

## **MEDICAID STATE PLAN 1915 (B)**

**SERVICE NAME/AUTHORIZATION LEVEL:** Home Based Services  
(For Ages 7-17)/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:**

Decisions regarding whether a child or adolescent has a serious emotional disturbance and is in need of home-based services is determined by using the following dimensions: the child has a diagnosable behavioral or emotional disorder, substantial functional impairment/limitation of major life activities, and duration of the condition. For children age seven to seventeen, the Child and Adolescent Functional Assessment Scale (CAFAS) is used to make discriminations within the functional impairment dimension. All of the dimensions, as well as family voice and choice, must be considered when determining if a child is eligible for home-based services.

1. Diagnosis:

The child/adolescent currently has, or had at any time in the past, a diagnosable behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of the DSM or ICD, excluding those with a diagnosis other than, or in addition to, alcohol or drug disorders, a developmental disorder, or social conditions (V codes).

2. Functional Impairment:

For purposes of qualification for home-based services, children/adolescents may be considered markedly or severely functionally impaired if the minor has:

- An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the CAFAS; or
- An elevated subscale score (20 or greater) on one element of the CAFAS Child/Adolescent Section, combined with an elevated subscale score (20 or greater) on at least one CAFAS element involving Caregiver/Care-giving Resources; or
- A total impairment score of 80 or more on the CAFAS Child/Adolescent Section.

3. Duration / History

The following specify the length of time the youth's functional disability has interfered with his daily living and led to his referral for home-based services:

- Evidence of six continuous months of illness, symptomatology, or dysfunction; or
- Six cumulative months of symptomatology/dysfunction in a 12-month period; or
- On the basis of a specific diagnosis (e.g., schizophrenia), disability is likely to continue for more than one year.

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. Beneficiary meets eligibility requirements for specialty services, as defined in the Medicaid Provider Manual and located in the Practice Guidelines/Eligibility Chapter of this manual for persons with a Severe Emotional Disturbance (ages 7-17).
6. This service has been determined to meet Medical Necessity Criteria (see section on "Medical Necessity" for specific criteria)
7. Additional Clinical Considerations for Home-Based Eligibility and Service Priorities:
  - a. Child/Adolescent presents with significant disturbance in multiple domains (thought, behavior, mood, and social relationships)
  - b. The disturbance is not amenable to a less intensive service, based on prior treatment failure and/or current severity of the disturbance
  - c. The family possess sufficient commitment, motivation, and ability to participate in treatment and manage the child/adolescent safely.
  - d. The disturbance requires ongoing assessment of both immediate risk of substantial harm to the child/adolescent, or others, and assessment of the need for 24 hour therapeutic care
  - e. The child/adolescent needs exceed the family's resources

- f. The child/adolescent engages in significant non-accidental self-harm, mutilation, or injury
- g. The child/adolescent talks or repeatedly thinks about harming or killing self or wanting to die, but has NO plan or sustained intent
- h. The child/adolescent's behavior is so disruptive or dangerous that harm to others is likely
- i. The severity of illness and level of risk is such that home-based treatment is necessary to transition the child/adolescent 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.

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 must be trained in the implementation of the CAFAS

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.**

\*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. 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
    - 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
    - Low system involvement with other agencies

- Level B

- 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 (15-20 hours per week of Home Based Services)---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 level the closer the monthly hour range should be to the 4 hours provided by the primary therapist.**

**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 criminal justice/legal involvement
- Increase/maintenance of employment (if applicable with regard to age)
- Decreased symptomatology of severe emotional disturbance
- Abstinence from drug/alcohol use
- 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/adolescent 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:**

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 CAFAS, which must be completed and evaluated at intake, every 90 days, annual, and transfer/discharge:
  - a. No evidence of an elevated subscale score of 20 or greater on more than one element of the CAFAS; OR
  - b. No evidence of an elevated subscale score of 20 or greater on any one element of the Child/Adolescent section, when combined with an elevated subscale score of 20 or greater on any one element of the CAFAS; OR
  - c. Evidence of a total impairment score of 70 or less on the Child/Adolescent Section of the CAFAS; AND
3. Evidence of achievement of applicable outcomes and increased functional status should be consistent for 6 consecutive months or 6 cumulative months within a 12 month period.

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

1. After 12 consecutive months of Home Based Services, the child/adolescent 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/adolescent can NOT be safely maintained in the home/community despite the provision of Home Based Treatment and other Community Resources/Supports.