MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL: Home Based Services
(For Ages 0-3)/Level I Service

SERVICE DESCRIPTION:

Mental health home-based service programs are designed to provide intensive services to children and their families with multiple service needs who require access to an array of mental health services. The primary goals of these programs are to support families in meeting their child's developmental needs, to support and preserve families, to reunite families who have been separated, and to provide effective treatment and community supports to address risks that may increase the likelihood of a child being placed outside the home. Home-based services are an assortment of intensive services and supports provided to families in their home and community, whereby treatment is based on the child's need with the focus on the family unit. Home-based services are distinguished by a flexible, intensive response to family's unique individual needs. This service style must support a strength-based approach that is family-driven and youth-guided, emphasizing assertive and culturally relevant interventions, parent/youth and professional teamwork, and collaboration with community resources and supports.

STANDARD PROCEDURE CODE: H0036

UNIT OF MEASURE: 15 minute increments

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

Unique criteria must be applied to define serious emotional disturbance for the birth to age three population, given:

- The magnitude and speed of developmental changes through pregnancy and infancy;
- The limited capacity of the very young to symptomatically present underlying disturbances;
- The extreme dependence of infants and toddlers upon caregivers for their survival and well-being; and
- The exceptional vulnerability of the very young to other relationship and environmental factors.

Operationally, the above parameters dictate that the mental health professional must be cognizant of the primary indicators of emotional disorder in very young children, and of the importance of assessing the constitutional/physiological and/or caregiving/ environmental factors which reinforce the severity and intractability of the child's disorder. Furthermore, the rapid development of very young children results in transitory disorders and/or symptoms, requiring the professional to regularly re-assess children in the appropriate developmental context.

The following is the recommended procedure for determining when a beneficiary is considered seriously emotionally disturbed or at high risk for serious emotional disturbance, qualifying for Mental Health Home-Based Services. All of the dimensions must be considered when determining if a child is eligible for home-based services.

1. Diagnosis:
   A child has a mental, behavioral, or emotional disorder sufficient to meet diagnostic criteria (specified within the current version of the DSM or ICD consistent with the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood; Revised Edition) not solely the result of mental retardation or other developmental disability, drug abuse/alcoholism or those with a V-code diagnosis, and the beneficiary meets the criteria listed below for degree of disability/functional impairment and duration/service history.

2. Functional Impairment:
   Substantial interference with, or limitation of, the child's proficiency in performing age appropriate skills as demonstrated by at least one indicator drawn from one of the following areas:

   - General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems, e.g., uncontrollable crying or screaming, sleeping and eating disturbances, and recklessness; the absence of developmentally expectable affect, such as pleasure, displeasure, joy, anger, fear, curiosity; apathy toward environment and caregiver.

   - Distinct behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibits the child's daily adaptation and interaction/relationships. For example, a restricted range of exploration and assertiveness, dislike for changes in routine, and/or a tendency to be frightened and clinging in new situations, coupled with over-reactivity to loud noises or bright lights, inadequate visual-spatial processing ability, etc.

   - Incapacity to obtain critical nurturing (often in the context of attachment separation concerns), as determined through the assessment of child, caregiver and environmental characteristics. For example, the infant shows a lack of motor skills and/or language expressiveness; appears diffuse, unfocused and undifferentiated; expresses anger/obstinacy and whines, in the presence of a caregiver who often interferes with the infant's goals and desires, dominates the infant through over-control, does not reciprocate to the child's gestures, and/or whose anger, depression or anxiety results in inconsistent care giving.

   An assessment tool specifically targeting social-emotional functioning which can assist in determining functional impairment is the Devereux Early Childhood Assessment, Infant/Toddler or Preschool Version.
   Observational tools to assist in the assessment of infants, toddlers and their caregiver include the Massie Campbell Attachment During Stress (birth to 18 months of age) and Parenting

Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) (for young children from 12 to 36 months).

Other assessment tools may be utilized by the practitioner based on the needs of the infant/toddler or parent(s).

3. Duration/History:
   The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomatology over time unlikely. However, indicators that a disorder is not transitory and will endure without intervention include:

   - The infant/toddler disorder(s) is affected by persistent multiple barriers to normal development (regulatory disorders, inconsistent care giving, chaotic environment, etc.); or

   - Infant/toddler did not respond to less intensive, less restrictive intervention.

PROVIDER QUALIFICATIONS:

Properly credentialed staff must deliver home-based services. Home-based services professional staff must meet the qualifications of a child mental health professional. The initial training curriculum and 24 hours of annual child-specific training for home-based services staff should be relevant to the age groups served and the needs of the children and families receiving home-based services.

For home-based services programs serving infants/toddlers (birth through age three) and their families, staff must be trained in infant mental health interventions and, effective October 1, 2009, must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health; Level 3 is preferred.

Trained paraprofessional assistants may assist home-based services professional staff with implementation of treatment plan behavioral goals related to positive skill development and development of age-appropriate social behaviors. Services to be provided by the home-based services assistant must be identified in the family plan of service, must relate to identified treatment goals, and must be under the supervision of relevant professionals.

Home-based services assistants must be trained regarding the beneficiary's treatment plan and goals, including appropriate intervention and implementation strategies, prior to beginning work with the beneficiary and family.

Activities of home-based services assistants do not count as part of the minimum four hours of face-to-face home-based services provided by the primary home-based services worker per month. The home-based services assistant's face-to face time would be in addition to hours provided by the primary home-based services worker.

Home Based Professional Staff must meet the qualifications of a Child Mental Health Professional, which is defined as follows:

- A person who is trained and has one year of experience in the examination, evaluation, and treatment of minors and their families and who is either a physician, psychologist, licensed professional counselor or registered professional nurse; OR

- A person with at least a bachelor's degree in a mental health-related field from an accredited school who is trained, and has three years of supervised experience in the examination, evaluation, and treatment of minors and their families; OR

- A person with at least a master's degree in a mental health-related field from an accredited school who is trained, and has one year of experience in the examination, evaluation, and treatment of minors and their families.

- Professional Staff should be trained in the implementation of the PECFAS

For Home Based Programs serving children with a Developmental Disability, the Child Mental Health Professional must meet the qualifications, as defined above, and also be a Qualified Mental Retardation Professional (QMRP), which is defined as follows:

- A person who has specialized training or one year of experience in treating or working with a person who has a developmental disability; and is a psychologist, physician, educator with a degree in education from an accredited program, licensed or limited licensed master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, or rehabilitation counselor, licensed professional counselor or individual with human services degree hired and performing in the role of the QMRP prior to January 1, 2008.

Responsibility for directing, coordinating, and supervising the program must be assigned to a specific staff person. The supervisor of the Home Based Services Program must meet the qualifications of a Child Mental Health Professional with Three years of clinical experience

TYPICAL SERVICE UTILIZATION PATTERN:

Home-based services must be provided in accordance with a plan of service that focuses on the child and his family. The plan of service is a comprehensive plan that identifies child and family strengths and individual needs, determines appropriate interventions, and identifies supports and resources. It is developed in partnership with family members and other agencies through a person-centered, family-driven and youth-guided planning process.

The plan of service should include evidence of a blending of perspectives and information from the child/youth, family, home-based services worker, assessment tools, and other relevant parties.

Goals should be based on family needs and priorities and reflect the family culture and voice.

Refer to the Family-Driven and Youth-Guided Policy and Practice Guideline (attached to the MDCH/PIHP contract) for more explicit information on this topic.

The plan of service for youth receiving home-based services must also include individualized crisis and safety plans that explicitly outline responses to family-specific crisis situations and safety risks and delineate who, including the family and others, is accountable for the various responses identified.

Home-based services programs combine services to restore or enhance social, psychological, or biophysical functioning of individuals, couples, or families and/or individual therapy, family therapy, group therapy, crisis intervention, case management, and collateral contacts. The family is defined as immediate or extended family or individual(s) acting in the role of family.

Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning for individuals, couples, or families.

A minimum of **four hours** of individual and/or family face-to-face home-based services per month will be provided by the primary home-based services worker or, if appropriate, the evidence-based practice therapist. **In addition**, it is expected that adequate collateral contacts, including non-face-to-face collateral contacts, with school, caregivers, child welfare, court, psychiatrist, etc., will be provided to implement the plan of service.

The amount and scope of home-based services to families as they transition out of home-based services into a less intensive service or to case closure can be determined by family-driven and youth-guided decision making to maintain continuity of treatment and ensure stability. Variation from the required intensity of services for families transitioning out of home-based services must be documented in the plan of service. This transition period is not to exceed three months.

Crisis intervention services must be available 24 hours a day, 7 days a week, via availability of home-based services staff or agency on-call staff. If after-hours crisis intervention services are provided to a family by staff other than the primary home-based services worker, procedures must be in place which provide the on-call staff access to information about any impending crisis situations and the family's crisis and safety plans.

Services are provided in the family home or community. Any contacts that occur other than in the home or community must be clearly explained in case record documentation as to the reason, the expected duration, and the plan to address issues that are preventing the services from being provided in the home or community.

Home Based Services can NOT be provided exclusively to a sibling unopened to Mental Health Services

The following are recommended ranges, or levels, of service utilization for Home Based Services:

- Level A - Low Intensity:
  - low-moderate risk of placement of child outside the home
  - low-moderate needs
  - first time receiving Home Based Services
  - high motivation and engagement factors
  - Involved natural support system
  - lack of comorbid conditions
  - absence of mental illness, developmental disability, substance use disorder, or medical conditions within the family system
  - Minimal system involvement with other agencies
  - Low parental functional impairments

- Level B -Moderate Intensity:
  - Moderate-high risk of placement of child outside the home
  - Moderate-high needs
  - May have experienced Home Based Services Prior
  - Moderate motivation and engagement factors
  - Inconsistent natural support system
  - Evidence of comorbid condition
  - Evidence of mental illness, developmental disability, substance use disorder, and/or medical conditions present within the family system
  - Moderate resources
  - Moderate system involvement with other agencies
  - Moderate parental functional impairments

- Level C - High Intensity:
  - High-Severe risk of placement of child outside the home
  - High-Severe need
  - Multiple prior experiences with Home Based Services
  - Low motivation and engagement factors
  - Minimal natural support system
  - Evidenced of Comorbid conditions within the family system, as well as the identified child
  - Evidence of mental illness, developmental disability, substance use disorder, and/or medical conditions present within multiple family members
  - Complete lack of resources
  - Toddler's behavior is so dangerous that harm to others has occurred
  - Multi-System involvement, upon entering Home-Based Services
  - Severe interferences with parenting abilities: poor problem solving skills, total lack of pleasure in parenting, unresponsiveness to child's cues/needs for social and cognitive stimulation, harsh/negative view of child, difficulty setting age appropriate boundaries/limits, evidence of impairment in judgment, impulse control, self-care, daily living skills, and social/interpersonal functioning that places child at risk for

abuse or neglect; history of parental abuse or neglect, child is already placed out of the home with a clear plan to reunify with family, insufficient supervision of actions/environment by caretaker

- Infant/Toddler has a Medical Diagnosis that produces sufficient distress in the family system such that there are concerns that the infant's needs for physical and emotional care are not being met or that the family can not attend to other task of daily living

The lower the Intensity level, the closer service provision should be to the 4 hour/month minimum.

NOTE: The worker to family ratio should not exceed 1:15 for a full-time equivalent position.

ASSOCIATED OUTCOMES:

- Healthy Family Functioning
- Preservation of families within their homes and communities
- Reunite families that have been separated
- Reduction in maladaptive behaviors
- Maximized behavioral self-control
- Restored previous emotional adjustment and well-being
- Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment
- Increased Psychological/Natural Supports
- Decreased symptomatology of severe emotional disturbance
- Significantly diminished risk to self and/or others
- Increased capacity/Demonstration of family system to effectively/safely manage child's needs

NOTE: The above outcomes indicate potential results, based on individual child and family needs at initiation of Home Based Services. Some of these potential outcomes may not be applicable to particular beneficiaries of Home Based Services.

CONSIDERATIONS FOR TRANSFER/DISCHARGE TO LESS INTENSIVE SERVICES (discontinuation of all services and/or referral to support services within the community):

1. Achievement of the above Applicable Outcomes, which should be monitored and evaluated at the following intervals: intake, periodic review (to occur no less than every 90 days), annual, and transfer/discharge; AND

2. Increased Functional Status, as evidenced by the implementation and evaluation of a previously identified functional assessment tool for children birth to three years old

3. Evidence of achievement of applicable outcomes and increased functional status should be consistent for 3 consecutive months or 3 cumulative months within a 6 month period.

4. Additional considerations for evaluating transition to less intensive services:

    a. Treatment goals as defined with the therapist in the Family Service Plan have been met to the extent of the family's ability

    b. The child is no longer at risk for abuse/neglect

    c. Family is able to meet the child's developmental and emotional needs; family problems, disturbances in daily living, psychiatric status, or social/interpersonal difficulties are no longer of intensity that impact child's development

NOTE: For continuing eligibility reviews during the transition to Less Intensive Services, the PIHP may maintain the child and family in Home Based Services, even if they do not meet specified eligibility criteria.

CONSIDERATION FOR MORE INTENSIVE SERVICES (Referral to other public mental health service programs or to other community programs such as DHS/CPS):

1. After 6 consecutive months of Home Based Services, the child demonstrates continued deterioration in functioning, necessitating placement in a secure environment to manage danger of harm to self and/or others; AND

2. The child can NOT be safely maintained in the home/community despite the provision of Home Based Treatment and other Community Resources/Supports; OR

3. The caregiver is unable to address or respond to the needs of the infant due to untreated substance use disorder or mental illness; OR

4. The caregiver's mental status has deteriorated to a degree that requires other therapeutic services before the caregiver can use Home Based Services to address the needs of the family; OR

5. Children are removed from parental custody by Child Protective Services without a reunification plan or are receiving services which duplicate the Home Based Program