

## 1908 INTENSIVE HOME AND COMMUNITY SERVICES

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

Section: **Community-Based Services**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **07-20**

Effective Date: **October 2007**

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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 FORM 2240**  
Bridges' Screen(s) and Attachment(s):

### Purpose

To define the purchased service specification for Intensive Home and Community Services.

### Definitions

**"Intensive Home and Community Services"** means in-depth, short-term, outcomes-oriented, individually designed therapeutic services to enable a child who is experiencing severe dysfunction to reside in the least restrictive, community-based setting.

**"Service Code"** is DU.

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

### Policy

#### Service Population

I. Intensive Home and Community Services must be provided for children and adolescents who are:

- A. Between the ages of 10 through 20;
- B. Experiencing major dysfunction in one or more of the following domains:
  1. Developmental;
  2. Psychological;
  3. Social;
  4. Family;
  5. Cognitive; or
  6. Educational; and
- C. At imminent risk for out-of-home placement or actively engaged in reuniting with family and community.

- II. Only one in-home service ([Home-Based Therapy](#), [Child Health Support](#), [Outreach and Tracking](#), Intensive Home and Community, or Crisis Intervention) at a time must be provided for children and families.
- III. The service limitation in II above may be waived by the Program Administrator at State Office to authorize 2 in-home services at the same time when the following conditions are met:
  - A. The family's problems have not been resolved and the child remains at risk for out-of-home placement;
  - B. The family has made progress on the established goals, but an alternative therapeutic approach is necessary to meet the conditions listed in the "Case Plan;" and
  - C. The CPSW or JPPO documents in the "Case Plan" the reasons for the second service, the goals and anticipated child and family outcomes, each individual's responsibilities, tasks, and the timeframes for completion.

### **Provider Qualifications**

- I. A provider for Intensive Home and Community Services must:
  - A. Be an agency, not an individual;
  - B. Employ a licensed practitioner who certifies that Intensive Home and Community Services are necessary when it is prescribed in the family treatment plan for children who are Medicaid eligible and under the age of 21 years;
  - C. Employ the following staff:
    - 1. A psychiatrist who is board certified by the American Board of Psychiatry and Neurology and currently licensed by the NH Board of Medicine;
    - 2. A psychologist who is licensed by the NH Board of Mental Health Practice;
    - 3. A physician who is licensed by the NH Board of Medicine;
    - 4. A social worker who holds a Master's degree from a school of social work accredited by the Council On Social Work Education and licensed by the NH Board of Mental Health Practice;
    - 5. A mental health counselor with a masters degree who is licensed by the NH Board of Mental Health Practice;
    - 6. A substance abuse counselor who is licensed by the NH Board of Licensing for Alcohol and other drug professionals;
    - 7. A registered nurse who is licensed by the NH State Board of Nursing;
    - 8. A practical nurse who is licensed by the NH State Board of Nursing;
    - 9. An advanced registered nurse practitioner who specializes in psychiatric/mental health nursing and is licensed by the NH State Board of Nursing; or

10. Other staff who have the education, training or experience that qualifies them to perform specified behavioral health functions, under the supervision of a licensed, certified or registered health professional;
- D. Review each child and family referral including pertinent documentation and previous evaluations to determine appropriateness for treatment;
  - E. Conduct a clinical assessment, within 7 working days of referral which includes an individual and family needs assessment and a mental status exam for each child, as appropriate to the program offering, unless current assessments or mental status exams have been completed within the past year;
  - F. Provide each family with a written description of program services and costs;
  - G. Develop and implement an individually designed treatment plan, within 30 calendar days of referral, in consultation with the CPSW or JPPO and the child and parents, which includes the following components:
    1. A statement of the needs of the child and parents as identified by the provider and as stated in the "Case Plan;"
    2. The treatment modalities, frequency, duration, tasks and other actions to be taken by the therapist to meet the needs of the child and parents;
    3. The tasks and other actions to be taken by the parents to meet the needs of the children and parents;
    4. The goals, objectives, measurable child and family outcomes, and timeframes for completion;
    5. The anticipated date of termination; and
    6. The date and signatures of the therapist, clinical supervisor, family members, and CPSW or JPPO;
  - H. Review the treatment plan with the child, family, and CPSW or JPPO every 30 calendar days and provide monthly progress reports to the CPSW or JPPO which include:
    1. A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, timeframes, and measurable child and family outcomes achieved;
    2. A description of the areas where additional improvement by parents is essential to address the needs of the child as identified by the provider and the Case Plan;
    3. Any new information;
    4. Recommended changes in the treatment plan including the needs and reason for changes in goals, objectives, measurable child and family outcomes, timeframes, and anticipated date of discharge; and
    5. The date and signatures of the provider and clinical supervisor;

- I. Provide 24-hour emergency coverage, 7 days per week for the child and family;
- J. Maintain a record for each child and family which includes:
  - 1. Child and family names, Medicaid identification numbers, addresses, and birth dates;
  - 2. Child's medical, social, developmental, educational, and family history;
  - 3. Child's diagnosis and the name of attending physician, psychiatrist, or psychologist;
  - 4. DCYF Case Plan;
  - 5. Child's Individual Education Plan, if applicable;
  - 6. A description of any tests ordered and their results;
  - 7. A description of treatment including measurable goals and timeframes;
  - 8. A list of any medications prescribed;
  - 9. Plan for coordinating services with other providers;
  - 10. Daily progress notes indicating the services provided to the child;
  - 11. Monthly progress summary which identifies the services provided and progress toward achievement of treatment goals; and
  - 12. Discharge plan or summary that identifies the after care plan and summarizes the case in relationship to the treatment and plan of care;
- K. Discharge the child and family from the program when any of the following conditions exist, and after consultation with the child, family, and CPSW or JPPO:
  - 1. Child and family achieve 60 - 100 % of treatment goals;
  - 2. Child's behavior while in the program requires removal and referral to more intensive residential treatment;
  - 3. Youth and family are unable to utilize treatment and are referred to other services;  
or
  - 4. Child and family fail to adhere to conditions of participation.
- L. Submit a termination report, within 5 working days of case closure, which includes:
  - 1. A summary of contacts including dates, duration, and locations;
  - 2. A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, timeframes, and measurable child and family outcomes achieved;
  - 3. Any new information;

4. The resources available to manage future family problems;
  5. Recommendations for on-going services, including a description of the areas where additional improvement by parents is essential to address the needs of the child, as specified in the provider's treatment report and the Case Plan; and
  6. The date and signatures of the therapist and clinical supervisor;
- M. Ensure that clinical records are available for inspection and review by DCYF staff during any on-site quality assurance visit, pursuant to He-C 6352.05;
- N. Provide programs after the close of the traditional school day, weekends, summer months, and vacations;
- O. Provide weekly clinical supervision to staff, which includes a review of the treatment plan for each family;
- P. Provide monthly peer review and case consultation;
- Q. Complete annual staff evaluations; and
- R. Provide 20 hours per year of mandatory in-service training for staff on such topics as:
1. Child abuse and neglect;
  2. Family systems theory;
  3. Developmental disabilities;
  4. Sexual abuse;
  5. Alcohol and drug abuse;
  6. Eating disorders; and
  7. Behavioral medicine; and
- S. Maintain on file documentation of training, which includes:
1. The dates of training;
  2. The titles of training topics;
  3. The number of hours per training; and
  4. Certificates of training signed by the trainer, which are available at the time of on-site quality assurance monitoring, pursuant to He-C 6352.05.

#### **Service Provision Guidelines**

- I. Intensive Home and Community Services are ordered by the court or approved by the CPSW or JPPO based on a non-court agreement between the agency and the family.

- II. The CPSW or JPPO must document in the "Case Plan" the need for the service.
- III. Intensive Home and Community Services must not substitute for special education or other federally required educational services.
- IV. Multiple, specialized wrap-around services to meet the unique needs of the child in his community include any combination of the following:
  - A. Diagnostic evaluation;
  - B. Crisis intervention and stabilization;
  - C. Psychotherapies including individual, group, and family counseling which may occur in an outpatient or in-home setting;
  - D. Vocational assessment and planning or job training;
  - E. Health education including substance abuse prevention, AIDS prevention, nutrition counseling and physical fitness;
  - F. Parent education, parent skills training, and parent support groups; and
  - G. Therapeutic recreation, such as adventure-based and experiential activities.
- V. Interagency referral, coordination, and collaboration between DCYF, education, behavioral health, developmental disabilities, medical, and any other involved discipline must be a component of the home service.
- VI. Intensive Home and Community Services is limited to a period of time not to exceed 180 days per year from the date of first service per family.
- VII. A DCYF District Office Supervisor may waive the limitation in VI above for an additional 30 days per year from the date of first service per family when the following conditions are met:
  - A. The family's problems are not resolved and the child remains at risk for out of home placement; and
  - B. The provider, who has discussed a continuation of services with family members and the CPSW or JPPO, submits in writing to the CPSW or JPPO the following information:
    - 1. The reasons for continued services;
    - 2. The begin and end dates for continued services;
    - 3. The goals for the continued period of services; and
    - 4. The anticipated child and family outcomes.

#### **Payment/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 must authorize payment for Intensive Home and Community Services, based on a court order or voluntary agreement between DCYF or DJJS and the child's family. Service must be authorized, using the following order of funding sources:
  - A. Family's Private insurance;
  - B. Title XIX Medicaid, for Medicaid eligible children;
  - C. Emergency Assistance for non-Medicaid eligible children; and
  - D. State and County (Child and Family Services).
- IV. 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.
- V. Providers must bill Medicaid for eligible children and bill DCYF for non-eligible children.
- VI. The provider uses the service authorization as an invoice for services provided and submits the invoice to the county human services administrator pursuant to RSA 126-A:3 II-a and RSA 169 and who then forwards it to DCYF for payment.
- VII. The service unit of one day includes services as stated under the "Service Provision Guidelines."
- VIII. 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.
- IX. No payment is allowed for bills received after one year from the date of services pursuant to RSA 126-A:3 II.
- X. For Medicaid eligible children, the provider must bill the Medicaid fiscal agent.
- XI. For non-Medicaid eligible children, the provider completes the "Service Authorization" to bill for services and submits the bill to the County Human Services Administrator who receives the invoice pursuant to RSA 126-A:3 II-a and RSA 169 and forwards it to DCYF for payment.

### **Practice Guidance**

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

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