

## INTENSIVE IN-HOME (IIH) BEHAVIORAL SERVICES

### Intensive In-Home Behavioral Services For Youth with Intellectual and/or Developmental Disabilities

#### Service Description

Intensive In-Home Behavioral Services are an array of habilitative services delivered face-to-face as a defined set of interventions by Board Certified practitioners and their additional duly- accredited support staff with demonstrated expertise working with youth who have an Intellectual or Developmental Disability. These services are designed to assist youth in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to function optimally in home, at school and in community-based settings. Furthermore, these services are geared to augment those services already being provided in the school and other settings; they do not replace existing services.

A Board-Certified Practitioner provides a Functional Behavior Assessment (FBA), which is used as the basis to develop a Behavior Support Plan (BSP) that encompasses a variety of behavioral intervention supports and services. These behavioral intervention services include a comprehensive integrated program that supports improved behavioral, social, educational and vocational functioning. In general, this program will provide youth 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 BSP. The BSP is based on the principles of Applied Behavior Analysis (ABA).

Intensive In-Home Behavioral services are provided to enhance the development of adaptive behaviors through the diminution of maladaptive behaviors. The anticipated outcome is the transfer of skills to the youth and the family. Parent training is an essential component of IIH Behavioral services. The parent develops the knowledge and skills necessary to implement the BSP in the absence of professional and in-home staff. Targeted behaviors are fully described in terms of intensity, frequency, antecedents, and desired outcome.

Intensive In-Home Behavioral 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 serious challenging behaviors, which may pose a safety concern to themselves or others, including but not limited to: noncompliance with verbal/written directions, tantrums, elopement, property destruction, physical/verbal aggression, self-injurious behavior, and inappropriate sexual behavior.

**Intervention includes the development and implementation of an integrated approach to care, which can consist of but is not limited to:**

- Applied Behavior Analysis - Based upon the impressions and recommendations of a Functional Behavior Assessment (FBA) and other related assessments, e.g., preference assessments, reinforcer assessments, skill assessments, Assessment of Basic Language and Learning skills;
- Assessment of level of functioning in the seven major life areas, also known as Activities of Daily Living (ADLs) as measured by the ABAS-3 or other similar accepted structured tool
- Development, implementation and refinement of individualized behavioral support plans which are flexible and based on frequent, systematic evaluation of direct observational data

- Utilizing the FBA and the BSP as integral parts of the treatment planning process.
- Appropriate augmentative and alternative communication support and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training
- Instruction in Activities of Daily Living
- Individual behavioral supports such as Positive Behavior Supports
- Training/coaching for the youth to meet the individual’s behavioral needs
- Support and training of parent/legal guardian to successfully implement BSP, use of Assistive Technology, and other support services as needed, gradually diminishing the need for outside intervention
- Providing training and supervision to support staff providing in home behavioral services
- Providing 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.

**Criteria**

**Admission Criteria**

- The youth must meet criteria A through I:**
- A. The youth is between the ages of birth-21. Eligibility for services is in place up to and including the day prior to the young adult’s 21st birthday.
  - B. The youth has been determined to be DD eligible or DDD eligible.
  - C. The youth is enrolled in CMO.
  - D. The youth demonstrates symptoms consistent with Autism Spectrum Disorder and/or an Intellectual/Developmental Disability.
  - E. Based upon the clinical information provided, there is evidence that the youth’s functioning can be improved with the provision of CSOC I/H Behavioral Services.
  - F. Youth is experiencing behavioral symptoms in the home, school and/or community, which places him or her at risk of out of home treatment; psychiatric hospitalization; injury to self or others.
  - G. The youth requires assistance in developing adaptive functioning skills across multiple life domains.
  - H. The parent/guardian/caregiver must consent to treatment.
  - I. 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.

<p><b>Exclusionary Criteria</b></p>	<p><b><u>Any</u> of the following is sufficient for exclusion from IIH Behavioral Services consideration:</b></p> <ul style="list-style-type: none"> <li>A. The CSOC Assessment and/or additional clinical information indicate that the youth does not require the IIH Behavioral services, as they require either a less intensive therapeutic treatment, or a more intensive therapeutic treatment.</li> <li>B. The youth has been determined ineligible for DD and/or DDD services.</li> <li>C. The youth is not receiving CMO services.</li> <li>D. The youth and/or the parent/guardian/ caregiver do not voluntarily consent to treatment.</li> <li>E. The emotional and/or behavioral symptoms are the primary result of a medical condition, which requires medical treatment.</li> <li>F. The youth appears to exhibit acute intoxication or withdrawal symptoms related to current, active alcohol and or substance use, and urgent medical treatment and intervention is indicated.</li> <li>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.</li> <li>H. Youth is able to access ABA services through their Medicaid Managed Care Organization (MCO).</li> </ul>
<p><b>Continued Stay Criteria</b></p>	<p><b><u>All</u> of the following youth/family/Behavior Support Plan criteria are necessary for continued treatment:</b></p> <ul style="list-style-type: none"> <li>A. The severity of the behavior continues to meet criteria for IIH-Behavioral Services; and the Behavior Support Plan and other relevant clinical information indicate that the youth continues to need IIH-Behavioral services.</li> <li>B. IIH-Behavioral services continue to be required to reintegrate the youth into the community or maintain the youth in the community, while minimizing the need for more intensive treatment alternatives.</li> <li>C. The individualized BSP is appropriate to the youth’s changing condition with realistic and specific goals and objectives.</li> <li>D. The youth is actively participating in treatment where and when possible in reference to 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.</li> <li>E. Parent/guardian/caregiver is actively involved in the treatment as required by the treatment plan to the extent all parties are able.</li> <li>F. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice.</li> <li>G. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, although, some goals of treatment have</li> </ul>

	<p>not yet been achieved and adjustments in the treatment plan include strategies for achieving these unmet goals.</p> <p>H. There is documented evidence of active, individualized transition planning from the beginning of treatment.</p>
<p><b>Transition Criteria</b></p>	<p><b><u>Any of the following criteria are sufficient for transition:</u></b></p> <p>A. The youth’s documented BSP goals and objectives have been substantially met.</p> <p>B. The youth’s presenting treatment needs meet criteria for a higher intensity of treatment or lower intensity of treatment.</p> <p>C. Consent for treatment is withdrawn by the parent/guardian/caregiver and/or the youth;</p> <p>D. The youth and/or the parent/guardian/caregiver are competent, but non-participatory in treatment, or non-adherent in following the program requirements. The non-participation or non-adherence is significant enough that it results in the treatment, at this intensity of service, as being ineffective or unsafe.</p> <p>E. The youth 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;</p> <p>F. CSOC service providers have lost contact with the youth and family despite multiple, documented attempts;</p> <p>G. A transition plan with follow-up appointments is in place within 10 days of transition.</p>