



Reference Document - Adult HCBS and CORE Process Overview

Adult Behavioral Health - HCBS and CORE services are primarily non-clinical, behavioral health rehabilitation services. They are considered wrap-around supplemental services which support a person's recovery to improve their quality of life and achieve personal goals such as employment and increased socialization. The services are required to be delivered in the community, primarily off-site or out of the office setting (e.g., school, workplace, person's home, or location chosen by the Member). Some of the HCBS and CORE services are considered duplicative with other services and cannot be combined.

See *References to Allowable Service Combinations / Duplicative Services with adult HCBS and CORE* at the end of this document.



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Home & Community Based Services

HCBS Workflow: Accessing Adult HCBS <i>(Step-by-step)</i>
1. The Member needs to be enrolled in a HARP or in MVP's Dual Access Complete (DSNP-IBP) Plan.
2. The Member needs to have the NYS Eligibility Assessment completed with a Health Home Case Manager (HHCM) or by a Recovery Coordination Agency (RCA). <ol style="list-style-type: none"> a. If the Member is found eligible for HCBS, the HHCM/RCA submits the Level of Service Determination request to MVP at: communityservices@mvphealthcare.com. <i>The request includes:</i> <ol style="list-style-type: none"> i. BH HCBS Eligibility Report Summary (indicating Tier 1 or Tier 2 eligibility), ii. All services the individual currently receives; the individual's recovery goal(s); and the specific BH HCBS recommended.
3. MVP reviews the request, including a review of allowable service combinations, and issues a Level of Service Determination within three (3) business days of receipt of all information (as listed above), but no more than 14 days of the request. If the MVP agrees with the Level of Service request, the Level of Service Determination (LOSD) Letter is issued to the HHCM/RCA along with a list of in network HCBS providers.
4. Upon receipt of the LOSD Letter, the HHCM/RCA refers the Member to the BH HCBS provider(s) chosen by the Member.
5. Upon receiving the referral from the HHCM, the HCBS provider has up to three (3) visits with the Member within 14 days of the initial visit to evaluate the scope, duration, and frequency of BH HCBS.
6. After completing the intake/evaluation (or the first 3 visits, whichever comes first), the HCBS provider must submit the Adult Behavioral Health (BH) Home and Community Based Services (HCBS): Prior and/or Continuing Authorization Request Form (ny.gov) to MVP with recommended frequency, scope and duration of services. The form is submitted to: communityservices@mvphealthcare.com .
7. MVP reviews the documentation provided and issues a determination within 3 business days or up to 14 calendar days if additional information is needed.
8. MVP informs the HHCM/RCA; the BH HCBS Provider; and the Member of the determination. <ol style="list-style-type: none"> a. Once the BH HCBS provider has received authorization of scope, duration, and frequency of BH HCBS, the provider must notify the HHCM to add these details to the Member's plan of care (POC) and provides the Individualized Service Plan with the authorized scope, frequency, and duration to the HHCM. b. If MVP denies or partially approves the services requested by the BH HCBS provider, MVP will issue an initial adverse determination with applicable appeal and fair hearing rights.
9. The HHCM/RCA adds to the Member's HCBS POC the authorized HCBS including the frequency, scope, and duration of services. After all required elements are added, the HHCM/RCA submits the POC to MVP at: communityservices@mvphealthcare.com .
10. The NYS Eligibility Assessment is valid for the period of one (1) year from the date of completion. Members receiving BH HCBS must have the assessment completed by the HHCM/RCA - at minimum - annually for all HARP Members and/or after a significant change in the Member's condition warranting a change be made to the Member's POC. The POC shall be updated to reflect changes in the Member's needs, goals, BH HCBS eligibility, and/or services needed.

HCBS Overview

Adult HCBS	For Whom?	Service Components Overview
Habilitation	People in need of functional and social skills building because they might never have had them or have major challenges with attaining them. Some examples are long-term hospitalization or incarceration.	Help person to attain skills including communication, self-help, domestic self-care such as housecleaning, personal hygiene, socialization, activities of daily living such as cooking and budgeting, relationship building, use of community resources such as public transportation navigation.
Education Support Services	People who want to obtain formal education to become competitively employed. (Competitive employment refers to jobs that any person in the general community can apply for and pays at least minimum wage.)	Provides person with supports to obtain formal education/training such as TASC, vocational program. Or post-secondary degree to achieve employment goals. Services include finding financial aid, applying to schools, registration, navigating the school system, negotiating reasonable accommodations, and identifying tutoring resources.
Pre-Vocational Employment	People who want to prepare for competitive employment in the general community who have little to no work experience or have not worked in a long time	Provides a person with time-limited work experience such as paid/unpaid internships and volunteer opportunities. This helps individuals to develop or strengthen work related soft skills including attendance, teamwork, task completion, problem-solving, communication and social skills. Work opportunities must be in an integrated workplace setting where people in the general community are employed.
Transitional Employment	People who want to prepare for competitive employment in the general community who have little to no work experience or have not worked in a long time.	Provides person with time-limited paid internships offered only by HCBS providers who have Clubhouse and Psychosocial Club programs. Transitional employment slots belong to and are arranged by the providers in a formal agreement with businesses who hire people in the general community. Opportunities help people develop or strengthen work related soft skills such as attendance, task completion and teamwork. Since businesses know who they are working with, transitional employment is a true opportunity for people to experience “the dignity of risk and the right to fail.”

<p>Intensive Supported Employment</p>	<p>People who want to obtain competitive employment.</p>	<p>Provides person with employment supports to obtain competitive employment. Services include resume writing, interviewing prep, job search and placement, benefits counseling, and advocacy around negotiating reasonable workplace accommodations.</p>
<p>Ongoing Supported Employment</p>	<p>People who want to retain competitive employment.</p>	<p>Provides person with employment supports to keep a job. Services include understanding HR policies and job responsibilities, supervision, employer/employee expectations, advocacy around workplace accommodations, benefits counseling, and disclosure issues.</p>

Community Oriented Recovery & Empowerment

CORE Overview

Like Adult BH HCBS, Community Oriented Recovery and Empowerment (CORE) Services are person-centered, recovery-oriented, mobile behavioral health supports intended to build skills and self-efficacy that promote and facilitate community participation and independence.

CORE Workflow: Accessing CORE Services <i>(Step-by-step)</i>
1. Member needs to be enrolled in a HARP or MVP's Dual Access Complete (DSNP-IBP)
2. A Member may learn about CORE Services through any number of sources, including through MVP, Health Home Care Manager (HHCM), inpatient and outpatient clinicians, primary care practitioners, family and friends, or provider outreach and education efforts.
3. Anyone, including the Member, can refer the Member to CORE services. CORE Services require a recommendation from a Licensed Practitioner of the Healing Arts (LPHA). The LPHA recommendation may be obtained as part of the referral process or during the CORE provider's Intake & Evaluation process. The CORE provider must obtain the LPHA Recommendation - Determination of Medical Necessity for CORE Services - 2023 (ny.gov) form prior to the completion of the Member's initial Individual Service Plan.
4. The CORE provider is responsible for notifying MVP within three (3) business days after the Member's first Intake & Evaluation session. This notification to MVP is completed using the CORE Service Initiation Notification Template (ny.gov) form and emailed to: communityservices@mvphealthcare.com . <i>Until further notice by NYS, Managed Care Organizations may not conduct prior authorization or concurrent review for CORE Services.</i>
5. MVP reviews the form to ensure the CORE service meets the allowable service combinations as determined by NYS. MVP will send the <i>MVP CORE Notification Letter</i> to the CORE provider, and if applicable the HHCM, within three business days of notification receipt. The letter will confirm if the CORE service being requested is an allowable service combination or if it is considered a duplicative service.
6. There is an additional process if the CORE service is duplicative which involves a person-centered discussion regarding which service(s) can best support the Member's recovery goals. One of our MVP Case Managers will contact you with additional information.

CORE Services	For Whom?	Service Components Overview
Psychosocial Rehabilitation (PSR)	People who want to improve or regain functional/social skills they once had. For example, someone who has been through an episode of depression after having a period of stability.	PSR is provided individually and in groups. PSR includes the following components: Person-Centered Assessment; Recovery Planning; Collaboration; Individual Psychoeducation and Skill Building; and Rehabilitation Counseling.
Community Psychiatric Support & Treatment (CPST)	People who are disengaged from site-based services due to behavioral or physical setbacks and need time-limited mobile treatment and/or PSR-type support services.	Services can be provided in the home or at an agreed upon location in the community. Clinical treatment including prescribing medication and psychotherapy as well as psychosocial rehabilitation and/or habilitation-type services as described above. This service is not meant to be ongoing or long-term, but until a person can receive services in the community, such as a clinic.
Family Support & Training	People with a need and preference to have their family of choice engaged and receive education/training support. Family of choice is defined by the individual and it may include biological family and/or significant others.	Peer support and counseling on how the family of choice can help in the individual's recovery. Training and support is provided to engage the family in the education about treatment regimens, recovery support options, recovery concepts, and medication education.
Empowerment Services - Peer Support	People with a need and preference for peer support. Peer supporters are those who also have behavioral health histories themselves and can help people by using their shared experiences with hospitalizations; incarceration; accessing services; and managing difficult scenarios.	Advocacy such as helping the individual navigate the public benefits system to get food stamps; promote and educate on self-help tools; participating in community events/activities; recovery support; transitional/bridging support from jail/prison/hospitalization; and/or pre-crisis and crisis support.

References to Allowable Service Combinations/Duplicative Services with Adult HCBS and CORE

- NYS Community Oriented Recovery and Empowerment Services Benefit and Billing Guidance; <https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf>, pages 12-14
- CORE Services and CCBHC Allowable Service Combinations, 8/17/2023; <https://omh.ny.gov/omhweb/bho/core/core-services-and-ccbhc-allowable-service-combinations.pdf>
- New York State Health and Recovery Plan (HARP) / Mainstream Behavioral Health Billing and Coding Manual: For Individuals Enrolled in Mainstream Medicaid Managed Care Plans And HARPs; <https://omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>; page 6