

SPECIAL SKILLS HOME FOR YOUTH WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (I/DD) - LEVEL 2

Special Skills Home I/DD (SSH Level-2 IDD)

Service Description

IDD Special Skills Homes (SSH Level 2-IDD) are designed for youth up to the age of 21 who are deemed IDD eligible and who present with challenges in making adjustments in their primary home setting or in a less intensive treatment setting.

These special skills homes are located in the community in private single-family homes. Youth are under the supervision of an agency trained mentor parent. There is no awake, overnight staff monitoring or supervision. Treatment focuses on stabilizing, generalizing and maintaining previously acquired behavioral, self-help, socialization and adaptive skills that increase independence, productivity, enhanced family functioning, and inclusion in the community. Typically, coordinated supports and training include behavioral supports and a community outreach worker to assist with community integration, adaptive skill training, and assistance with activities of daily living.

This intensity of service helps address challenging behaviors that make it difficult for youth to maintain stability in their primary home setting or a treatment setting with a lower intensity of service, including but not limited to: self-stimulating behaviors, disrobing, verbal aggression, mild property destruction, inappropriate vocalizations, generalized non-compliance, and Self Injurious Behaviors with superficial injury. The frequency of significantly challenging behaviors is expected to reduce with the implementation of behavior supports,, independent living skills training, and family-focused therapeutic services. Consequently, increasing the youths' ability to independently exercise the behavioral, self-help, socialization and adaptive skills necessary to reside in a community-based family setting. The projected length of stay is between 12-18 months.

The youth receiving services may be independently mobile with or without assistive devices; may only require minimal assistance transferring or moving from place to place. Youth may have one or more chronic medical condition(s) that is generally controlled with daily medications and/or routine medical attention. Youth can be independent in all areas of basic activities of daily living or require varying levels of assistance to complete basic self-care tasks that may include, but are not limited to verbal and/or physical prompts; hand-over-hand assistance and/or total staff care. Youth who ambulate with assistive devices, have multiple medical needs, and/or require a high level of Activities of Daily Living assistance will be considered on an individual basis by the SSH provider.

All interventions must be directly related to the goals and objectives established in the ISP/treatment plan. Family/guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly). Assessment of school performance is an essential component of treatment planning, as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with youth. All ISP/treatment plans must be individualized.

Criteria	
Inclusionary Criteria	<p>The youth must meet criteria A through I:</p> <ul style="list-style-type: none"> A. The youth has been determined DD eligible or is considered to be presumptively DD eligible. Youth who are currently deemed eligible for DD services need not re-apply for a determination of DD Eligibility. CSOC will accept the DD eligibility determination; B. If diagnosed with an Intellectual and/or Developmental disability (I/DD) in the absence of a co-occurring mental health disorder, the youth must meet I/DD specific clinical criteria for Care Management Organization (CMO); C. The youth is between the ages of 5-21. Eligibility for services is in place up to and including the day prior to the youth’s 21st birthday; D. The youth is exhibiting behavioral difficulties related to in making adjustments in the home, school, and/or community that is consistent with the Intellectual/Developmental Disability diagnosis; these behaviors have resulted in the youth having difficulty maintaining stability in his/her primary living environment; E. The Strength and Needs Assessment (SNA) and other relevant information indicate that the youth requires SSH Level- 2 IDD Intensity of Service; F. A clinical assessment describing the youth’s functional capacity at home, school, and the community, as well as his or her ability to think or perceive his/ her surroundings accurately and interact appropriately with others indicates that that the youth’s functioning can be improved with the provision of therapeutic-behavioral services and supports such as independent living skills training, and family-focused therapeutic services which are offered at the SSH Level-2 IDD Intensity of Service; G. The youth is unable to consistently function independently in significant life domains potentially involving: family, school, community, interpersonal activities, or recreational/vocational activities, as a result of his or her Intellectual/Developmental disability and requires close supervision and monitoring; H. The parent/caregiver I guardian (or young adult if 18 and older without a designated legal guardian) 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.

<p>Psychosocial, Occupational, Cultural and Linguistic Factors</p>	<p><i>These factors may change the risk assessment and should be considered when making intensity of service decisions.</i></p>
<p>Exclusion Criteria</p>	<p>Any of the following is sufficient for exclusion from SSH Level-2 IDD consideration:</p> <ul style="list-style-type: none"> A. The parent/caregiver/guardian (or young adult if 18 and older without a designated legal guardian) does not voluntarily consent to admission or treatment and/or there is no court order requiring such placement; B. The youth is at imminent risk of causing harm to others; C. The youth has been determined ineligible for CSOC DD services D. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a higher intensity or lower intensity of service. E. The youth’s behavioral symptoms are primarily related to a medical condition that warrants direct medical intervention and monitoring. F. The youth has a primary diagnosis of Substance Use Disorder, and requires intervention primarily related to substance use, including either detoxification services or withdrawal management services; G. The youth has one or more medical conditions that requires treatment by an on-site Registered Nurse/LPN 24-hours a day; including but not limited to: oral or nasal suctioning, intravenous medications, tube feeding, dialysis monitoring, or catheterization; H. The youth requires absolute physical assistance with transfers and mobility; I. The youth does not have a definitive permanency plan in place. J. The 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;
<p>Continued Stay Criteria</p>	<p>All of the following youth/family/treatment plan criteria are necessary for continued treatment:</p> <ul style="list-style-type: none"> A. The Strength and Needs Assessment (SNA) indicate that the youth continues to meet criteria for SSH Level -2 IDD Intensity of Service; as evidenced by specific identified treatment needs that are currently being addressed, as documented in the JCR and ISP. B. SSH Level -2 IDD services continue to be required to support the return home with their natural supports or to a lower intensity of treatment service; C. The JCR/Treatment Plan is appropriate to the youth’s changing condition with

	<p>realistic and specific goals and objectives that include target dates for accomplishment;</p> <p>D. The 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;</p> <p>E. Family/ caregiver/guardian is actively involved in the treatment as required by the treatment plan to the extent all parties are able;</p> <p>F. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice;</p> <p>G. 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;</p> <p>H. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored;</p> <p>I. There is documented evidence of active, individualized discharge planning from the beginning of treatment.</p>
<p>Discharge Criteria</p>	<p>Any of the following criteria are sufficient for discharge from treatment related services to community-based treatment or Recovery Maintenance or Health Management services:</p> <p>A. The youth’s documented treatment plan goals and objectives have been substantially met;</p> <p>B. The youth meets clinical criteria for a higher intensity treatment program;</p> <p>C. After a period of approximate 16-20 weeks of making adjustment in the treatment plan to address targeted baseline behaviors and/or increasingly challenging behaviors, there has been no noted decrease in the frequency or severity;</p> <p>D. Support systems that allow the youth to be maintained in a less restrictive environment, have been thoroughly investigated, identified, and established.</p> <p>E. Consent for treatment is withdrawn by the parent/guardian/caregiver and/or the young adult if 18 and older without a designated legal guardian;</p> <p>F. The youth and/or the parent/guardian/caregiver are competent, yet not actively engaged in treatment or compliant with the program requirements. The disengagement is significant enough to render treatment , at this intensity of service, virtually ineffective or unsafe, despite multiple, documented attempts to</p>

	<p>address non-participation issues;</p> <p>G. A discharge plan with follow-up appointments is in place; the first follow-up appointment should take place within 10 calendar days of discharge.</p>
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