

REHABILITATIVE INTENSIVE IN-HOME CLINICAL THERAPEUTIC (IIH-CT) SERVICES

Rehabilitative Intensive In-Home Clinical Therapeutic (IIH-CT) Services For Youth with Intellectual and/or Developmental Disabilities

Service Description

Intensive In-Home Clinical Therapeutic Services are an array of rehabilitative services that are delivered face-to-face as a defined set of interventions by clinically licensed practitioners with demonstrated expertise working with youth who have an intellectual or developmental disability.

Intensive In-Home Clinical Therapeutic Services are provided in the youth's home or in the community, not in provider offices or office-based treatment settings. Providers must be able to safely address complex needs and challenging behaviors including but not limited to: noncompliance to verbal/written directions, tantrums, elopement, property destruction, physical/verbal aggression, self-injurious behaviors, and inappropriate sexual behavior. These services are provided as part of an approved intensive individualized in-home service plan and encompass a variety of clinical and behavioral intervention supports and services.

These services are to be delivered, as clinically indicated, to improve the individual's independence and optimize inclusion in their community. These services are flexible, multi-purpose, and time-limited; they are specifically designed to restore a youth to their optimal functional abilities after an acute decompensation in emotional, behavioral functioning. Treatment providers offer clinical support for youth and their parents/guardians/caregivers. Treatment is based on targeted needs as identified in the treatment plan. The treatment plan includes specific intervention(s) with target dates for accomplishment of goals that focus on the restorative functioning of the youth with the intention of:

- Stabilizing behavior(s) that led to the crisis,
- Preventing/reducing the need for inpatient hospitalization,
- Preventing the movement of the residence, and
- Preventing the need for out-of-home living arrangements.

A comprehensive integrated program of services is rendered to support improved behavioral, social, educational, and vocational functioning.

The services provided will also facilitate transition from an intensive treatment setting back to his/her home. Interventions are time-limited and will be delivered with the goal of diminishing the intensity of treatment over time.

Clinical Interventions should include but are not limited to:

- A BioPsychoSocial Assessment- A one-time assessment, utilizing IMDS tools, that is independent from any ongoing clinical intervention.

- Strengths and Needs Assessment or other CSOC approved/required IMDS tools.
- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods.
- Individual, family and group counseling;
- Positive Behavioral Supports
- Instruction in learning adaptive frustration tolerance and expression, which may include anger management;
- Instruction in stress reduction techniques;
- Problem solving skill development;
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
- Social skills development;
- Trauma informed counseling;
- Healthy limit setting skills
- Coping Skills development
- Conflict Resolution Skill Training.
- Implementation of an individualized Behavior Support Plan, if present;
- 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,
- Recommendations for referrals for medical, dental, neurological or other identified evaluations.

Criteria

Admission Criteria	<p>The youth <u>must meet</u> criteria A through H:</p> <p>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;</p> <p>B. The youth has been determined eligible for CSOC Functional or Division of Developmental Disabilities (DDD) services.</p> <p>C. The youth is enrolled CMO (Moderate or High).</p> <p>D. The youth demonstrates symptoms consistent with Autism Spectrum Disorder and/or an Intellectual, Developmental Disability.</p> <p>E. Based upon the clinical information provided, there is evidence that the youth’s</p>
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	<p>functioning can be improved with the provision of CSOC IIH-B Services.</p> <p>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 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 services:</u></p> <p>A. The CSOC Assessment and/or additional clinical information indicate that the youth does not require the IIH C/T services, as they require either a less intensive therapeutic treatment, or a more intensive therapeutic treatment.</p> <p>B. The youth is at imminent risk of causing serious harm to self or others, and inpatient psychiatric hospitalization is indicated</p> <p>C. Child, youth, or young adult has been determined ineligible for CSOC Functional Services or DDD services;</p> <p>D. Child, youth, or young adult is not receiving CMO services;</p> <p>E. The youth and/or the parent/guardian/ caregiver do not voluntarily consent to treatment;</p> <p>F. The symptoms are a result of a medical condition which requires urgent medical treatment.</p> <p>G. The presenting treatment needs are directly related to a substance use disorder and urgent medical intervention is clinically indicated.</p> <p>H. 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/treatment plan criteria are necessary for continued treatment:</u></p> <p>A. The severity of the behavioral and emotional symptoms continues to require this level of intervention.</p> <p>B. The CSOC Assessment and other relevant information indicate that the youth continues to need a comprehensive, integrated program of clinical and psychosocial rehabilitation services to support improved functioning.</p>

	<ul style="list-style-type: none"> C. The youth’s treatment needs do not require a higher or lower intensity of treatment service. D. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment on the individualized service plan have not yet been achieved; and adjustments in the treatment plan are evident to address the lack of progress and efforts to transfer to alternative services are documented when indicated. E. The youth and the parent/guardian /caregiver (when appropriate) participates in treatment to the extent all parties are able. F. There is documented evidence of active, individualized transition planning.
<p>Transition Criteria</p>	<p><u>Any of the following criteria are sufficient for transition:</u></p> <ul style="list-style-type: none"> A. The youth’s documented treatment plan goals and objectives have been met; B. Child, youth, or young adult meets criteria for a higher or lower Intensity Of Service; C. The youth is receiving treatment services or scheduled to receive treatment services through another treatment program, which are considered either redundant and/or duplicative with IIH Clinical services or impeding to the overall therapeutic success of the youth. D. Consent for treatment is withdrawn by the parent/ guardian/caregiver and/or the youth; E. Youth and/or the parent/ guardian/caregiver are competent, but 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; F. Youth has not demonstrated documented measurable improvement that has generalized outside of the treatment session for a period of at least 6 months; and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes; G. CSOC service providers have lost contact with the youth and family despite multiple, documented attempts; H. A transition plan with follow-up appointments is in place; I. Youth and family have moved out of state.