

## 1907 HOME-BASED THERAPEUTIC SERVICES

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**

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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 6352](#)

Related Federal Regulation(s):

Related Form(s): **FORM 2103 and FROM 2435**  
Bridges' Screen(s) and Attachment(s):

### Purpose

To define the service specifications for Home-Based Therapeutic Services.

### Definitions

**"Home-Based Therapeutic Services"** means in-home interventions for identified child and family issues to prevent future problems within the family, to strengthen and support the family, to prevent placement of a child, to assist with family reunification, or to intervene when crisis situations arise.

**"Service Code"** is HT.

**"Service Unit"** means one (1) day.

**"Structured Decision Making (SDM)"** means the process and tools that assist the CPSW in assessing parental capacity and identifying those families who are likely to be reunited.

### Policy

#### Service Population

I. Home-based therapeutic services are provided for:

- A. Families with a child who is at imminent risk for placement;
- B. Families with a child who has returned home or is at risk of returning to placement;
- C. Families temporarily unable to deal with their child-rearing responsibilities because of a family member's physical or mental illness, disability, convalescence, alcohol or drug abuse, or pregnancy;
- D. Families temporarily under stress with the care of a parent, child, or another member of the family, such as, caring for a grandparent who is chronically ill, convalescing, permanently disabled or when a parent has a prolonged grief reaction due to the death of a child, spouse, or other family member;
- E. Families for whom child placement has been determined necessary to ensure safety and the parents need assistance preparing for the placement or return of the child to a safe environment;

- F. Families who request voluntary services and the requested service is not available to the family through a community service agency;
  - G. Families who need assistance to strengthen and support the child's current placement in a foster home or a relative's home;
  - H. Families who are experiencing a crisis that may require the removal of a child, due to physical abuse or neglect or out-of-control behaviors, such as school truancy, running away, or delinquency;
  - I. Families currently receiving services in open cases who are experiencing another crisis and the child is at imminent risk of placement; or
  - J. Families in crisis whose child is immediately placed in emergency care for safety reasons after the initial DCYF assessment or due to legal or judicial intervention because of juvenile offenses, and the family's goal is for the child to return home with this service provided.
- II. Families, who have been determined to be at high risk, as indicated on the SDM Risk Assessment, are to be considered for this service.
- III. Families who receive Home-Based Therapeutic Services must not be authorized at the same time for [Child Health Support Services](#) or [Intensive Home and Community](#).
- IV. The Supervisor may waive the requirement in III above if:
- A. Authorization of the 2 in-home services is found to prevent placement of a child or assist with family reunification; and
  - B. The need for 2 in-home services is
    - 1. Documented in the case record; and
    - 2. An identified need of the child or family which cannot be met solely by the home-based therapeutic services; and
  - C. The new services meet the anticipated child and family outcomes as stated in the treatment plan.

**Provider Qualifications and Requirements**

- I. The agency must employ therapists and clinical supervisors who meet the following education and experience requirements:
  - A. Therapists who have:
    - 1. A master's degree with a major in social work, counseling, psychology, or a related field and at least 2 years of direct work experience in assisting children and families; or
    - 2. A bachelor's degree with a major in social work, counseling, psychology, or a related field and at least 5 years of direct work experience in assisting children and families; and
  - B. Clinical supervisors who have:

1. A master's degree with a major in social work, counseling, psychology, or a related field;
  2. At least one year of clinical supervisory experience; and
  3. A license, pursuant to He-C 6352.32 (i) – (k).
- II. Clinical supervisors who are not licensed will have 2 years to obtain licensure.
- III. The agency is required to have at least one full-time clinical supervisor for every 6 therapists.
- IV. Clinical supervisors must be available to the therapists 24 hours a day, 7 days a week.
- V. Each therapist and clinical supervisor must complete a minimum of 24 hours of training per year that:
- A. Is sponsored or recognized by a national association or organization specializing in the specific issues of the child and family; and
  - B. Includes topics related to:
    1. Family systems;
    2. Alcohol and drug abuse;
    3. Child abuse and neglect;
    4. Sexual abuse;
    5. Domestic violence;
    6. Mental illness;
    7. Safety planning, outlining the steps to protect family members from threats of harm to self or others;
    8. Crisis intervention techniques; and
    9. Child development.
- VI. The agency must maintain on file copies of training certificates that are signed by the trainer for each therapist and clinical supervisor that documents:
- A. The names of training sessions attended;
  - B. The number of hours per training; and
  - C. The dates of training.
- VII. When domestic violence is identified as an issue for the family, each therapist and clinical supervisor must follow the "[Domestic Violence Protocols](#)" as prepared by the NH Governor's Commission on Domestic Violence.

- VIII. The agency must provide each family with a written description of the service that includes:
- A. On-call 24-hour availability to families;
  - B. Family counseling and supportive counseling with family members and persons in their immediate support system to develop or maintain family growth and assistance necessary for independent family functioning;
  - C. Instruction in effective family interaction and parenting that may include:
    - 1. Anger and behavior management;
    - 2. Batterer intervention;
    - 3. Child discipline alternatives;
    - 4. Assistance with keeping a daily journal;
    - 5. Child safety maintenance;
    - 6. Positive parent and child communication and interaction; and
    - 7. Household management including assistance with budgeting and nutrition.
  - D. Assistance to parents in monitoring their child by ensuring that school is attended, curfews are enforced, and orders of the court are met;
  - E. Coordination with involved community providers including residential care facilities;
  - F. Crisis assistance to stabilize families by responding immediately to a family's needs;
  - G. Referrals to other community services and supports made in coordination with JPPO and CPSW;
  - H. Assistance in accessing community services to meet the goals of the treatment plan; and
  - I. The cost of the service, the parent's obligation to re-pay a portion of service provision, and that the rate is billed on a daily basis regardless of whether the family has contact with agency staff.
- IX. The therapist must maintain an on-going log of contacts with family members and with school, health, and other service providers that includes the date and total time spent.
- X. When a family is visited, a family member must sign the contact log.
- XI. The therapist must retain a copy of the logs in the case file to support the invoices.
- XII. The therapist must see the family and child as prescribed by the treatment plan.
- XIII. The therapist's average caseload must not exceed an average of 6 families per month.
- XIV. The therapist's maximum caseload must not exceed 7 families per month.

- XV. The therapist must participate in weekly supervision that includes a discussion of each family's case and the progress made by the family towards the goals of the treatment plan.
- XVI. The therapist must develop and forward a written treatment plan to the CPSW or JPPO:
  - A. After meeting with the parents, child, and CPSW or JPPO; and
  - B. Within 15 working days from the start date of working with the family.
- XVII. The treatment plan developed in accordance with XVI above must include:
  - A. An assessment of the needs of each child and parents that is based on:
    - 1. The Case Plan, pursuant to RSA 170-G:4 III and court report, pursuant to RSA 169-C:12-b; or
    - 2. 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;
  - B. Identification of alcohol or substance abuse, domestic violence, sexual abuse, or other situation that may impact the child's safety;
  - C. The treatment modalities, frequency, duration, tasks and other actions to be implemented by the provider to meet the needs of each child and the parents;
  - D. The tasks and other actions to be implemented by the parents to meet the needs of each child and parents;
  - E. The goals, objectives, measurable child and family outcomes, and timeframes for achievement by the child and parents;
  - F. The anticipated date of service termination;
  - G. A certification by the clinical supervisor that Home-Based Therapeutic Services are necessary when it is prescribed in the family's treatment plan for children who are Medicaid eligible and are under age 21; and
  - H. The date and signatures of the therapist, clinical supervisor, family members, and CPSW or JPPO.
- XVIII. The agency must document each family visit including:
  - A. The type of service;
  - B. The date of service;
  - C. The names of the family members and other individuals who participated;
  - D. The name of the therapist who assisted the family;
  - E. A brief summary of the in-home session;
  - F. The length of time spent with the family; and

- G. The provider's signature and the signature of a family member.
- XIX. The agency must forward a progress report by the 10th of every month to the CPSW or JPPO, completed in consultation with the parents, the child, and the CPSW or JPPO that includes:
- A. A summary of the family's progress including identification of barriers in meeting the treatment plan with the tasks accomplished, timeframes met, and measurable outcomes achieved;
  - B. A summary of contacts with school, health, and other service providers and with the CPSW or JPPO;
  - C. A description of additional actions and modifications taken by the parents that are essential to address the needs of the child as identified by the provider;
  - D. New information about the family that would change the treatment plan;
  - E. Recommended changes in the treatment plan including the needs and reasons for changes in goals, objectives, outcomes, timeframes, and anticipated termination date; and
  - F. The date and signatures of the therapist, clinical supervisor, and family members.
- XX. The agency must immediately notify the JPPO or CPSW of any significant changes in the family, such as: loss of employment or income, eviction notice, death or serious injury or illness of a family member, separation of the parents, pregnancy, school attendance, arrests, police contacts, or probation violations.
- XXI. Within 10 working days after service termination, the agency must forward a report to the CPSW or JPPO and the Supervisor that includes:
- A. A summary of visits and contacts with the family including dates, duration, and locations;
  - B. A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, timeframes, and measurable outcomes achieved;
  - C. New information about the family that may change the Case Plan, PDI, or court report;
  - D. The community resources and supports available to the family that may be accessed in the future, such as mental health centers, visiting nurses, alcoholics anonymous, domestic violence crisis centers, and shelters;
  - E. Recommendation for on-going services, including a description of additional progress by parents that is essential to address the needs of each child as specified in the treatment plan; and how the provider has worked with the family to assist them in accessing recommended services; and
  - F. The date and signature of the therapist, clinical supervisor, and parent or parents, and the child when age appropriate.
- XXII. Written progress reports, court reports, and termination reports prepared by the agency must clearly and accurately reflect the family's progress and be submitted on time.

XXIII. The agency must prepare and forward its written report to the court and to the JPPO or CPSW at least 5 working days prior to each court hearing that involves the family being served.

### **Service Provision Guidelines**

- I. Home-based therapeutic services include the services as described in VIII A through H above.
- II. The goals of the service are to:
  - A. Ensure the safety of children and families;
  - B. Improve interpersonal relationships and communication within the family;
  - C. Prevent the placement of a child in out-of-home care;
  - D. Reduce the recurrence of juvenile criminal or status offenses;
  - E. Improve each child's well being in the home and community;
  - F. Stabilize the child and family by providing therapeutic support prior to a court-ordered or voluntary placement; and
  - G. Assist in preparing the family and the child for reunification.
- III. The CPSW, JPPO, or his or her immediate Supervisor who refers a family to the agency must provide in writing:
  - A. The name and address of the family and child;
  - B. The case number;
  - C. How to contact the family and directions to the home;
  - D. Brief family history;
  - E. Brief summary of service need. For abuse and neglect cases, the CPSW must indicate the structured decision making (SDM) safety decision and level of risk; and
  - F. Starting date of service provision.
- IV. The CPSW, JPPO, or his or her immediate Supervisor must forward a copy of the Service Authorization that is attached to the referral to the agency prior to service provision. Service must not exceed 90 days per year. See the provision for service extension in part VIII below.
- V. For families who need crisis assistance, the agency must:
  - A. Conduct a face-to-face meeting initiated within 24 hours of referral to complete an initial assessment and develop an immediate treatment plan that includes strategies for diffusing the crisis and maintaining the safety of all family members;
  - B. Submit the plan in writing to the JPPO or CPSW within 72 hours;

- C. If safety cannot be assured at the face-to-face meeting, immediately develop and coordinate a safety plan for family with the JPPO or CPSW or with the CP Administrator or JJ Bureau Chief who is on-call during weekends and holidays and
  - D. Contact all other families, within 48 hours of referral, excluding weekends and holidays.
- VI. The agency's therapist must have a face-to-face meeting with the family within 5 working days of the date of the referral to conduct an initial assessment and develop the treatment plan. When possible, the CPSW or JPPO must be present for the initial assessment and development of the treatment plan.
- VII. Face-to-face meetings with families must include parents or other caregivers, the child or children, and other family members as necessary to develop and implement the treatment plan.
- VIII. The DCYF or DJJS Supervisor may extend the service for an additional 30 days per year if the progress reports indicate that:
- A. The family's problems are not resolved and the child remains at risk of placement or is at risk of returning to placement; and
  - B. The provider, who has discussed continuing services with family members and the CPSW or JPPO, provides the following in writing to the CPSW or JPPO:
    - 1. A statement which identifies unresolved problems and an explanation of why these problems were not resolved within the first 90 days of service;
    - 2. The beginning and ending dates for continued services;
    - 3. The revised therapeutic plan of the continued services; and
    - 4. The additional anticipated child and family outcomes as stated in the treatment plan; and
  - C. The anticipated outcomes, as specified by the provider in accordance with VIII B:4 above, are achievable within the 30 days of the extension.
- IX. The overall goals of this service reflect state goals and the nationally recognized goals of the Administration for Children and Families (ACF) that apply to safety, permanency and child and family well-being.
- X. As measured by the provider, the outcomes for home-based therapeutic services are:
- A. For Safety,
    - 1. That children are, first and foremost, protected from abuse and neglect, as evidenced by at least 94% of families, children having no new incident of abuse or neglect during service provision that result in founded determination.
    - 2. That children are safely maintained in their own homes whenever possible and appropriate as evidence by at least 80% of families having no child placed outside of the home during service provision.



3. That children are safely maintained in their own community whenever possible and appropriate as evidenced by a state goal of at least 70% of juvenile offenders not committing a new juvenile offense during service provision.
- B. For Permanency, that children have permanency and stability in their living situation as evidenced by a state goal of at least 80% of the children being safely reunified with the family within 3 months of service provision when the goal of the service is reunification.
  - C. For Child and Family Well-Being, that families have enhanced capacity to provide for their children's needs, by child and family involvement in Case planning, as evidenced by at least 90% of families signing the treatment plan.
  - D. From Consumer Surveys, that families were treated with respect and dignity and satisfied with the quality and appropriateness of the service as evidenced by a state goal of at least 80% of responses, to a survey administered at time of termination of service, reflecting satisfaction with the service provided. (It is anticipated that 35% of families will respond to this survey.)
- XI. The provider must complete each month the "Home-Based Therapeutic Services Data Reporting" (Form 2435) and forward it to the DCYF Service Utilization Reviewer at State Office.
- XII. Related to the overall goals, the outcomes for home-based therapeutic services, as measured by DCYF and DJJS monitoring after termination of service, are:
- A. For Safety,
    1. That children are, first and foremost, protected from abuse and neglect, as evidenced by at least 94% of families, children having no new incident of abuse or neglect within 6 months following service termination that result in a founded determination.
  - B. That children are safely maintained in their own homes whenever possible and appropriate as evidenced by at least 80% of families having no child placed outside of the home within 6 months of following service termination.
    1. That children are safely maintained in their own community whenever possible and appropriate as evidenced by a state goal of at least 65% of juvenile offenders not committing a new juvenile offense within 6 months following service termination.
  - C. For Permanency and Child and Family Well-Being, that children have permanency and stability in their living situation as evidenced by at least 91% of the children who have been safely reunified with the family remain safely in the home 12 months after service termination.
  - D. From Staff Surveys, that the CPSW or JPPO approved of the quality and appropriateness of the service as evidenced by a state goal of at least 80% of staff responses, to a survey administered at time of termination of service, reflecting satisfaction with the service provided. It is anticipated that 70% of staff will respond to this survey.
- XIII. Agencies must meet or exceed each goal's required percentage. If the percentage falls below the required percentage, a service monitoring team must meet to recommend a corrective action plan.

### **Payment and Billing Procedures**

- I. The method of payment is vendored.
- 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. The CPSW or JPPO requests services and/or placements from a certified provider by contacting the provider and arranging for the child and/or family to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided. Once the CPSW or JPPO finalizes the arrangements with the provider, the CPSW or JPPO notifies the Fiscal Specialist by Form 2103 via e-mail, note or verbal notification of the child to receive services.
- IV. Service must be authorized using the following order of funding sources:
  - A. Family's private health insurance.
  - B. Title XIX Medicaid, for Medicaid eligible children;
  - C. Emergency assistance for non-Medicaid eligible children; and
  - D. State funds.
- V. The CPSW or JPPO requests services and/or placements from a certified provider by contacting the provider and arranging for the child and/or family to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided. Once the CPSW or JPPO finalizes the arrangements with the provider, the CPSW or JPPO notifies the fiscal specialist by Form 2103 via e-mail, note or verbal notification of the child to receive services.
- VI. The service unit of one day includes the service provision guidelines I –IX, on-call 24-hour availability to the family, and all mileage.
- VII. Providers must maintain supporting records of billing and payment that includes but is not limited to:
  - 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 for eligible children and bill DCYF for non-eligible children.
- IX. For non-Medicaid eligible children, the provider uses the "Service Authorization" as an invoice for services provided and submits the invoice to Provider Relations.
- X. For Medicaid eligible children, the provider must send bills to the Medicaid Fiscal Agent.
- XI. No payment is allowed for bills received after one year from the date of service, pursuant to RSA 126-A:3 II.
- XII. If a child/youth runs away, or is hospitalized, providers may 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 home. 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.

## Practice Guidance

### What is the Service Rate for this Service?

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