

## SPECIAL SKILLS HOME FOR YOUTH WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (I/DD) - LEVEL 1

### Special Skills Home I/DD (SSH Level-1 IDD)

#### Service Description

IDD Special Skills Homes (SSH Level 1-IDD) are designed for youth up to the age of 21 who are deemed I/DD eligible and who present with occasional, infrequent, low intensity behavioral manifestations and/or difficulty in making adjustments in their primary home 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 generalizing and/or maintaining previously acquired behavioral skills, self-help skills, and adaptive skills that increase independence, productivity, enhanced family functioning, and inclusion in the community. Typically, coordinated supports and services include: IHH clinical stabilizations services as needed, adaptive skill training, assistance with activities of daily living, and community integration.

This intensity of service helps address challenging behaviors that make it difficult for youth to maintain stability in their primary home setting, including but not limited to: self-stimulating behaviors, disrobing, verbal aggression, inappropriate vocalizations, generalized non-compliance, and self-injurious behaviors with superficial injury. The frequency of the challenging behaviors, is expected to reduce with increased support and/or environmental modification. Consequently, the youth may become capable of independently exercising the behavioral, self-help, socialization and adaptive skills necessary to reside in a community-based family setting. The projected length of stay is anticipated to be between 12 and 18 months.

The youth receiving services may be independently mobile with or without assistive devices, but may 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, which may include but is not limited to verbal and/or physical prompts, hand-over-hand assistance and/or total care. Youth who ambulate with assistive devices, have multiple medical needs, and/or require a high level of ADL 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 at a minimum 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.

| <b>Criteria</b>  |   |
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| <b>Inclusionary Criteria</b>                                       | <p><b>The youth must meet criteria A through I:</b></p> <ul style="list-style-type: none"> <li>A. The youth has been determined DD eligible or is considered to be presumptively DD eligible.</li> <li>B. If diagnosed with an Intellectual and/or Developmental disability (I/DD) in the absence of a co-occurring behavioral health disorder, the youth must meet I/DD specific clinical criteria for Care Management Organization (CMO);</li> <li>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;</li> <li>D. The youth is experiencing occasional, infrequent, low intensity episodes of difficult behavior in the home, school, and/or community that is consistent with the Intellectual/Developmental Disability diagnosis, such that the youth has difficulty maintaining stability in his/her primary home setting;</li> <li>E. The Strength and Needs Assessment (SNA) and other relevant information indicate that the youth requires SSH Level- 1 IDD Intensity of Service;</li> <li>F. A completed clinical assessment describing the youth’s functional capacity within school, home, and community incorporating areas of functioning. These areas include the youth’s ability to perceive surroundings accurately, as well as their ability to interact appropriately with others. These abilities exhibit that the youth’s level of functioning can be rehabilitated with the utilization of basic skills training, as well as outpatient-level individual and family-based therapeutic services, both offered at the SSH-Level-1 IDD intensity of service.</li> <li>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;</li> <li>H. The parent/caregiver/guardian (or young adult if 18 and older without a designated legal guardian) must consent to treatment;</li> <li>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.</li> </ul> |
| <b>Psychosocial, Occupational, Cultural and Linguistic Factors</b> | <p><i>These factors may change the risk assessment and should be considered when making intensity of service decisions.</i></p>   |

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| <p><b>Exclusion Criteria</b></p>      | <p><b>Any of the following is sufficient for exclusion from SSH Level-1 IDD consideration:</b></p> <ul style="list-style-type: none"> <li>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;</li> <li>B. The youth has caused harm to others that resulted in medical attention/hospitalization;</li> <li>C. The youth has been determined ineligible for CSOC DD services</li> <li>D. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a higher intensity of service.</li> <li>E. The youth’s behavioral symptoms are primarily related to a medical condition that warrants direct medical intervention and monitoring.</li> <li>F. The youth has a primary diagnosis of Substance Use Disorder, and requires intervention primarily related to substance use, such as detoxification services or withdrawal management services;</li> <li>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;</li> <li>H. The youth requires absolute physical assistance with transfers and mobility.</li> <li>I. 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.</li> </ul> |
| <p><b>Continued Stay Criteria</b></p> | <p><b>All of the following youth/family/treatment plan criteria must be met for continued treatment:</b></p> <ul style="list-style-type: none"> <li>A. The Strength and Needs Assessment (SNA) indicate that the youth continues to meet criteria for SSH Level -1 IDD Intensity of Service, as evidenced by specific identified treatment needs which are currently being addressed, as documented in the JCR and ISP.</li> <li>B. SSH Level -1 IDD services continue to be required to support the return home with their natural supports;</li> <li>C. The JCR/Treatment Plan is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment;</li> <li>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</li> </ul>   |

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|                                  | <p>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 may not have yet been achieved. 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><b>Discharge Criteria</b></p> | <p><b>Meeting any of the following criteria is sufficient for discharge:</b></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 of treatment service.</p> <p>C. After a period of approximately 8-12 weeks of IAH clinical stabilization services to address increasingly challenging behaviors there has been no noted decrease in frequency and 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 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 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> |