



# NEXUS OF HCBS AND PROS

MAKING THE CONNECTIONS AT REHABILITATION SUPPORT SERVICES, INC.

# OVERVIEW OF RSS

- Programs/Services in 13 counties
- 5 Health Homes (Adults); Capital Region Health Connections, Care Central, Bassett, HHUNY, HVCC/HRHC
- 2 PROS – Albany w/clinic, Sullivan w/o clinic
- 1 Clinic in Albany

# ELECTRONIC HEALTH RECORD

- RSS utilizes AWARDs
- The 5 Health Homes utilize Netsmart, GSI, Crimson CareTeam and QuickDOC
- The ability of these systems to work with each other is limited at best.

# HCBS PREPARATION

- Ensured there was a “firewall” between our Health Home Care Management and HCBS services.
- Educated our HH Care Management staff on HARP/HCBS.
- Ensured HH Care management staff understood the PROS option where available.
- Created a Relias User Group – including a user friendly guide to HARP/HCBS services.
- Ensure HH Care Managers complete the Community Mental Health interRAI training and training on Plan of Care.
- Search of our existing clients to see who is HARP enrolled or eligible.

# ASSESSMENT OF EXISTING RESOURCES

- Intensive review of HARP/HCBS services utilizing the Provider Manual, Billing Manual, various webinars, trainings and etc.
- Developed our understanding around Exclusions, Co-enrollment, Co-mingling, staffing, documentation, client choice and etc.
- While we were approved to provide almost all HCBS services we have designated to put some hiatus at this time.

## ASSESSMENT OF EXISTING RESOURCES (CONT.)

- We reviewed existing staff strengths, abilities, credentials and availability.
- Identified current Certified Peer Specialists
- We reviewed existing documentation in Vocational Programs, Supported Housing, PROS, Clinic and etc. looking for evidence of where HCBS may have already been provided but not in a planned documented manner.

# CREATED A SERVICE DELIVERY MODEL

- Identified Directors to serve as champions.
- Realizing resources are limited and our geography was great we decided on a dispatch model.
- Identified geographic regions that staff can cover.
- When service needs are identified and requested we will dispatch qualified, available staff to the individual or if appropriate have individual come to the nearest identified service center(i.e. Wellness Center/Social Club)
- Ensured our EHR is HCBS ready.

# TRAINING IDENTIFIED HCBS STAFF

- Ensure they are trained on conducting service specific assessments.
- Train identified HCBS staff on the service type and modality they will be delivering and expected documentation requirements including; units of service and caps, duplication rules, individual vs. group and how to document transportation modifiers.
- Developed a process to coordinate with HH and contact the HARP for initial service authorization including frequency and duration.



# HCBS ADVANTAGES

- Provides additional support to individuals identified as HARP eligible.
- Allows for additional services to compliment PROS, including postgraduate.
- Provides additional services to individuals receiving Article 28 clinic services.
- Provides additional support services to individuals in Supported Housing.
- Flexible and mobile.

# CHALLENGES

- Lots of coordination and assessments required which could be time consuming.
- Reimbursement rate is improving, but will it be sufficient?
- Guidelines provide the basic requirements but leaves lots to interpretation by service providers.
- The majority of services must be provided 1:1
- In more rural areas there are a limited number of HARP eligible individuals.