

INTELLECTUAL/DEVELOPMENTAL DISABILITY GROUP HOME**IDD Group Home - Level 1 (IDD GH-1)****Service Description**

Moderate Level IDD Group Homes (GH Level 1-IDD) are designed for youth up to the age of 21 who are deemed eligible for IDD Services and present with periodic behavioral difficulties that cannot be consistently managed in their primary home environment or in a less intensive treatment setting.

These group homes are located within the community and provide 24-hour comprehensive integrated programming and therapeutic services within a **structured** environment that focus on transferring skills necessary to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community. Typically, coordinated supports and training include behavioral supports, adaptive skill training, assistance with activities of daily living, and community integration.

This level of service supports **periodic** episodes of challenging behavior(s) that includes, but not limited to, one or more culturally abnormal behaviors that **interferes** with adjustment to home, school and/or community participation (ex: self-injurious or destructive behaviors that do not require medical attention; noncompliance; tantrums/outbursts; climbing; darting; wandering and/or property destruction). **A formal behavioral support plan** and/or environmental modification is required to assist the youth with acquiring, retaining, improving, and/or generalizing the behavioral, self-help, socialization, and adaptive skills necessary to reside in the least restrictive setting appropriate to his or her needs.

The youth receiving services could be **independently mobile with or without** assistive devices **but** require minimal assistance transferring or moving from place to place. They may have one or more **chronic** medical conditions (ex: **epilepsy, hypertension**, respiratory, digestive, cardiovascular, etc.) that require special medical attention by onsite milieu staff (non-nursing) that have received appropriate training and routinely monitored by a **Licensed Practical Nurse (LPN)**. Youth can be independent in all areas of basic Activities of Daily Living (ex: eating; toileting; hygiene; dressing) or require varying levels of assistance to complete basic self-care task; including but not limited to verbal and/or physical prompts; hand-over-hand assistance and/or **total staff care**.

Youth who are non-ambulatory, have multiple medical needs, and/or require a high level of ADL assistance will be considered on an individual basis by the treating provider. Considerations will include the dynamics of the current milieu, provider contracted deliverables, as well as the ability of the service provider to meet the youth's individualized needs.

All interventions must be directly related to the goals and objectives established in the JCR/treatment plan. Family/guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly (or more frequently as determined in the JCR/treatment plan). 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 JCR/treatment plans must be individualized.

Criteria	
Admission Criteria	<p>The youth must meet criteria A through J:</p> <ul style="list-style-type: none"> A. The youth has been deemed eligible for CSOC Functional or Division of Developmental Disabilities (DDD) Services. Youth who are currently deemed eligible for DDD need not re-apply for a determination of eligibility for CSOC Functional Services. CSOC will accept the DDD 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 clinical criteria for Care Management Organization (CMO-Moderate); 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 young adult's 21st birthday; D. The youth is experiencing periodic episodes of challenging behavioral symptoms in the home, school, and/or community that is consistent with their intellectual/developmental disability diagnosis; this may include, but is not limited to, Autistic Spectrum Disorder (ASD) and genetic disorders, such that the youth cannot currently remain with his/her family or be placed in a less restrictive living arrangement; E. Youth is at risk of causing harm to self and others; F. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools and other relevant information indicate that the youth requires GH Level 1-IDD Intensity of Service; G. A clinical assessment describing the youth's functional capacity within school, home, and community as well as his or her ability to think or perceive surroundings accurately and interact appropriately with others demonstrates that the youth's functioning can be improved with the provision of GH Level 1-IDD Intensity of Service; H. The youth is unable to adequately function in significant life domains: family, school, social, or recreational/vocational activities due to his or her intellectual/developmental disability and requires increased supervision and targeted clinical/behavioral intervention; I. The parent/caregiver/legal guardian (or young adult if 18 and older without a designated legal guardian) must consent to treatment; J. 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>These factors may change the risk assessment and should be considered when making intensity of service decisions.</p>
<p>Exclusion Criteria</p>	<p>Any of the following are sufficient for exclusion from IDD-GH Level 1 consideration:</p> <ul style="list-style-type: none"> A. The parent/caregiver/legal 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 level of service; B. The youth is at risk of causing serious harm to self and others; C. The youth has been determined ineligible for CSOC Functional Services or DDD services; D. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a higher or lower intensity of service; E. The youth's behavioral symptoms are the sole or primary result of a medical condition that warrants direct medical intervention and monitoring; F. Primary diagnosis is substance use or substance dependence; G. The youth has one or more chronic medical conditions that requires 24-hour, on-site nursing care by a Licensed Practical Nurse (LPN) 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 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. J. The youth meets criteria for CSOC Emergency IDD out-of-home respite; in imminent peril; at risk of homelessness within 30- days; parent/caregiver/legal guardian is unable to take care of the youth, however, the youth does not meet inclusionary criteria A through I listed above.

<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) or other CSOC approved/required IMDS tools, indicate that the youth continues to meet criteria for GH IDD-Level 1 Intensity of Service; B. GH Level 1-IDD services continue to be required to support reintegration of the youth into a less restrictive environment; 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; 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; E. Family, legal guardian, and/or caregiver is actively involved in the treatment as required by the treatment plan to the extent all parties are able; F. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice; 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; H. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored; I. There is documented evidence of active, individualized discharge planning from the beginning of treatment.
<p>Transitional Joint Care Review (TJCR) - Transition Request Criteria</p>	<p>If the Child Family Team (CFT) is requesting transition to a different CSOC out-of-home treatment setting via TJCR, ALL of the additional following criteria must be met:</p> <p>The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ul style="list-style-type: none"> A. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment. B. Treatment interventions that were successful and/or unsuccessful in

	<p>current episode of care and any previous episodes of OOH treatment</p> <ul style="list-style-type: none"> C. Behaviors/needs that warrant a different OOH intensity of service D. The youth’s perspective on proposed transition (applicable based on cognitive abilities) E. Justification as to why another OOH treatment episode is in the youth’s and family’s best interest F. Barriers for the reintegrating the youth to the community at this time. G. Community reintegration plan for the youth.
<p>Discharge Criteria</p>	<p><u>Any of the following criteria are sufficient for discharge:</u></p> <ul style="list-style-type: none"> A. The youth’s documented treatment plan goals and objectives have been substantially met; B. The youth meets criteria for a higher or lower IOS; C. After a period not to exceed (6-12 months) of making adjustment in the treatment plan to include strategies for achieving unmet goals, the youths ability to acquire, retain, improve, and/or generalize the behavioral, self-help, socialization, and adaptive skills plateaus and there is not reasonable expectation of progress at this intensity of service; however with support, youth can adequately function in significant life domains; D. Support systems which allow the youth to be maintained in a less restrictive environment, have been thoroughly explored and/or secured; E. Consent for treatment is withdrawn by the parent/legal guardian/caregiver and/or or young adult if 18 and older without a designated legal guardian; F. The youth and/or the parent/legal guardian/caregiver are competent yet non-participatory in treatment or in following the program requirements. The non-participation is of such a degree that treatment, at this intensity of service, is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues; G. A discharge plan with follow-up appointments is in place; first follow-up appointment will take place within 10 calendar days of discharge.