

1906 IN-HOME INDIVIDUAL SERVICE OPTIONS

Chapter: **Services for Children, Youth, and Families**

Section: **Community-Based Services**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **10-06**

Effective Date: **December 2010**

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Approved:

Handwritten signature of Maggie Bishop in black ink.

Maggie Bishop, DCYF Director

Related Statute(s): [RSA 126-A](#), [RSA 169-B](#), [RSA 169-C](#), [RSA 169-D](#), and [RSA 170-G](#)

Related Admin Rule(s): [He-C 6339](#)

Related Federal Regulation(s):

Related Form(s): **FORM 2094 and FORM 2235**
Bridges' Screen(s) and Attachment(s):

Purpose

To define the purchased service specification for In-Home Individual Service Options.

Definitions

"In-Home Individual Service Options" means a variety of intensive therapeutic, social, and community-based services provided or coordinated to meet the individual needs of children in the home and their family in their residence to prevent placement or to provide post-placement family support.

"Service Code" is DT.

"Service Unit" means one (1) day.

Policy

Provider Qualifications

I. The service providers must be an agency that is:

- A. Enrolled as a Medicaid provider; and
- B. Certified for payment by DHHS pursuant to He-C 6339, Certification for Payment Standards for Community-Based In-Home Service Providers.

II. Each agency must provide the following staff:

- A. A Program Coordinator with the minimum qualifications of a master's degree in social work, psychology, education or a related field with an emphasis in human services, 2 years clinical experience working with families, and 2 years supervisory or management experience; and
- B. At least one Clinician, with the minimum qualifications of a master's degree in social work, psychology, education or a related field with an emphasis in human services and 2 years clinically supervised experience with children and families; and
- C. Case Managers with the minimum qualifications of a bachelor's degree in social work, psychology, education or a related field with an emphasis in human services and 2 years experience with children and families; and

- D. A Prescribing Practitioner licensed as a behavioral health care professional by the NH Board of Mental Health Practice.
- III. Clinicians and Case Managers must participate in weekly supervision that includes a discussion of each family's case and a review of the progress made by the family towards the goals of the treatment plan.
- IV. Clinicians and Case Managers must receive a minimum of 40 training hours per year in:
- A. Emergency and safety procedures;
 - B. Principles and practices of child care, child development, and family systems;
 - C. Family-centered services;
 - D. State laws RSA 169-C, RSA 169-B, and RSA 169-D;
 - E. Agency policies, goals, and outcomes;
 - F. Behavior management; and
 - G. Crisis management.
- V. Up to 15 hours of documented supervision by a clinician may be applied towards the annual training requirement for Clinicians and Case Managers.

Provider Requirements

- I. The following goals must be supported by all In-Home ISO agencies:
- A. To promote family self-sufficiency and to connect families to natural supports in the community;
 - B. To prevent child placement or to provide post-placement family support;
 - C. To provide intensive, individualized treatment for children and families in their homes;
 - D. To promote collaboration and communication with District Office staff and other local service providers;
 - E. To serve children in the catchment area of the referring District Office; and
 - F. To provide In-Home ISO until the goals of the treatment plan are met.
- II. The In-Home ISO agency must provide a variety of services that include:
- A. Case management, treatment planning, and service coordination;
 - B. Individual, group, family, and alcohol and drug abuse counseling;
 - C. In-Home services, including:
 - 1. Home-Based Therapeutic Services;

- 2. Child Health Support; and
 - 3. Child In-Home Care;
 - D. Foster Care ISO per [ITEM 1604](#);
 - E. Emergency on-call 24-hour response to crises;
 - F. Respite care in a licensed foster home;
 - G. Crisis Stabilization in a residential care facility with prior approval;
 - 1. The ISO agency must contact the DCYF Administrator or Assistant Administrators or DJJS Bureau Chief to request residential crisis stabilization for a child, prior to service delivery.
 - H. Licensed Child Care;
 - I. Transportation;
 - J. Assisting older youth to transition to adult living situations;
 - K. Nursing consultation;
 - L. Administration of medications;
 - M. Identification of relatives, mentors, and others who will support or assist the child and family;
 - N. Transitional assistance to adult care;
 - O. Coordination of medical, community mental health and dental care;
 - P. Coordination of public or private school education;
 - Q. Coordination of recreation;
 - R. Coordination of substance abuse evaluations and random drug testing; and
 - S. Coordination of vocational services.
- III. The agency must obtain the following intake and referral information that includes:
- A. Name, sex, and date of birth of each child;
 - B. Name, address, and home and work telephone numbers of each parent;
 - C. The name, address, and work telephone number of the CPSW or JPPO;
 - D. Copies of court orders relating to the approval of and payment for the service; and
 - E. The "Referral to ISO" (Form 2094) and its attachments.

- IV. The agency must assess each family member's needs in the home within 30 days of referral based on:
 - A. The Case Plan, pursuant to RSA 170-G:4 III and court report, pursuant to RSA 169-C:12-b; or
 - B. The Pre-Dispositional Investigation, pursuant to RSA 169-B:16 and court report, pursuant to RSA 169-D:4-a or RSA 169-B:16; or
 - C. The DJJS Services and Supervision Plan.
- V. The agency's assessment must include:
 - A. Identification of the strengths and resources of the family;
 - B. Identification of alcohol or substance abuse, domestic violence, sexual abuse, or other situations that may impact the child's/children's safety;
 - C. A review of previously completed evaluations and assessments, medical records, and psychological tests;
 - D. A determination of immediate services needed by the family;
 - E. Identification of community or relative resources available to the family; and
 - F. A summary of treatment and service needs.
- VI. The In-Home ISO agency must develop a treatment plan within 30 days of admission that includes:
 - A. The findings of the psychosocial assessment of the family;
 - B. An estimate by the treatment team members of the length of service based upon referral information and the assessment;
 - C. The concurrent plan for the child/children;
 - D. The following domains:
 - 1. Safety and behavior of the child/children;
 - 2. Family;
 - 3. Medical;
 - 4. Education; and
 - 5. Independent living.
 - E. Each domain that addresses:
 - 1. The goals and objectives to be achieved by the child/children and family;

2. The time frames for completion of goals and objectives;
 3. The method used for evaluating progress;
 4. The interventions used to address the objectives;
 5. The services provided directly or coordinated and the measures for ensuring their integration with other family activities; and
 6. An identification of the staff responsible for implementing each intervention.
- F. The date and signatures of the following treatment team members indicating participation;
1. The agency's program coordinator;
 2. The prescribing practitioner;
 3. The child/children (when age appropriate);
 4. The parents or guardian; and
- G. The date and signatures of a representative of DCYF or DJJS indicating approval.
- VII. The treatment plan must be implemented by the treatment team.
- VIII. The following individuals are to be included on the treatment team:
- A. The child/children;
 - B. The child/children's parents;
 - C. A representative of DCYF or DJJS;
 - D. The prescribing practitioner;
 - E. School district personnel as determined by the school districts;
 - F. Staff members from the agency; and
 - G. Other persons significant to the family who may include;
 1. Teachers;
 2. Counselors;
 3. Friends;
 4. Relatives; and
 5. Advocates assigned by the court.
- IX. When any of the individuals do not participate, the agency must document its efforts to involve them.

- X. Revisions of the treatment plan must be explained in writing to any individuals of the team who are unable to participate.
- XI. The treatment plan must be filed in the family's record and copies sent to:
 - A. The representative of DCYF or DJJS;
 - B. The parents or guardian;
 - C. The prescribing practitioner; and
 - D. The involved school district.
- XII. Agency staff must hold a treatment plan review meeting 3 months from the date of the initial treatment plan meeting to:
 - A. Evaluate progress made towards the goals and objectives.
 - B. Update the treatment plan; and
 - C. Document the family's progress made towards meeting the objectives.
- XIII. Agencies are allowed a 5-day extension following the date of the treatment planning meeting to obtain signatures on the treatment plan.
- XIV. The In-Home ISO agency must provide the CPSW or JPPO with monthly progress reports that include:
 - A. The family's name;
 - B. The name of the person completing the report;
 - C. The date of the report;
 - D. Improvements that are being made towards specific goals;
 - E. Summary of family contacts and progress made towards specific goals;
 - F. Changes to the treatment plan;
 - G. Education update;
 - H. Health care; and
 - I. Contacts with other professionals.
- XV. Progress reports must include the following about each child's medical, dental, and behavioral health care:
 - A. Prescriptions and current dosages;
 - B. Over-the-counter medication;

- C. Dates of visits during the month being reported;
 - D. New health care issues and diagnosis;
 - E. Next scheduled visits; and
 - F. Name of health care practitioner and office address.
- XVI. Progress reports must be provided to the parents or guardians unless contraindicated by the court order or if DCYF or DJJS is obtaining a court order;
- XVII. Progress reports must be sent to DCYF or DJJS and parents no later than the 15th day of each month;
- XVIII. The case manager's average caseload must not exceed an average of 6 families per month.
- XIX. The clinician's maximum caseload must not exceed 10 families per month.
- XX. The In-Home ISO agency must keep records that include:
- A. A case record on each child and his or her family that contains:
 - 1. The assessment of each family member;
 - 2. The signed treatment plan and its revisions;
 - 3. Contact logs;
 - 4. Weekly child and family progress notes;
 - 5. Documentation of the provision of at least one Medicaid-covered service;
 - 6. Documentation of therapeutic work with the family;
 - 7. Monthly progress reports; and
 - 8. A case closure summary.
 - B. Case-specific reports written by the In-Home ISO agencies that are available for review by the family.
 - C. Case records of children and families and personnel files of staff employed that may be reviewed by authorized DCYF and DJJS staff.
- XXI. Crisis Stabilization in a residential care facility must not exceed 10 days per year per child.
- XXII. The ISO agency must contact the DCYF Administrator or Assistant Administrators or DJJS Bureau Chief to request residential crisis stabilization for a child, prior to service delivery.
- XXIII. Requests for waivers to the 10-day limit for residential crisis stabilization must be submitted to the DCYF Administrator /DJJS Bureau Chief.

Service Population

- I. Families served by In-Home ISO include those who will cooperate with the provision of the service and who will benefit from treatment.
- II. Families who require multiple different types of services in order to maintain the child/children in the home.
- III. The children provided In-Home ISO include:
 - A. Abused and neglected children, CHINS, and delinquents who have a court order or "Agreement for Voluntary Services" (Form 2235) for In-Home ISO; and
 - B. Children from birth to age 21, who:
 1. Have chronic mental, emotional, physical, or behavioral handicaps; or
 2. Present post-traumatic stress symptoms; or
 3. Have challenging and provocative behaviors; or
 4. Have a mental health diagnosis; or
 5. Are sexually reactive; and
 6. Can participate in local education program; and
 7. Will benefit from remaining at home; and
 8. Require intensive supervision and consistent structure; and
 9. May need short-term, intensive residential care.

Service Provision Guidelines

- I. To refer a child/children and their family, the Child Protection Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO) must contact an agency that is certified for payment.
- II. The CPSW or JPPO must refer children to an In-Home ISO agency via the "Referral to ISO" (Form 2094).
- III. Since In-Home ISO agencies must provide or coordinate all of the services needed for the treatment of the child/children and family, the CPSW or JPPO must not authorize additional purchased services.
- IV. The CPSW or JPPO must:
 - A. Attend treatment plan meetings at the agency;
 - B. Review the treatment plan with his or her Supervisor;
 - C. Approve the treatment plan;
 - D. Attend special education planning meetings with the school district;

- E. Attend court review hearings;
 - F. Review monthly progress reports from the agency; and
 - G. Maintain regular visits and contacts with the child/children and the family.
- V. The Clinical Administrator must review and approve requests from the ISO agency for a child's crisis stabilization in a residential care facility.

Outcome and Performance Measures

- I. The outcomes and performance targets for In Home Individual Service Option (ISO) are listed below. For each measure, the agency responsible for obtaining and reporting that data is specified in brackets:
- A. For Safety,
 - 1. Children are safe while in care, are free from abuse and neglect, and are not engaged in delinquent acts, as evidenced by:
 - (a) At least 90% of the children served have not experienced a new founded determination of abuse or neglect, and have not committed a new juvenile offense during service provision. [ISO Agency and Division staff]
 - B. For Permanency,
 - 1. Children and families make progress in achieving a long term solution to meeting the child's and family's needs, as evidenced by:
 - (a) At least 80% of the children and families served made documented progress in meeting their treatment plans' objectives. [ISO Agency]
 - 2. Children and families have stability in their homes, as evidenced by:
 - (a) At least 75% of the children remain with their families preventing a foster care placement during the ISO Agency's service to the child and family. [ISO Agency and Division staff]
 - C. For Child and Family Well-Being,
 - 1. Families have improved documented capacity to provide for their children's needs, as evidenced by:
 - (a) Through the ISO Agency's provision of comprehensive community based services, at least 85% of the children and families served have at least 3 community resources involved in or contacted with to provide therapeutic, social, or other community based services. [ISO Agency]
 - 2. Children and families are involved in their Case Planning, as evidenced by: Child and family involvement in Case Planning, as evidence by at least 90% of families signing the treatment plan. [ISO Agency]
 - D. From Family and Stakeholder Satisfaction

1. CPSWs and JPPOs are satisfied with the services provided by the ISO Agency, as evidenced by:
 - (a) In annual quality assurance surveys from CPSWs/JPPOs, at least 85% of the responders reported that they approved of the quality and effectiveness of the services delivered by the ISO Agency. [Division staff]
 2. Families received effective support, and were satisfied with the access, quality and appropriateness of the ISO Agency's services, as evidenced by:
 - (a) In satisfaction survey administered at the time of discharge from service, at least 80% of the responders reported that they approved of the quality and effectiveness of the support provided by the ISO Agency. [ISO Agency provides names and addresses of families to the Division staff who then conducts the survey]
 3. Community stakeholders are satisfied with the services provided by the ISO Agency, as evidenced by:
 - (a) An annual report prepared by the ISO Agency, written documentation from court, public school, medical, and other community stakeholders positively refer to the services provided by the ISO Agency, and the ISO Agency has documented its effort to improve collaboration with community agencies and the Division. [ISO Agency]
- E. The Provider must complete quarterly ISO service data reports and forward a copy to the service utilization reviewer at State Office of the Department of Health and Human Services in Concord, NH no later than 15 days following the end of the quarter beginning with the July to September quarter. Provider's Annual Reports are due at the Department within 30 days after the fiscal year's conclusion, no later than July 30th.

Payment and Billing Procedures

- I. The method of payment is vendored. One service unit equals one day and the agency must provide or coordinate all services needed for the child/children and family as stated in II Provider Requirements above. Do not bill separately for services such as transportation that are part of an ISO plan for the child/children and family. If the child/children and family require more services, outside the scope of II Provider Requirements above, as recommended by the treatment team, contact the Assistant Administrator or DJJS Bureau Chief for prior authorization of service delivery.
- II. The provider must be certified for payment and enrolled on NH Bridges and the Medicaid Management Information System (MMIS) prior to service delivery.
- III. If a child/youth runs away, or is hospitalized, providers will be paid for up to ten days if the family needs assistance or if the plan for the child/youth once located or discharged from a hospital is to return to the provider. Administrators must approve all requests in writing for in-home services to continue for dates a child/youth is on the run or in the hospital.
- IV. In-Home ISO service is to be billed under the name of the child when there is only one child in the family. For families in which there is more than one child, the service is to be billed under the name of the child identified at the time of the referral.
- V. Service is authorized by the CPSW or JPPO before service provision, using the following order of funding sources:

- A. Title XIX Medicaid for the Medicaid eligible child; and
 - B. State funds for the non-Medicaid eligible child.
- VI. The CPSW or JPPO provides service approval and information for the Fiscal Specialist to complete the "Service Authorization" or the "Prior Authorization" (PAIT) if the child is Medicaid eligible. MMIS and Bridges forwards completed copies of these forms to the provider, and District Office.
- VII. Providers must maintain supporting records of billing and payment that includes at least the following documentation:
- A. Copies of the contact logs;
 - B. Copies of invoices; and
 - C. Copies of Medicaid Prior Authorizations or Service Authorizations.
- VIII. Providers must bill Medicaid Fiscal Agent for eligible children and bill DHHS for non-eligible children.
- IX. For non-Medicaid eligible children, the provider completes the "Service Authorization" to bill for services provided and submits the invoice to the DHHS Bureau of Data Management for processing.
- X. No payment is allowed for invoices received after one year from the date of service, pursuant to RSA 126-A:3 II.

Practice Guidance

What is the Service Rate for this Service?

- Refer to [Item 2700 Rates](#) (Fiscal Management Chapter, Rates Section) for current rate.