

INTENSIVE IN HOME SERVICES FOR THE INTELLECTUALLY AND/OR DEVELOPMENTALLY DISABLED (I/DD) YOUTH

Definition

Intensive In-Home Services means an array of rehabilitation and/or habilitation services delivered face-to-face as a defined set of interventions by clinically licensed or certified practitioners.

Rehabilitation services are short term medical or remedial services designed for the restoration of a child, youth, adolescent or young adult under the age of 21, (hereafter referred to as youth), to his or her best possible functional level after an acute episode of physical or mental disability or a long term mental illness.

Habilitation services are long term supports designed to assist youth with I/DD in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to function successfully in home, at school and in community based settings.

Intensive In-Home Services (IIH) are geared to augment those services already being provided in the school and other settings; they do not supplant existing services. All other benefits for which the youth may be eligible (such as SSI and private insurance) must be accessed before accessing (IIH) resources. Services are not a guarantee and are based on the youth's and family's need and availability of resources.

Intensive In-Home Services are provided in the youth's home and/or in community-based settings, and not in provider offices or office settings. Providers must be able to safely address complex needs and challenging behaviors including but not limited to: noncompliance to verbal/written directions, tantrums, elopement, property destruction, physical/verbal aggression, self-injurious behaviors, and inappropriate sexual behavior. These services are provided as part of an approved intensive individualized in-home service plan and encompass a variety of clinical and behavioral intervention supports and services, including, but not limited to:

Clinical (Rehabilitation)

Clinical and therapeutic services are to be delivered as necessary to improve the individual's independence and inclusion in their community. These services are flexible, multi-purpose, in-home/community, clinical supports for youth and their parents/caregivers/guardians. They are flexible both as to where and when they are provided based on the family's needs. The youth's treatment is based on targeted needs as identified in the treatment plan. The treatment plan includes specific intervention(s) with target dates for accomplishment of goals that focus on the restorative functioning of the participant with the intention of:

- Stabilizing behavior(s) that led to the crisis,
- Preventing/reducing the need for inpatient hospitalization,
- Preventing the movement of the residence, and
- Preventing the need for out-of-home living arrangements.

A comprehensive integrated program of services is rendered to support improved behavioral, social, educational and vocational functioning. In general, this program will provide youth and their families with services such as clinical consultation/evaluation e.g., Biopsychosocial Assessment and related assessments, psychoeducation, individual and family counseling, negotiation and conflict resolution skill training, effective coping skills, healthy limit-setting, stress management, self-care, budgeting, symptom/medication management, and developing or building on skills that would enhance self-fulfillment, self determination, education and potential employability.

The services provided will also facilitate transition from an intensive treatment setting back to his/her home. Interventions are time limited and will be delivered with the goal of diminishing the intensity of treatment over time.

Clinical Interventions should include but are not limited to:

- Biopsychosocial Assessment, IMDS Needs assessment, this is an independent, singular service separate from any ongoing clinical intervention; the submission of the required documentation to the CSA is the completion of the IIH assessment service.

Development of an integrated plan of care, which includes:

- CSOC Information Management Decision Support (IMDS) Strengths and Needs Assessment or other CSOC approved/required IMDS tools;
- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods;
- Individual, family and group counseling;
- Positive Behavioral Supports;
- Instruction in learning adaptive frustration tolerance and expression, which may include anger management;
- Instruction in stress reduction techniques;
- Problem solving skill development;
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
- Social skills development;
- Trauma informed counseling;
- Implementation of an individualized Behavior Support Plan, if present;
- Providing coordinated support with agency staff and participating as part of the clinical team;
- Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc.; and,
- Recommendations for referrals for medical, dental, neurological or other identified evaluations.

Behavioral (Habilitation)

Behavioral intervention services include a comprehensive integrated program that support improved behavioral, social, educational and vocational functioning. In general, this program will provide children, youth, adolescents, or young adults with services such as developing or building on skills that would enhance self-fulfillment, education and potential employability. The youth's treatment is based on targeted needs as identified in

the treatment plan. The treatment plan includes specific intervention(s) with target dates for accomplishment of goals that focus on the amelioration of:

- Behaviors that may threaten the health or safety of themselves or others,
- Behavior disorders that may be a barrier to their ability to remain in the least restrictive setting and/or limit their ability to participate in family and community life, and
- Absence of developmentally appropriate adaptive, social, or functional skills.

The services provided will also facilitate transition from an intensive treatment setting back to his/her home. Interventions are time limited and will be delivered with the goal of diminishing the intensity of treatment over time. Behavioral intervention services are medically necessary behavioral interventions based on the principles of applied behavior analysis and related structured behavioral programs, as prescribed through a treatment plan. Behavioral intervention services are provided to make change through the diminution of maladaptive behaviors and the development of adaptive behaviors. Behaviors of focus for behavioral intervention are fully described in terms of intensity, frequency, antecedents, and desired outcome. Consequently, behavioral intervention services are the most easily evaluated for effectiveness and change.

Behavioral Interventions should include but are not limited to:

Development of an integrated plan of care, which includes:

- Applied Behavior Analysis- Functional Behavior Assessment and related assessments, e.g., preference assessments, reinforcer assessments;
- Behavior Support Plan;
- Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL) as measured by the Vineland or other similar accepted tool;
- Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training;
- Instruction in Activities of Daily Living;
- Implementation of individualized Behavior Support Plan;
- Individual behavioral supports such as Positive Behavioral Supports;
- Training/coaching for the youth/young adult to meet the individual's behavioral needs;
- Support and training of parent/legal guardian to successfully implement Behavior Support Plan, use of Assistive Technology, and other support services as needed, gradually diminishing the need for outside intervention;
- Modifying behavior support plans based on frequent, systematic evaluation of direct observational data;
- Providing training and supervision to support staff providing in home ABA services;
- Recommendations for referrals for medical, dental, neurological, or other identified evaluations;
- Providing coordinated support with agency staff and participating as part of the clinical team;
- Collaborating effectively with professionals from other disciplines that are also

supporting the youth, including but not limited to: education, clinicians, physicians, etc.; and,

- The Functional Behavior Assessment and development of a Behavior Support Plan shall be an integral part of the treatment planning process for those identified youth.

Intensive in home services shall not be provided in an office setting nor shall the provider require the child, youth or young adult 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 or residential treatment center accredited by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations), the Council on Accreditation (C.O.A.), and the Commission on Accreditation of Rehabilitation Facilities (C.A.R.F.). They should also not supplant existing services.

Qualification Requirements for all Providers:

Clinical Supports

- Master's degree in psychology, special education, guidance and counseling, social work or a related field with at least one year of experience in providing clinical services for individuals who have intellectual/developmental disabilities and clinically licensed to independently practice in NJ or a master's level licensed practitioner who is practicing under the supervision of a clinician who is clinically licensed to independently practice in NJ.
 - Master's degree National Association for the Dually Diagnosed, NADD certification is preferred.

Behavioral Supports

Applied Behavior Analysis- Functional Behavior Assessment and development of a Behavior Support Plan:

- 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 behavior support plans for individuals who have intellectual/developmental disabilities.
 - Bachelor's degree Board Certified Assistant Behavior Analyst, BCaBA is required, and,
 - BCaBA must be under the supervision of a BCBA, or;
- Master's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities.
 - Master's degree Board Certified Behavior Analyst, BCBA is required.

For Individual Support Services:

- 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 behavior support plans for individuals who have intellectual/developmental disabilities, or;
- High School Diploma or GED and at least three years of supervised experience

in implementing behavior support plans for individuals who have intellectual/developmental disabilities.

Board Certified Behavior Analyst (BCBA)

The BCBA are independent practitioners who also may work as employees or independent contractors for an organization. The BCBA conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. The BCBA is able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases. The BCBA seeks the consultation of more experienced practitioners when necessary. The BCBA teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis. BCBAs supervise the work of Board Certified Assistant Behavior Analysts and others who implement behavior analytic interventions.

Board Certified Assistant Behavior Analyst (BCaBA)

The BCaBA conducts descriptive behavioral assessments and is able to interpret the results and design ethical and effective behavior analytic interventions for individuals. The BCaBA designs and oversees interventions in familiar cases (e.g., similar to those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCaBA obtains technical direction from a BCBA for unfamiliar situations. The BCaBA is able to teach others to carry out interventions and supervise behavioral technicians once the BCaBA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. (Behavior Analyst Certification Board, Inc.)

Individual Support Services

Individual Support services are provided by Behavioral Technicians who implement the ABA interventions specified in the Behavior Support Plan that assist the child, youth or young adult with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization and adaptive skills necessary to function successfully in the home and community. Behavioral Technicians will provide services directly to the child 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 the child, youth and young adult's own home, the home of a relative or other community based living arrangement, in accordance with approved treatment plans. These supports include behavioral supports & training, adaptive skill development, assistance with activities of daily living and community inclusion that assist the child, youth and young adult to reside in the most integrated setting appropriate to his/her needs.

IIH services are intensive community-based, family-centered services delivered face-to-face as a defined set of interventions by a clinically licensed or certified practitioner

within the context of an approved IIH service plan. The purpose of IIH services is to improve or stabilize the youth's level of functioning within the home and community in order to prevent, decrease or eliminate behaviors or conditions that may lead to or that may place the youth at increased clinical risk, or that may impact on the ability of the youth to function in their home, school or community. IIH 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 IIH services. The anticipated outcome is the transfer of skills to the youth and family/caregiver, diminishing the intensity of treatment over time; to link and transition the youth and their family/caregiver to community-based services and supports.

Criteria	
Inclusionary Criteria	The child, youth or young adult must meet criteria A through J: A. Child, youth, or young adult is between the ages of 5-21. Special consideration will be given to children under 5. Eligibility for services is in place up to and including the day prior to the young adult's 21st birthday; B. Child, youth, or young adult 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. A clinical assessment and other relevant information indicate that the child, youth, or young adult requires Intensive In Home (IIH) Intensity of Service; D. A clinical assessment describing the child, youth, or young adult'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 demonstrates that the youth's functioning can be improved with the provision of CSOC IIH services; E. Child, youth, or young adult 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; <i>or</i> Child, youth, or young adult demonstrates symptoms and behaviors consistent with his or her intellectual/developmental disability diagnosis; F. Child, youth, or young adult is experiencing behavioral symptoms in the home, school and/or community, that places him or her at risk of: out of home placement; acute hospitalization for behavioral health; injury to self or others which requires medical care; and has substantial skill building needs across several different developmental domains; G. Child, youth, or young adult is sufficiently stable to be treated in his or her home; H. Child, youth, or young adult is unable to adequately function in significant life domains: family, school, social or recreational/vocational activities due to his or her co-occurring diagnosis or intellectual/developmental disability and requires close supervision and targeted clinical/behavioral intervention; I. The parent/custodian/legal guardian must consent to treatment; J. Child, youth, or young adult 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	<i>These factors may change the risk assessment and should be considered when making level of care decisions.</i>
Exclusionary Criteria	Any of the following is sufficient for exclusion from IIH consideration: A. Child, youth, or young adult is at imminent risk of causing serious harm to self and others;

	B. Child, youth, or young adult has been determined ineligible for CSOC Functional Services <i>or</i> DDD services; C. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, and other relevant clinical information indicate that the child, youth, or young adult requires a higher or lower intensity of service; D. Child, youth, or young adult can be safely maintained and effectively treated in a lower intensity of service; E. Child, youth, or young adult and/or parent/guardian/custodian do not voluntarily consent to treatment; F. Primary diagnosis is substance abuse or dependence; G. Child, youth, or young adult has a sole presenting diagnosis of Conduct Disorder; H. Child, youth, or young adult 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 youth/family/treatment plan criteria are necessary for continued treatment: A. The severity of the behavior continues to meet criteria for IIH services; B. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, and other relevant information indicate that the child, youth, or young adult continues to need IIH services; C. Child, youth, or young adult's treatment does not require a higher or lower intensity of treatment; D. IIH services continue to be required to support reintegration of the child, youth, or young adult into the

	community and/or to maintain the youth in the community while awaiting placement and/or to improve his or her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives; E. The individualized treatment plan is appropriate to the child, youth, or young adult's changing condition with realistic and specific goals and objectives that include target dates for accomplishment; F. Child, youth, or young adult 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 child, or youth's engagement in treatment; G. Family, legal guardian, and/or custodian is actively involved in the treatment as required by the treatment plan to the extent all parties are able; H. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice; I. 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 treatment plan include strategies for achieving these unmet goals; J. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored; K. 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. Child, youth, or young adult's documented treatment plan goals and objectives have been substantially met; B. Child, youth, or young adult meets criteria for a higher or lower IOS;

	C. Consent for treatment is withdrawn by the parent/legal guardian/custodian and/or the child, youth, or young adult; D. Child, youth, or young adult and/or the parent/legal guardian/custodian 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 or unsafe, despite multiple, documented attempts to address non-participation issues; E. Child, youth, or young adult has not demonstrated documented measurable improvement that has generalized outside of the treatment session for a period of at least 12 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. A discharge plan with follow-up appointments is in place; first follow-up appointment will take place within 10 calendar days of discharge.
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