MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL: Home Based Services
(For Ages 4-6)/Level I Service

SERVICE DESCRIPTION:

Mental health home-based services 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. Treatment is based on the child's needs, with the focus on the family unit. The service style must support a family-driven and youth-guided approach, emphasizing strength-based, culturally relevant interventions, parent/youth and professional teamwork, and connection with community resources and supports.

STANDARD PROCEDURE CODE: H0036

UNIT OF MEASURE: 15 minute increments

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

Decisions regarding whether a child age four through six is seriously emotionally disturbed and in need of home-based services and supports utilize similar dimensions to older children. The dimensions include a diagnosable behavioral or emotional disorder, substantial functional impairment/limitation of major life activities, and duration of condition. However, as with younger children birth through age three, assessment must be sensitive to the critical indicators of development and functional impairment for the age group. Significant impairments in functioning are revealed across life domains in the child's expression of affect/self-regulation, social development (generalization of attachment beyond parents, capacity for peer relationships and play, etc.), physical and cognitive development, and the emergence of a sense of self. **All** of the dimensions must be considered when determining if a child is eligible for home-based services.

1. <u>Diagnosis</u>
   A child has a mental, behavioral or emotional disorder sufficient to meet diagnostic criteria specified within the current version of the DSM or ICD 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 across domains and/or consistently within specific domains as demonstrated by at least one indicator drawn from at least two of the following areas:

   - Impaired physical development, sensory, sensory motor or organizational processing difficulty, failure to control bodily functions (e.g., bed wetting).

   - Limited cognitive development, as indicated by restricted vocabulary, memory, cause and effect thinking, ability to distinguish between real and pretend, transitioning from self-centered to more reality-based thinking, etc.

   - Limited capacity for self-regulation, inability to control impulses and modulate anxieties as indicated by frequent tantrums or aggressiveness toward others, prolonged listlessness or depression, inability to cope with separation from primary caregiver, inflexibility and low frustration tolerance, etc.

   - Impaired or delayed social development, as indicated by an inability to engage in interactive play with peers, inability to maintain placements in day care or other organized groups, failure to display social values or empathy toward others, absence of imaginative play or verbalizations commonly used by preschoolers to reduce anxiety or assert order/control on their environment, etc.

   - Care-giving factors which reinforce the severity or intractability of the childhood disorder and the need for multifaceted intervention strategies (e.g., home-based services) such as a chaotic household/constantly changing care-giving environments, inappropriate caregiver expectations, abusive/neglectful or inconsistent care-giving, occurrence of traumatic events, subjection to others' violent or otherwise harmful behavior.

The standardized assessment tool specifically targeting social-emotional functioning for children 4 through 6 years of age recommended for use in determining degree of functional impairment is the Pre-School and Early Childhood Functional Assessment Scale (PECFAS).

*Indications for Home Based Services would typically be revealed with a child score of 60 or greater, in combination with a caregiver score of 10 or greater.

Additional assessment tools may be utilized based on the needs of the child and/or parent(s).
Special Note: Assessment must be sensitive to the critical indicators of development and functional impairment for this particular age group***

3. Duration / History:
   The following specify length of time criteria for determining when the child's functional disabilities justify his referral for enhanced support services:

   - Evidence of three continuous months of illness;
   - Three cumulative months of symptomatology/dysfunction in a six-month period; or
   - Conditions that are persistent in their expression and are not likely to change without intervention.

4. Beneficiary is experiencing a severe emotional disturbance as defined in the Mental Health Code and located in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.

5. This service has been determined to meet Medical Necessity Criteria (see section on "Medical Necessity" for specific criteria)

6. Additional Clinical Considerations for Home-Based Eligibility and Service Priorities:

   a. The disturbance is not amenable to a less intensive service, based on prior treatment failure and/or current severity of the disturbance

   b. The family possesses sufficient commitment, motivation, and ability to participate in treatment and manage the child safely.

   c. The child's needs exceed the family's resources

   d. The disturbance requires ongoing assessment of both immediate risk of substantial harm to the child, or others, and assessment of the need for 24 hour therapeutic care

   e. The child engages in significant non-accidental self-harm, mutilation, or injury

   f. The child/adolescent's behavior is so disruptive or dangerous that harm to others is likely

   g. There is no less restrictive alternative which meets the treatment needs of the child

   h. The severity of illness and level of risk is such that home-based treatment is necessary to transition the child from a 24 hour therapeutic environment

NOTE:
None of the above Eligibility Criteria and Service Priorities preclude the provision of Home Based Services to an adult beneficiary who is a parent for whom it is determined Home Based Services would be the treatment modality that would best meet the needs of the adult beneficiary and the child. This would include a parent who has a diagnosis within the current version of the DSM or ICD that results in a care giving environment that places the child/adolescent at risk for serious emotional disturbance.

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 children with developmental disabilities, the child mental health professional must meet the qualifications, as defined above, and also be a Qualified Mental Retardation Professional (QMRP).

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.

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.

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

- Level A -Low Intensity:
  - low-moderate risk
  - 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

- Level B -Moderate Intensity:
  - moderate-high risk
  - 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

- Level C -High Intensity:
  - High-Severe risk
  - High-Severe need
  - Multiple prior experiences with Home Based Services
  - History of multiple hospitalizations and out of home placements
  - low motivation and engagement factors
  - minimal natural support system
  - Evidenced of Comorbid conditions within the family system, as well as the identified child/adolescent
  - Evidence of mental illness, developmental disability, substance use disorder, and/or medical conditions present within multiple family members
  - Complete lack of resources
  - Multi-System involvement, upon entering Home-Based Services

The lower the Intensity, the closer service utilization should be to the 4 hours/month minimum.

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

ASSOCIATED OUTCOMES:

- Increased Recovery
- Healthy Family Functioning
- Preservation of families within their homes and communities
- Reunite families that have been separated
- Reduction in the usage of psychiatric hospitalizations
- Reduction in maladaptive behaviors
- Maximized behavioral self-control
- Restored previous psychological functioning, reality orientation, and emotional adjustment
- Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment
- Increased attendance/academic status at school
- 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/adolescents 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 (intensive outpatient, outpatient and/or 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 PECFAS, with recommended intervals for completion of: intake, every 90 days, annual, and transfer/discharge:

    a. Total Child Score of less than 60 with a combined caregiver score of less than 10

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.

CONSIDERATION FOR MORE INTENSIVE SERVICES (Intensive Crisis Residential/Inpatient Treatment):

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.