

INDIVIDUAL SUPPORT SERVICES

Individual Support Services For The Intellectually and/or Developmentally Disabled (I/DD) Youth

Service Description

Individual Support Services assist the youth with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization and adaptive skills necessary to function successfully in the home and community. Individual Support workers will provide services directly to the youth through evidence-based and data driven methodologies. Individual support services are behavioral, self-care and habilitative related tasks performed and/or supervised by service provider staff in a youth's family home, the home of a relative or in other community-based settings, in accordance with approved treatment plans.

These supports include behavioral supports and training, adaptive skill development, assistance with activities of daily living, and community inclusion that assist the youth to reside in the most integrated setting appropriate to his/her needs. Services may be provided in the youth's own home, the home of a relative or other community based living arrangement.

Individual Support Services (ISS) are provided in the youth's home and/or in community-based settings, and not in provider offices or office settings. These services will support the acquisition, generalization and maintenance of goal attainment in home and community settings; build on adaptive functioning skills and pragmatic communication skills. The service will focus primarily on the use of Positive Behavioral Supports; instruction in activities of daily living tasks such as, eating, toileting, grooming, dressing, bathing, and transferring; and instruction in instrumental activities of daily living which includes, but is not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.

Positive Behavior Support (PBS) accomplishes the following:

- Understand why the behavior is happening;
- Teach the individual how to act more appropriately; and
- Improve the individual's quality of life.

PBS combines the assessment and intervention strategies of ABA with the social values of personal choice, independence, community integration, systems change, and quality of life.

Activities of Daily Living (ADLs) are defined as needed skills related to daily self-care activities within an individual's place of residence, in outdoor environments, or both.

- Basic ADLs (BADLs) skill building (all ages): BADLs consist of self-care tasks, including but not limited to:
 - Bathing and showering

- Dressing
- Eating
- Personal hygiene and grooming (including washing hair and brushing teeth)
- Toilet hygiene
- Instrumental ADLs skill building (age 16 and over): Instrumental activities of daily living (IADLs) are not necessary for fundamental functioning, but they enable an individual to live independently in a community and include but are not limited to:
 - Housework
 - Taking medications as prescribed
 - Managing money
 - Shopping for groceries or clothing
 - Use of telephone or other form of communication
 - Using technology (as applicable)
 - Transportation within the community

These services are provided as part of an approved individualized in-home service plan and encompass a variety of behavioral intervention supports and services.

Intensive in home services shall not be provided in an office setting nor shall the provider require the youth and his or her family to meet at a site decided by the provider to receive the services. These services shall not be provided in a hospital. They should also not supplant existing services.

Qualification Requirements for all Providers:

Individual Support Plan Development, Assessment, and Supervision

- **Individual Support Technician 1** - Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in developing and implementing positive behavior support and ADL/Instrumental skill plans for individuals who have intellectual/developmental disabilities.

Responsibilities include but are not limited to:

- Assessment including the completion of the CABS, and related assessments, e.g., task analysis, preference assessments, reinforcer assessments
- Individual Support Plan development- Objectives must be Observable, Measurable, Attainable, and Time-Limited
- Supervision of Individual Support Technicians II & III
- Data analysis
- Modifications to the Individual Support Plan as needed
- Progress Notes

- Conform with and provide services under all protocols including documentation and timeframes, established by CSOC and managed by the CSA

Individual Support Plan Implementation

- **Individual Support Technician II** - Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in implementing positive behavior support plans and teaching ADL/Instrumental skills for individuals who have intellectual/developmental disabilities, or;
- **Individual Support Technician III**- High School Diploma or GED and at least three years of supervised experience in implementing positive behavior support plans and teaching ADL/Instrumental skills for individuals who have intellectual/developmental disabilities.

Responsibilities include but are not limited to:

- Implement interventions in Individual Support Plan
- Teach skills to the youth
- Train parent/guardian in implementation of Individual Support Plan
- Data collection
- Progress Notes

Services may be provided at any level by a practitioner whose credentials meet and/or exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.

Individual Support Plan:

The Individual Support Plan is a requested component of the youth's approved Individualized Crisis Plan (ICP) or Individualized Service Plan (ISP). Individual Support Services as described in the Individual Support Plan must be directly related to the goals and objectives established in the youth's ICP or ISP.

The Individual Support Plan assists the youth with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization and adaptive skills necessary to function successfully in the home and community. Family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue throughout the service delivery.

The Individual Support Plan as a component of the ICP or ISP includes multicomponent intervention(s) based on the principles of Positive Behavior Support with target dates for accomplishment of goals that focus on changing the many facets of a youth's living context that are problematic and interfere with a youth acquiring, retaining, improving and generalizing skills needed to remain in the home and participate in the community. It combines assessment and strategies of Positive Behavior Supports with the principle and ideal of normalization/inclusion and person-centered values.

Specifically, the Individual Support Plan will be driven by the Children's Adaptive Behavior Summary (CABS) and completion of related assessments as needed, e.g., task analysis, preference assessments, reinforcer assessments, etc.. The CABS is intended to gather information about the typical functioning within the last 3 months and reflect, to the extent possible, how the youth acts and reacts in common

daily routines at home, in school, and in the community. Other critical information necessary in the development of the Individual Support Plan may also include collateral information and other assessments such as the Vineland, Occupational, Physical, or Speech assessments if available.

ISS services are time-limited, based on clinical necessity as determined by the Biopsychosocial assessment, the IMDS tools and/or any other clinical information that supports the need for ISS services. The anticipated outcome is the transfer of skills to the youth and family/caregiver, diminishing the intensity of treatment over time, and to link and transition the youth and their family/caregiver to community-based services and supports.

Criteria	
Admission Criteria	The youth must meet criteria A through I: A. The youth is between the ages of 5 and until their 21st birthday. Special consideration will be given to children under 5. Eligibility is in place up to and including the day prior to the young adult's 21st birthday; B. The youth has been determined eligible for CSOC Functional or Division of Developmental Disabilities (DDD) services. Youth who were currently determined eligible for DDD need not re-apply for a determination of eligibility for CSOC Functional Services. The CSOC will accept the DDD eligibility determination regarding whether the youth has a developmental disability; C. The youth demonstrates symptoms consistent with a DSM-IV-TR, or DSM 5 mental health diagnosis and co-occurring intellectual and/or developmental disability (including autistic spectrum disorders and genetic disorders) and requires therapeutic intervention; or youth demonstrates symptoms and behaviors consistent with his or her intellectual/developmental disability diagnosis; D. The youth demonstrates significantly challenging behaviors which adversely affects his or her capacity to function in the community; E. A CSOC approved assessment and other relevant information indicate that the youth (all ages) requires Individual Support Services (ISS) for the acquisition, generalization and maintenance of Basic Activities of Daily Living (BADLs) skill building: BADLs consist of self-care tasks. OR A CSOC approved assessment and other relevant information indicate that the youth (age 16 and over) requires Individual Support Services (ISS) for the acquisition, generalization and maintenance of Instrumental Activities of Daily Living (IADLs). These skills are not necessary for fundamental functioning, but they enable an individual to live independently in a community.

	F. The CSOC Assessment and other relevant information describing the youth's functional capacity within school, home, and community as well as his or her ability to think or perceive surroundings accurately and interact appropriately with others indicates a decline from his/her baseline functioning or demonstrates that the youth's functioning can be improved with the provision of CSOC ISS services; G. The youth is unable to adequately function in significant life domains: family, school, social or recreational/vocational activities due to his or her I/DD diagnosis and requires targeted behavioral intervention to support: acquisition, generalization and maintenance of goal attainment; build on adaptive functioning skills; and pragmatic communication skills; H. The parent/guardian/caregiver must consent to treatment; I. The youth must be a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.
Psychosocial, Occupational, Cultural and Linguistic Factors	These factors may change the risk assessment and should be considered when making level of care decisions.
Exclusionary Criteria	Any of the following is sufficient for exclusion from ISS consideration: A. Youth is at imminent risk of causing serious harm to self and others; B. Youth has been determined ineligible for CSOC Functional Services or DDD services; C. Youth has been determined to not have an I/DD diagnosis; D. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, and other relevant clinical information indicate that the youth requires a higher or lower intensity of service; E. Youth can be safely maintained and effectively treated in lower intensity of service; F. Youth and/or parent/guardian/caregiver do not voluntarily consent to treatment; G. Youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.

Continued Stay Criteria	All of the following criteria are necessary for continued treatment: A. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, and other relevant information indicate that the youth continues to need ISS services; B. The youth's treatment does not require a higher or lower intensity of treatment; C. ISS services continue to be required to support: the acquisition, generalization and maintenance of goal attainment; building adaptive functioning skills and pragmatic communication skills; D. The individualized service plan is appropriate to the youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment; E. Youth is actively participating in treatment to the extent possible and consistent with his or her condition, or there are active efforts being made that can reasonably be expected to lead to the youth's engagement in treatment; F. Family, legal guardian, and/or caregiver is actively involved in the treatment as required by the individualized service plan to the extent all parties are able; G. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice; H. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved and adjustments in the individualized service plan include strategies for achieving these unmet goals; I. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored; J. There is documented evidence of active, individualized discharge planning from the beginning of treatment.
Discharge Criteria	Any of the following criteria are sufficient for discharge: A. Youth's documented treatment plan goals and objectives have been substantially met; B. Youth meets criteria for a higher or lower IOS; C. Consent for treatment is withdrawn by the parent/legal guardian/caregiver and/or the youth, or young adult;

	D. Youth and/or the parent/legal guardian/caregiver are competent, but non-participatory in treatment or in following the program requirements. The non-participation is of such a degree that treatment, at this intensity of service, is rendered ineffective, despite multiple, documented attempts to address non-participation issues; E. Youth has not demonstrated documented measurable improvement toward treatment goals that has generalized outside of the treatment session for a period of at least 6 months; and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes; F. CSOC service providers have lost contact with the youth and family despite multiple documented attempts; G. Youth and family have moved out of state.
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