

INTENSIVE IN-HOME APPLIED BEHAVIOR ANALYSIS SERVICES

Intensive In-Home Applied Behavior Analysis Services For Youth with Intellectual and/or Developmental Disabilities

Service Description

Intensive In-Home Behavioral Services means an array of habilitative services delivered face-to-face as a defined set of interventions by Board Certified practitioners and their additional duly- accredited support staff with demonstrated expertise working with youth who have an Intellectual or Developmental Disability. These services provide long-term supports designed to assist these youth in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to function optimally in home, at school and in community-based settings. Furthermore, these services are geared to augment those services already being provided in the school and other settings; they do not replace existing services.

Intensive In-Home Services are provided in the youth's home and/or in community-based settings, and not in provider offices or office settings. Providers must be able to safely address complex needs and serious challenging behaviors which may pose a safety concern to themselves or others, including but not limited to: noncompliance to verbal/written directions, tantrums, elopement, property destruction, physical/verbal aggression, self-injurious behavior, and inappropriate sexual behavior.

The Board Certified Practitioner provides a Functional Behavior Assessment (FBA) which is used as the basis to develop a Behavior Support Plan (BSP) which encompass a variety of behavioral intervention supports and services. These behavioral intervention services include a comprehensive integrated program that support improved behavioral, social, educational and vocational functioning. In general, this program will provide youth with services such as developing or building on skills that would enhance self-fulfillment, education and potential employability. The youth's treatment is based on targeted needs as identified in the BSP. The BSP is based on the principles of Applied Behavior Analysis (ABA) and related structured behavioral programs.

Behavioral intervention services are provided to make change through the diminution of maladaptive behaviors and the development of adaptive behaviors. The anticipated outcome is the transfer of skills to the youth and the family. It is important for this to be worked in, as parent training is an essential component of IIH. The parent develops the knowledge and skills necessary to implement the BSP in the absence of professional and in-home staff). Behaviors of focus for behavioral intervention are fully described in terms of intensity, frequency, antecedents, and desired outcome.

Behavioral Interventions should include but are not limited to:

Development of an integrated plan of care, which includes:

- Applied Behavior Analysis- Based upon the impressions and recommendations of a Functional Behavior Assessment (FBA) and other related assessments, e.g., preference assessments, reinforcer assessments, skill assessments, Assessment of Basic Language and Learning skills;
- Behavior Support Plan;
- Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL) as measured by

the ABAS-3 or other similar accepted tool;

- Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training;
- Instruction in Activities of Daily Living;
- Implementation of individualized BSP;
- Individual behavioral supports such as Positive Behavioral Supports;
- Training/coaching for the youth to meet the individual’s behavioral needs;
- Support and training of parent/legal guardian to successfully implement BSP, use of Assistive Technology, and other support services as needed, gradually diminishing the need for outside intervention;
- Modifying behavior support plans based on frequent, systematic evaluation of direct observational data;
- Providing training and supervision to support staff providing in home ABA services;
- Recommendations for referrals for medical, dental, neurological, or other identified evaluations;
- Providing coordinated support with agency staff and participating as part of the clinical team;
- Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc.; and,
- The FBA and development of a BSP shall be an integral part of the treatment planning process for those identified youth.

Criteria

Admission Criteria

The child, youth or young adult must meet criteria A through H:

- A. The youth is between the ages of 5-21. Special consideration will be given to children under 5. Eligibility for services is in place up to and including the day prior to the young adult’s 21st birthday;
- B. The youth has been determined eligible for CSOC Functional or Division of Developmental Disabilities (DDD) services.
- C. The youth is enrolled CMO (Moderate or High).
- D. The youth demonstrates symptoms consistent with Autism Spectrum Disorder and/or an Intellectual, Developmental Disability.
- E. Based upon the clinical information provided, there is evidence that the youth’s functioning can be improved with the provision of CSOC IIH-B Services.
- F. Youth is experiencing behavioral symptoms in the home, school and/or community, that places him or her at risk of: out of home treatment; acute hospitalization for behavioral health; injury to self or others which requires medical care; and has substantial skill building needs across several different

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| | <p>developmental domains;</p> <p>G. The parent/guardian/ caregiver must consent to treatment;</p> <p>H. 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> |
| <p>Exclusionary Criteria</p> | <p><u>Any of the following is sufficient for exclusion from IIH consideration:</u></p> <p>A. The CSOC Assessment and/or additional clinical information indicate that the youth does not require the IIHB services, as they require either a less intensive therapeutic treatment, or a more intensive therapeutic treatment.</p> <p>B. Child, youth, or young adult has been determined ineligible for CSOC Functional Services or DDD services;</p> <p>C. Child, youth, or young adult is not receiving CMO services;</p> <p>D. The youth and/or the parent/guardian/ caregiver do not voluntarily consent to treatment;</p> <p>E. The symptoms are a result of a medical condition Should be treated by a medical professional</p> <p>F. The presenting treatment needs are directly related to a substance use disorder and urgent medical intervention is clinically indicated.</p> <p>G. 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.</p> |
| <p>Continued Stay Criteria</p> | <p><u>All of the following youth/family/Behavior Support Plan criteria are necessary for continued treatment:</u></p> <p>A. The severity of the behavior continues to meet criteria for IIH-B services; and the Behavior Support Plan and other relevant clinical information indicate that the youth continues to need IIH-B services;</p> <p>B. The youth’s treatment does not require a higher or lower intensity of treatment;</p> <p>C. IIH-B services continue to be required to the reintegrate the youth into the community or maintain the youth in the community while, minimizing the need for more intensive treatment alternatives;</p> <p>D. The individualized BSP is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment;</p> <p>E. The youth is actively participating in treatment where and when possible in</p> |

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| | <p>reference to 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;</p> <p>F. Family, guardian, caregiver is actively involved in the treatment as required by the treatment plan to the extent all parties are able;</p> <p>G. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice;</p> <p>H. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, although, some goals of treatment have not yet been achieved and adjustments in the treatment plan include strategies for achieving these unmet goals;</p> <p>I. There is documented evidence of active, individualized transition planning from the beginning of treatment.</p> |
| <p>Transition Criteria</p> | <p><u>Any of the following criteria are sufficient for transition:</u></p> <p>A. The youth’s documented BSP goals and objectives have been substantially met;</p> <p>B. The youth’s presenting treatment needs meet criteria for a higher intensity of treatment or lower intensity of treatment.</p> <p>C. Consent for treatment is withdrawn by the parent/legal guardian/caregiver and/or the youth;</p> <p>D. The youth and/or the parent/legal guardian/caregiver are competent, but non-participatory in treatment, or noncompliant in following the program requirements. The non-participation or non-compliance 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;</p> <p>E. The youth has not demonstrated documented measurable improvement that has generalized outside of the treatment session for a period of at least 12 months; and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes;</p> <p>F. CSOC service providers have lost contact with the youth and family despite multiple, documented attempts;</p> <p>G. A transition plan with follow-up appointments is in place.</p> <p>H. Youth and family have moved out of state.</p> |