LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 04/04/2011
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CHAPTER Service Delivery	**CHAPTER** 02	**SECTION** 004	**SUBJECT** 75
SECTION Clinical and Support Services		**DESCRIPTION** Children's Home Based Services	
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APPLICATION:

☒CMH Staff	☒Board Members	☐Provider Network	☒Employment Services Providers
☒Employment Services Provider Agency	☒Independent Contractors	☒Students	☒Interns
☒Volunteers			

POLICY:

The Home-Based Services Program of Lapeer County Community Mental Health is dedicated to providing intensive home and community based services to children, adolescents, and families with multiple service needs who require access to a continuum of mental health services. Treatment is based on the child's needs, with focus on the family unit. The program serves children with a diagnosable behavioral or emotional disorder, with substantial functional impairment/limitation of major life activities, and duration of the condition.

STANDARDS:

Admission Criteria: The families served in the Home-Based Program must meet one or more of the following criteria:

For purposes of qualification for home-based services, children/adolescents may be considered markedly or severely functionally impaired if the minor has:

1. An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the Child Adolescent Functional Assessment Scale (CAFAS); or

2. An elevated subscale score (20 or greater) on one element of the CAFAS Child/Adolescent Section, combined with an elevated subscale score (20 or greater) on at least one CAFAS element involving Caregiver/Care-giving Resources; or:

3. A total impairment score of 80 or more on the CAFAS Child/Adolescent Section.

    a. A combination of psychiatric symptoms and functional deficits in at least two life domains:
    1. School / Work
    2. Home
    3. Community
    4. Behavior toward others
    5. Moods / Emotions
    6. Self-harm behaviors
    7. Substance use
    8. Thinking
    9. Family material needs
    10. Family / Social support

    b. A demonstrated history or current inability to adequately access or sustain participation in or adherence with identified service needs and/or failure to respond to prior less-intensive treatment, and/or recent discharge from a more restrictive level of care to a community living setting requiring support and treatment to ensure a successful transition. Support needs are not in response to an acute or chronic medical condition that may be a covered benefit under the Qualified Health Plan (QHP) or other insurance program for the person served.

4. Person served is at risk for out-of-home placement.

5. The family / person served support systems are poorly integrated into the child / adolescent's life and cannot be reasonably relied upon to provide the essential elements of care at this time.

Referrals to the program are made to the program supervisor. When space is available, the family is admitted to the program. The case is assigned to one of the Home-Based clinicians, who develop the Family/Person-Centered Plan of Service in consultation with the other program staff and the family. The family unit is the focus of the treatment.

Referrals can be made by other CMH programs or other agencies. If the child / adolescent being referred has an open case at Lapeer County Community Mental Health, the assigned therapist or case manager will review the case with the clinical supervisor and if there is an available slot, the case will be transferred to the Home-Based Services Program. If a referral is made and there is no slot available, the case will be put on a waiting list in accordance with the LCCMH waiting list procedure.

A case will remain open to the Home-Based Services Plan Program as long as the services are authorized and there is a current Family/Person-Centered Plan of Service in place. When it is mutually agreed by the family and Home-Based Services Staff that the service is no longer "medically necessary" a referral to less intensive services will be made. In other instances, it may be determined that case closure is appropriate. On occasion, the needs of the person served and the family will be so complex that long-term enrollment in the Home-Based Services Program will be warranted.

The following is a list of the discharge criteria for the program:

1. The family no longer resides in Lapeer County.
2. The family consistently over time refuses to participate in home-based services and the development of the Family/Person-Centered Plan of Service.
3. The family improves to the point that less intensive programming is more appropriate.
4. The identified person served in the family reaches the age of 18 or 21 (in accordance with the Medicaid Provider Manual) and emancipates from the family.

Discharge planning is a collaborative effort between the home-based services staff and the family. The Home-Based Services Program staff will assist the family with arranging the appropriate follow-up services. The case will either be transferred to a less intensive CMH service or "closed". Any decision on discharge may be appealed through the agency grievance and appeal process as described in the Policy titled "Grievance and Second Opinion Process".

DESCRIPTION OF THE SERVICES PROVIDED:

The Home-Based Services Program is a community-based program where cases management/supports coordination and treatment is provided to the family in their home and community. The services provide support and empower families, emphasize assertive intervention, parent and professional teamwork, and community involvement with other service providers. The services are provided by a team of staff and are documented in the Family/Person-Centered Plan of Service. This program is moderately intense and provides one to five hours of service per week to each family. However, during periods of family crisis, additional hours of service would be provided.

The Family/Person-Centered Plan of Service documents the family's request for services and contains a statement by the family and person served of concerns, needs, and priorities. The documentation must clearly reflect that the person served and family participated in identifying service goals and objectives and that the person served and family agrees with the written plan of service.

The Family/Person-Centered Plan of Service identifies specific needs of the person served and family and how the provision of services will impact these needs. The needs addressed include but not limited to basic needs such as food, clothing, and shelter, as well as other necessary medical health and safety information. Documentation should outline coordinated services, including arrangements and responsibility for service provision, for those services to be provided by other agencies, and a description of who participated in service planning and documentation of efforts to ensure coordinated service planning. The plan also contains an assessment of the strengths of the person served and their family, which includes the identification of natural supports (such as extended family, friends, neighborhood, and community) and how they will be used as a resource and support to meet the needs of the family.

The Family/Person-Centered Plan of Service identifies specific goals and objectives, along with measurable time frames for the attainment of each objective and the person responsible for accomplishing each objective. The goals and objectives are developed in conjunction with the person served and family. Also included is a list of specific services to be provided including the frequency, intensity, and method of delivery. The dates the service will begin and the anticipated duration of the services should also be documented.

Home-Based Services are a combination of individual therapy, family therapy, crisis intervention, case management, supports coordination, and family collateral contacts. These contacts may be with the identified person served or with collateral family members. Collateral contacts are used to obtain information necessary to plan appropriate treatment or to assist family members so they can respond therapeutically to the identified problems, needs, and/or behaviors of the person served.

SPECIAL STAFF CAPACITY:

Staff providing Home-Based Services meet the professional standards of Medicaid. The staff function as a team composed of one master-level Home-Based Services Staff (Master of Social Work and a Michigan Licensed or Limited Licensed Master Social Worker; master-level Psychologist with a temporary limited license or limited license; or a Licensed Professional Counselor) and one bachelor-level mental health professional. The agency psychiatrist provides medication reviews; psychiatric evaluations, and consultation on a case-by-case basis.

The Home-Based Services Program provides the following activities which comprise the core Medicaid Home-Based Services:

1. Case management/supports coordination
2. Individual therapy
3. Family therapy
4. Crisis intervention
5. Collateral contacts with other community agencies (i.e. school, courts, DHS)

These core services are billed as Home-Based Services contacts. Other services may be provided and billed separately.

The Home-Based Services Program staff members are supervised by the Children's Clinical Supervisor and meet on a weekly basis for case consultation. The Children's Services Clinical Supervisor meets the requirements of a child mental health professional and reports to the Chief Executive Officer.

Home-Based Services staff members engage in assertive outreach measures that assure the person served and family receive the appropriate services and that these services are delivered in collaboration with the family. Close partnerships with other community agencies (i.e., the Michigan Department of Health and Human Services, Public Health

Department, Lapeer County Community Collaborative, Family Court, etc.) are maintained to ensure that the services are delivered in coordinated fashion.

Home-Based services are provided by two staff members. At no time will volunteers, students, or interns be used to provide service to this population.

PROGRAM GOALS

1. Promote healthy family functioning.
2. Support and preserve families.
3. Keep family units intact whenever possible.
4. Promote normal development.
5. Reduce the usage of psychiatric hospitals and other substitute care settings.
6. Facilitate family reunification in situations where separations have occurred.
7. Maintain children in the least restrictive and most stable environment in situations where out-of-home placement is necessary.

PROGRAM ELEMENTS:

-- Support services
-- Family Support / Home-Based

Questions regarding this policy and procedure may be addressed to the Chief Executive Officer or to any member of the management team.

TC:mgr

This policy supersedes
#04/11021 dated 04/04/2011.
