how the setting will achieve HCBS settings compliance. Once submitting the initial assessment, providers will be automatically given a list of flagged areas of non-compliance via the electronic review tool. Using this list, providers must compose a compliance plan to demonstrate steps to resolve all flagged issues. The plan must be submitted to OMH with the final submission of the assessment. **A Compliance Plan must include:**

- Action items detailing how the provider will come into compliance with the flagged areas of non-compliance;
- Milestones with timelines;
- Responsible parties for implementing the action items;
- Method for tracking and monitoring the plan to ensure ongoing compliance

Settings subject to the corrective action plan will be required to maintain documentation demonstrating that they compliant or overcome the presumption of isolation or intuitional characteristics. Providers must ensure that identifying details are maintained and secured on-site for purposes of validation of the template information by OMH or other auditors/reviewers. Both OMH central office and designated field offices will have copies of the site's completed assessment and corrective action plan for monitoring purposes and to make certain goals identified in the corrective action plan are being met. OMH field offices will incorporate HCBS standards into annual program and site performance reviews.

VI. ASSESSMENT RESULTS

For all OMH residential settings across New York, assessments with correction action plans, if applicable documentation of specific sites for heightened scrutiny with corrective action plans will be available once finalized.

VII. CONCLUSION

This OMH Transition Plan provides an overview of the activities and tasks currently being implemented by OMH in conjunction with state partner, advocacy association, and consumers. This transformative statewide assessment will ensure OMH residential housing systems are compliant with the HCBS settings regulations. Moving forward, OMH's transition plan and remediation activities will be incorporated and reflected in the overarching New York State Transition Plan.

SED 1915 (c) Waiver

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
All Settings:				Click here to link to HCBS Guidance Document
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS. -- opportunities to seek employment/ work in -- engage in community life -- control personal resources -- receive services in the community			X	
2. Selected by the individual among options including non-disability specific settings and an option for a private unit in a residential setting. --the options are identified and documented in the person-centered service plan --the options are based on the individual's needs, preferences, and for residential settings, resources available for room and board.			X	Click here to link to Waiver Application/Freedom of Choice. The form and its content are required by the federal government as proof that family members are voluntarily choosing the HCBS Waiver as an alternative to institutional level of care
3. Ensure an individual's rights of privacy. Ensure an individual's rights of dignity and respect. Ensure an individual's rights of freedom from coercion and restraint.			X	
4. Optimize and doesn't regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.			X	
5. Facilitate individual choice regarding services and supports, and who provides them.			X	
Provider Owned or Controlled Settings:		N/A		
6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.				
7. Each individual has privacy in their sleeping or living unit: -- units have entrance doors lockable by the individual with only appropriate staff having keys; -- individuals sharing units have a choice of roommates in that setting;				

SED 1915 (c) Waiver

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
-- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.				
8. Individuals have the freedom and support to: --control their own schedules and activities; --have access to food at any time.				
9. Individuals are able to have visitors of their choosing at any time.				
10. The setting is physically accessible to the individual.				
Heightened Scrutiny: (Note: if any site meets any of the below criteria then they fall under heightened scrutiny)	YES (Indicate How Many)	No	List Heightened Scrutiny Sites - Use Additional Sheets If Necessary	
11. Are any settings in facilities that also provide inpatient institutional services?		X		
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?		X		
13. Do any of the settings serve to isolate individuals in receipt of Medicaid-funded HCBS from the broader community?		X		

OMH 1115 Demo AH

Standard/Quality	Degree of Compliance:			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
All Settings:				
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS -- opportunities to seek employment/ work in -- engage in community life -- control personal resources -- receive services in the community			X	Transition of Behavioral Health Benefit into Medicaid Managed Care and Health and Recovery Program Implementation, October 2015, Page 11 (See below for link) Medicaid Managed Care Model Contract, Appendix T (Pending CMS Approval) New York State Home and Community Based Services Application Guide, Page 2 (See Attached) Health Home Standards and Requirements for Health Homes, Care Management and Managed Care Organizations: (See below for link) BH HCBS POC Template & Information regarding Health Home for Individuals in HARP & HIV SNPs (See below for link) Click here to access Behavioral Health Benefit Click here to access Health Home Standards and Requirements Click here to access Health Home for Individuals in HARP & HIV SNPs
2. Selected by the individual among options including non-disability specific settings and an option for a private unit in a residential setting -- the options are identified and documented in the person-centered service plan. -- the options are based on the individual's needs, preferences, and for residential settings' resources available for room and board.			X	Medicaid Managed Care Model Contract, Section 10.01 (Pending CMS Approval) Health Home Standards and Requirements for Health Homes, Care Management and Managed Care Organizations: (See below for link) Federal Adult Behavioral Health HCBS Person Centered Planning Process Requirements/Characteristics: (See below for link) BH HCBS POC Template & Information regarding Health Home for Individuals in HARP & HIV SNPs (See below for link) http://www.health.ny.gov/health_care/medicaid/programs/medicaid_health_homes/harp_hiv_snp.htm Click here to access Health Home Standards & Requirements for Health Homes, Care Management Providers & Managed Care Organizations Click here to access Federal Adult Behavioral Health HCBS Person-Centered Planning Process Requirements/Characteristics Click here to access Health Home for Individuals in HARP & HIV SNPs
3. Ensure an individual's rights of privacy. Ensure an individual's rights of dignity and respect. Ensure an individual's rights of freedom from coercion and restraint.		N/A	X	NYCRR Part 595 Operation of Residential Programs for Adults Mental Hygiene Law: (See below for link) Click here to access Part 595 Operation of Residential Programs for Adults Click here to access Supported Housing Guidelines
4. Optimize and doesn't restrict individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.			X	Transition of Behavioral Health Benefit into Medicaid Managed Care and Health and Recovery Program Implementation, October 2015, Page 11 (See below for link) BH HCBS POC Template & Information regarding Health Home for Individuals in HARP & HIV SNPs (See below for link) Click here to access Transition of Behavioral Health Benefit Click here to access Health Home for Individuals in HARP & HIV SNPs
5. Facilitate individual choice regarding services and supports, and who provides them.			X	New York State: Health and Recovery Plan (HARP) Adult Behavioral Health Home and Community Based Services (BH HCBS) Provider Manual, Pages 2-3: (See below for link) Transition of Behavioral Health Benefit into Medicaid Managed Care and Health and Recovery Program Implementation: (See below for link) BH HCBS POC Template & Information regarding Health Home for Individuals in HARP & HIV SNPs, Page 2 (See below for link) Medicaid Managed Care Model Contract, Section 10.01 (Pending CMS Approval) Click here to access NY's Health and Recovery Plan (HARP) Click here to access Transition of Behavioral Health Benefit Click here to access Health Home for Individuals in HARP & HIV SNPs
Provider Owned or Controlled Settings:				
6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.			N/A	
7. Each individual has privacy in their sleeping or living unit: -- units have entrance doors lockable by the individual with only appropriate staff having keys; -- individuals sharing units have a choice of roommates in that setting; -- individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.			N/A	

OMH 1115 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
8. Individuals have the freedom and support to: --control their own schedules and activities, --have access to food at any time.				N/A
9. Individuals are able to have visitors of their choosing at any time.				N/A
10. The setting is physically accessible to the individual.				N/A
Heightened Scrutiny: (Note: If any site meets any of the below criteria then they fall under heightened scrutiny)	YES (Indicate How Many)		No	List Heightened Scrutiny Sites - Use Additional Sheets If Necessary
11. Are any settings in facilities that also provide inpatient institutional services?				TBD via Statewide Residential Assessment
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?				TBD via Statewide Residential Assessment
13. Do any of the settings serve to isolate individuals in respect of Medicaid-funded HCBS from the broader community?				TBD via Statewide Residential Assessment

OMH 1115 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
All Settings:				
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS -- opportunities to seek employment/ work in -- engage in community life -- control personal resources -- receive services in the community			X	Click here to access Supported Housing Guidelines
2. Selected by the individual among options including non-disability specific settings and a sponsor or a private landlord providing housing options that are located and documented in the person centered service plan --the options are based on the individual's needs, preferences, and for residential settings, resources available for room and board			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
3. Ensure an individual's rights of privacy. Ensure an individual's rights of dignity and respect. Ensure an individual's rights of freedom from coercion and restraint.			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
4. Optimize and don't regiment individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact.			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
5. Facilitate individual choice regarding services and supports, and who provides them.			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
Provider Owned or Controlled Settings:				
6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual has, at a minimum, the same responsibilities and protections from eviction that landlords/tenant law or equivalent.			X	Click here to access Supported Housing Guidelines
7. Each individual has privacy in their sleeping or living unit. -- units have entrance door lockable by the individual with only appropriate staff having keys; -- individuals sharing units have a choice of roommates in that setting. -- individuals have the ability to furnish and decorate their sleeping or living units within the scope of other regulations.			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
8. Individuals have the freedom and support to: -- control their own schedules and activities. -- have access to food at any time			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
9. Individuals are able to have visitors of their choosing at any time.			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
10. The setting is physically accessible to the individual.			X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
Heightened Scrutiny: (Note: if any site meets any of the below criteria then they fall under Heightened Scrutiny)	YES (Indicate How Many)	NO		Use Additional Sheets if Necessary
11. Are any settings in facilities that delay or provide (patients institutional services)?				TBD via Statewide Residential Assessment
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?				TBD via Statewide Residential Assessment
13. Do any of the settings serve to isolate individuals in				TBD via Statewide Residential Assessment

OMH 1115 Demo AH

Standard/Quality Element of Medicaid-funded HCBS from the broader community?	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	

OMH 1115 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations	
	Non-Compliant	Partially Compliant	Silent		Compliant
All Settings:					
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS. -- opportunities to seek employment/ work in -- engage in community life -- control personal resources -- receive services in the community				X	Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
2. Selected by the individual among options including non-disability specific settings and an option for a private unit in a residential setting. --the options are identified and documented in the person-centered service plan --the options are based on the individual's needs, preferences, and for residential settings, resources available for room and board.			X		Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
3. Ensure an individual's rights of privacy. Ensure an individual's rights of dignity and respect. Ensure an individual's rights of freedom from coercion and restraint.			X		Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
4. Optimize and doesn't regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.			X		Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
5. Facilitate individual choice regarding services and supports, and who provides them.				X	Click here to access Supported Housing Guidelines
Provider Owned or Controlled Settings:					
6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.				X	Click here to access Supported Housing Guidelines

OMH 11.15 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations	
	Non-Compliant	Partially Compliant	Silent		Compliant
7. Each individual has privacy in their sleeping or living unit: -- units have entrance doors lockable by the individual with only appropriate staff having keys; -- individuals sharing units have a choice of roommates in that setting; -- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.				X	Click here to access Supported Housing Guidelines
8. Individuals have the freedom and support to: --control their own schedules and activities; --have access to food at any time.			X		Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
9. Individuals are able to have visitors of their choosing at any time.			X		Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
10. The setting is physically accessible to the individual.			X		Click here to access Supported Housing Guidelines Based upon OMH's statewide residential regulatory and site review, OMH will incorporate HCBS standards within OMH Supported Housing guidelines necessary for compliance by January 2018
Heightened Scrutiny: (Note: if any site meets any of the below criteria then they fall under heightened scrutiny)	YES (Indicate How Many)	NO			List Heightened Scrutiny Sites - Use Additional Sheets If Necessary
11. Are any settings in facilities that also provide inpatient institutional services?					TBD via Statewide Residential Assessment
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?					TBD via Statewide Residential Assessment
13. Do any of the settings serve to isolate individuals in receipt of Medicaid-funded HCBS from the broader community?					TBD via Statewide Residential Assessment

OMH 1115 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
All Settings:				
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS. -- opportunities to seek employment/ work in -- engage in community life -- control personal resources -- receive services in the community			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults, Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
2. Selected by the individual among options including non-disability specific settings and an option for a private unit in a residential setting. --the options are identified and documented in the person-centered service plan --the options are based on the individual's needs, preferences, and for residential settings, resources available for room and board.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults, Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
3. Ensure an individual's rights of privacy. Ensure an individual's rights of dignity and respect. Ensure an individual's rights of freedom from coercion and restraint.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults, Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
4. Optimize and doesn't regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults, Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
5. Facilitate individual choice regarding services and supports, and who provides them.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults, Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
Provider Owned or Controlled Settings:				

OMH 1115 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Compliant	
6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
7. Each individual has privacy in their sleeping or living unit: -- units have entrance doors lockable by the individual with only appropriate staff having keys; -- individuals sharing units have a choice of roommates in that setting; -- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
8. Individuals have the freedom and support to: --control their own schedules and activities; --have access to food at any time.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
9. Individuals are able to have visitors of their choosing at any time.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
10. The setting is physically accessible to the individual.			X	Click here to access NYCRR Part 595 Operation of Residential Programs for Adults Mental Hygiene Law Based upon OMH's statewide residential and regulatory review, OMH will incorporate HCBS standards within 595 guidelines where necessary for compliance by January 2018
Heightened Scrutiny: (Note: if any site meets any of the below criteria then they fall under heightened scrutiny)	YES (Indicate How Many)	NO		List Heightened Scrutiny Sites - Use Additional Sheets if Necessary
11. Are any settings in facilities that also provide inpatient institutional services?				TBD via Statewide Residential Assessment
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?				TBD via Statewide Residential Assessment

OMH 1.115 Demo AH

Standard/Quality	Degree of Compliance			Documentation/Citations
	Non-Compliant	Partially Compliant	Silent	
13. Do any of the settings serve to isolate individuals in receipt of Medicaid-funded HCBS from the broader community?				TBD via Statewide Residential Assessment

