

TREATMENT HOMES

Treatment Homes (TH)

Service Description

Treatment Home (TH) IOS is a time-limited therapeutic intervention designed for youth who are experiencing persistent emotional and/or behavioral challenges, however, are capable of being maintained in a clinically supported homelike setting with requisite clinical support. This intensity of service is also utilized for youth who are transitioning from a higher intensity out-of-home treatment program and who require additional therapeutic support prior to transitioning. Services include a minimum of one (1) hour a week of clinical treatment in addition to care management services. Activities are monitored and supervised when the treatment home parent(s) are physically present. Youth can receive additional Medicaid supports (Partial Hospitalization Programs (PHP), additional CBT- In-Home supports, Behavioral assistant, a Mentor and IIC services) as needed.

The goal is to treat the youth within a community setting while preparing them for successful reintegration into a non-clinical living environment. To qualify for this intensity of service, the Child Family Team (CFT) must first thoroughly explore all possible community-based treatment options that could maintain the youth in a non-clinical living environment. The youth may also receive additional in-home supports such as (Partial Hospitalization Programs (PHP), additional CBT- In-Home supports, Behavioral assistant, a Mentor and IIC services) for a limited time to prevent need for a higher intensity of service. Treatment home parents receive supervision and are supported by agency staff and programs within the treatment home agency. They also receive specialized training in meeting the complex needs of youth in care, as these youth require a consistent environment due to their underlying history, including their trauma history. Community resources are used in a planned, purposeful, and therapeutic manner that encourages the youth's autonomy as appropriate to their level of functioning and safety and as indicated in the treatment plan.

Services provided in a treatment home setting must include, but are not limited to, the following:

- A. Care management provided by Care Management Organization
- B. Clinical Treatment-Individual/family therapy, which is provided by a licensed clinician;
- C. Access to psychiatric treatment services including psychiatric diagnostic evaluations and ongoing medication monitoring;
- D. Comprehensive treatment and transition planning meetings that include all members of the CFT;
- E. Behavioral supports and interventions
- F. Crisis Stabilization

G. Time limited IIC/ BA services as part of Treatment Home Stabilization Services

All interventions must be directly related to the goals and objectives established in the youth’s treatment plan. Treatment parents participate as part of the CFT and assure that the youth receive recommended clinical services, medical care, and education. Parent/guardian/caregiver involvement from the beginning of treatment is extremely important, and unless contraindicated, should occur at least once a month (or more frequently as determined by the treatment team). Typical length of stay for this Intensity of Service is 9 to 12 months.

Criteria

Admission Criteria

The youth meet ALL of criteria A through L:

- A. The youth is between the ages of 5 and 21. Eligibility for services is in place until the youth’s 21st birthday.
- B. The parent/guardian/caregiver (or young adult if age 18 and older) must consent for treatment.
- C. The youth and family are engaged with a Care Management Organization (CMO).
- D. The CSOC Assessment and other relevant information indicate that the youth require a TH intensity of service and cannot adequately function in a nonclinical living environment with wraparound supports.
- E. The youth present symptoms consistent with a DSM 5 behavioral health diagnosis and requires therapeutic intervention.
- F. The youth has the capacity to function safely in a family and community environment with the added structure, supervision, and clinical services of a treatment home program.
- G. The youth has the capacity to respond favorably to therapeutic interventions in such areas as problem solving, life skills development, and medication adherence such that reintegration into a nonclinical living environment is a realistic goal and is reflected in the transition plan.
- H. The youth is able to function with some independence and can participate in community-based activities for limited periods of time

	<p>with appropriate supervision and can attend public school or an alternative community school.</p> <p>I. The youth is a resident of New Jersey. For minors under 18 years of age, the legal residency of the parent/guardian/caregiver shall determine the residence of the minor.</p> <p><i>If the youth is diagnosed with a co-occurring Intellectual /Developmental Disability, he/she must also meet criteria k:</i></p> <p>A. The youth’s presenting behaviors seem directly correlated with a DSM 5 disorder, independent of treatment needs related to the Intellectual/Developmental Disability or substance use, and the youth’s presenting behaviors could benefit from the provision of rehabilitative therapeutic services. The youth must have cognitive functioning abilities in the mildly intellectually impaired range or higher.</p>
<p>Exclusion Criteria</p>	<p><i>ANY of the following criteria is sufficient for exclusion from this intensity of service:</i></p> <p>A. The parent/guardian/caregiver (or young adult if age 18 and older) does not voluntarily consent to admission or treatment.</p> <p>B. The youth is unable to safely participate in community activities.</p> <p>C. The youth currently exhibit high risk behaviors which may include suicidal, homicidal, or self-injurious behaviors, acute mood symptoms, or thought disorder which cannot be safely managed in a community setting and require a higher intensity of service.</p> <p>D. The youth’s identified treatment needs can be appropriately managed in a non-treatment setting with the provision of community-based services and supports.</p> <p>E. The youth has medical conditions or impairments that would prevent participation in services and that require daily care that is beyond the capability of this treatment setting.</p> <p>F. The youth has presenting treatment needs primarily related to Substance Use Disorder which may require withdrawal management or medical monitoring.</p>

	<p>G. The youth has a sole diagnosis of an Intellectual/Developmental Disability and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM 5 behavioral health diagnosis.</p> <p>H. The youth is not a resident of New Jersey. For minors 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 criteria are necessary for continuing services at this intensity of service:</p> <ol style="list-style-type: none"> 1. The CSOC Assessment and other relevant information indicate that the youth continues to require Treatment Home IOS and that the youth’s needs cannot be met at this time in a community-based living environment with wraparound services. 2. The care plan is tailored to the youth’s presenting treatment needs with realistic and specific goals and objectives that include target dates for accomplishment. 3. The youth’s parent/guardian/caregiver has been actively invested in treatment, as evidenced by regular attendance of treatment team meetings, participation in family therapy, and involvement with transition planning. When DCP&P is the guardian, there is documented evidence of active transition planning. 4. Progress in relation to specific symptoms or impairments is clear and can be described in objective terms. However, some goals of treatment have not yet been achieved; and adjustments in the care plan include strategies for achieving these unmet goals. 5. Collaboration between all CFT members, which may include, but not limited to, CMO, DCP&P, parent/guardian/caregiver, youth, and Treatment Home provider, is clearly documented in the treatment plan. 6. There is documentation of active, individualized transition planning.

<p>OOH Transition Request Criteria</p>	<p>If the CFT is requesting transition to another CSOC out-of-home treatment setting via a care plan, ALL the additional following criteria must be met:</p> <p>The CSOC Assessment and other relevant information indicate that the youth requires a clinical treatment focus within a different OOH treatment setting. This documentation must include the following:</p> <ol style="list-style-type: none"> 1. Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment. 2. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of OOH treatment. 3. Behaviors/needs that warrant a different OOH intensity of service 4. The youth’s perspective on proposed transition (applicable based on cognitive abilities) 5. Justification as to why another OOH treatment episode is in the best interest of the youth and the family. 6. Barriers for the reintegrating the youth to the community at this time. 7. Community reintegration plan for youth.
<p>Transition Criteria</p>	<p>ANY of the following criteria is sufficient for discharge from this intensity of service:</p> <ol style="list-style-type: none"> 1. The youth’s documented treatment plan goals and objectives for this intensity of service have been substantially met, and that the youth is prepared to transition to a non-clinical living environment. 2. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus. The treating agency is responsible for continued care until a more appropriate clinical setting is secured. 3. Consent for treatment is withdrawn by the parent/guardian/caregiver (or young adult, if age 18 and older), and there is no court order requiring out-of-home treatment. 4. The youth is not making progress toward JCR/treatment goals and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes. The treating agency is responsible for continued care until a more appropriate clinical setting is secured.

	<ul style="list-style-type: none">5. A transition plan with follow-up appointments and an appropriate living arrangement is in place; and the first follow-up appointment will take place within 10 calendar days of transition. The CFT and parent/guardian/caregiver will be responsible for assuring that the youth attends these appointments.6. For youth who do not appear to meet continued stay criteria for the TH Intensity of Service, there is evidence that active transition planning will be completed within the next 90-day time period.
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