

IDD GROUP HOME LEVEL 1 - FOR YOUTH WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

(IDD GH-1)

Service Description

IDD Group Homes Level 1 (IDD GH Level 1) are designed for youth who are determined eligible for IDD Services who present with periodic behavioral difficulties that cannot be consistently managed in their primary home environment, or in a less intensive treatment setting.

These group homes are located within the community. They provide 24-hour comprehensive integrated programming and therapeutic services within a structured environment that focuses on transferring skills necessary to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community. Typically, coordinated supports and training include behavioral supports, adaptive skill training, assistance with activities of daily living, and community integration.

This intensity of service supports periodic episodes of challenging behavior(s) that interfere with adjustment to home, school, and/or community participation (examples may include: self-injurious or destructive behaviors that do not require medical attention; noncompliance; tantrums/outbursts; climbing; darting; wandering and/or property destruction). A formal behavioral support plan and/or environmental modification is often utilized in assisting the youth with acquiring, retaining, improving, and/or generalizing the behavioral, self-help, socialization, and adaptive skills necessary to reside in the least restrictive setting appropriate to his or her needs.

The youth receiving services could be independently mobile with or without assistive devices but may require minimal assistance transferring or moving from place to place. The youth may have one or more chronic medical conditions (ex: epilepsy, hypertension, respiratory, digestive, cardiovascular, etc.) that require specialized medical attention by onsite milieu staff. Youth can have variable levels of Activities of Daily Living, ranging from total staff care to complete independence with some verbal or physical prompting.”

Youth who are non-ambulatory, have multiple medical needs, and/or require a high level of ADL assistance, will be considered on an individual basis by the treating provider. Considerations will include the dynamics of the current milieu, as well as the ability of the service provider to meet the youth’s individualized needs.

All interventions are related to the goals of the care plan and are individually developed. Parent/guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly (or more frequently as determined in the care plan). Assessment of school performance is an essential component of treatment planning, as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with youth. All care plans are individualized and include a realistic, well-defined transition plan; which is aimed at supporting the youth and parent/guardian/caregiver in the community.

Criteria	
Admission Criteria	<p>All of the following criteria are necessary for admission:</p> <ul style="list-style-type: none"> A. The youth has been determined to be eligible for CSOC Functional DD Services or Division of Developmental Disabilities (DDD) Services. B. The youth is between the ages of 10-21. Eligibility for services is in place up to and including the day prior to the young adult’s 21st birthday; C. The youth is experiencing periodic episodes of challenging behavioral symptoms in the home, school, and/or community that are consistent with their intellectual/developmental disability diagnosis. The challenging behaviors pose safety risks, which jeopardize their ability to remain in their current living environment. D. As a result of her or his intellectual/developmental disability and, co-occurring behavioral health disorder, the youth is unable to consistently function independently in significant life domains potentially involving: self-care, self-direction, capacity for independent living, or economic self-sufficiency. Close supervision, monitoring, and targeted clinical/behavioral intervention are indicated at the GH IDD Type 1 Intensity of Service, in order to improve the youth’s functional abilities. E. The parent/guardian/caregiver (or young adult if 18 and older without a designated legal guardian) must consent to treatment; F. The 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.
Exclusion Criteria	<p>Any of the following is sufficient for exclusion from GH IDD Level 1 consideration:</p> <ul style="list-style-type: none"> A. The parent/guardian/caregiver (or young adult if 18 and older without a designated legal guardian) does not voluntarily consent to admission or treatment and/or there is no court order requiring such placement; B. The youth is at risk of causing serious harm to self and/or others; for which inpatient intensity of service is clinically indicated. C. The youth has not been determined eligible for CSOC Functional DD Services or DDD services; D. The clinical information provided indicates that the youth requires a higher or lower intensity of service; E. The youth has a primary treatment need involving substance use, for which medical monitoring and management is clinically indicated; F. The youth has one or more chronic medical conditions that requires 24-hour, on-site nursing care by a Licensed Practical Nurse (LPN) including but not limited to; oral or nasal suctioning, intravenous medications, tube feeding, dialysis monitoring, or catheterization;

	<p>G. The youth requires absolute physical assistance with transfers and mobility.</p> <p>H. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent /guardian/ caregiver shall determine the residence of the minor.</p>
<p>Continued Stay Criteria</p>	<p>All of the following Care Plan criteria are necessary for continued treatment:</p> <p>A. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, indicate that the youth continues to meet criteria for GH IDD-Level 1 Intensity of Service;</p> <p>B. GH Level 1-IDD services continue to be required to support reintegration of the youth into a less restrictive environment;</p> <p>C. The Care Plan is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment;</p> <p>D. The youth is actively participating in treatment to the extent possible and consistent with 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>E. Parent/guardian/caregiver is actively involved in the treatment as required by the treatment plan to the extent all parties are able;</p> <p>F. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice;</p> <p>G. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved and adjustments in the treatment plan include strategies for achieving these unmet goals;</p> <p>H. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored;</p> <p>I. There is documented evidence of active, individualized transition planning from the beginning of treatment episode of care.</p>
<p>Transitional Joint Care Review (TJCR) - Transition Request Criteria</p>	<p>If the Child Family Team (CFT) is requesting transition to a different CSOC out-of-home treatment setting via TJCR, ALL of the additional following criteria must be met:</p> <p>The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <p>A. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment.</p> <p>B. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment</p> <p>C. Behaviors/needs that warrant a different OOH intensity of service</p>

	<ul style="list-style-type: none"> D. The youth’s perspective on proposed transition (applicable based on cognitive abilities) E. Justification as to why another OOH treatment episode is in the youth’s and family’s best interest F. Barriers for the reintegrating the youth to the community at this time. G. Community reintegration plan for youth
<p>Transition Criteria</p>	<p><u>Any</u> of the following criteria are sufficient for transition:</p> <ul style="list-style-type: none"> A. The youth’s documented treatment plan goals and objectives have been substantially met; B. The youth meets criteria for a higher or lower IOS; C. After a period not to exceed (12-18 months) of making adjustment in the treatment plan to include strategies for achieving unmet goals, the youth’s ability to acquire, retain, improve, and/or generalize the behavioral, self-help, socialization, and adaptive skills plateaus and there is not reasonable expectation of progress at this intensity of service; however with support, youth can adequately function in significant life domains; D. Support systems which allow the youth to be maintained in a less restrictive environment, have been thoroughly explored and/or secured; E. Consent for treatment is withdrawn by the parent/ guardian/caregiver and/or or young adult if 18 and older without a designated legal guardian; F. The youth and/or the parent/ guardian/caregiver are competent yet 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; G. A transition plan with follow-up appointments is in place; first follow-up appointment will take place within 10 calendar days of transition.