NORTHERN MICHIGAN REGIONAL ENTITY
HOME BASED SERVICES
Practice Guidelines
07-04-003

Home Based Services are most rigorously defined in the State of Michigan Medicaid Manual and, therefore, any and all practice applications should first and foremost approximate those regulations.

PURPOSE

Home Based Services provide intense interventions for those youth at risk for home removal, school expulsion, incarceration, or those youth being reunified with family following out of home placement.

Home Based Services are intended to reduce symptom manifestation or functional limitations directly attributable to a qualifying DSM diagnosis (parent or child).

Home Based Services provide an intense treatment response that will promote the application of coping skills at a level of competency that will permit the successful movement to a less restrictive and less intense level of care.

IDENTIFIED POPULATION

- Infant Mental Health (pregnant parent or child 0-6 years of age): Parents with SPMI, or child with SED, where symptoms of the illness, or functional limitations directly attributable to the illness, place the child at risk for developmental delays, mental health or emotional problems, or significant safety risk.

- Home Based Youth/Family (youth 7-17 years of age): Youth is SED with a CAFAS score of 80 or greater and the functional limitations are directly limited to the diagnosis.

ASSESSMENT

- Infant Mental Health (IMH) will minimally use those instruments sanctioned by contract with the State of Michigan. The outcomes of these assessments will be shared with parents and used to determine Plan of Service goals and achievement levels to attain a less intense level of care.

- Home Based youth services will minimally use the CAFAS and any other instrument required by contract with the State of Michigan.

SERVICES

All IMH and Home Based services will be provided in concert with a Family-Centered Plan of Service developed in a manner using Person-Centered planning guidelines. All Plans will have clearly stated criteria for the successful completion of care at this level and transition to a less intense level of care. In general, Family-Centered Plans of Service should contain goals that have a responsible expectation for successful achievement in fewer than six months.

Services are primarily provided in the community home, with identified youth, siblings, parent(s), and other care providers by a single provider or team of providers at the level of intensity and frequency

reflected in the Plan of Service. Family and individual interventions along with consultations with other partners to the Plan are typical.

Group treatments and psychiatric care may be provided in clinic settings when alternative community-based options are not available.

Wrap-around services may be provided simultaneously with Home Based Services.

INTENSITY

Services will be provided in compliance with Medicaid requirements. All direct services provided by home-bases service worker to the family will be counted to meet the Medicaid standard. Based on a properly executed Addendum to the Plan of Service, a less intense service level may be provided during the last 90 days of Home Based Services as the family/youth transition to a less intensive level of care. In such cases, weekly contact with the family should be maintained.

DURATION

- IMH services are not time limited. They may begin during pregnancy. Given the intense and frequent nature of service delivery, it is expected that timely gains will be achieved sufficient to permit the transition to a less intense level of care in a reasonable period of time. Continuation of the service will be predicated on the achievement of stated goals, the likelihood that goals not achieved are attainable through the extension of service duration, and that effort toward goal attainment has been sufficient.

- Home Based Services for youth are not limited. Given the intense and frequent nature of service delivery, it is expected that timely gains will be achieved sufficient to permit the transition to a less intense level of care in a reasonable period of time. Continuation of services should be predicated on the achievement of stated goals, the likelihood that goals not achieved are attainable through the extension of service duration, and that effort toward goal attainment has been sufficient.

All treatment goals established in the Family-Centered Plan of Service should be keyed to assessment data and focus on one of three areas of gain: 1) symptom reduction, 2) improvement in functioning, and 3) consistent application of parenting, coping, and life skills to sustain gains made as indicated above.

TRANSITION

IMH and Home Based programs should begin the process of transitioning to a less intense level of care during the Family-Centered Planning Process by setting positive expectations for change in knowledge, skill application, symptom management, and family stability.

Transition meetings should begin at least sixty (60) days prior to transition and should include, at some point, the provider slated to provide services at the conclusion of the current episode of care.

Programs should maintain a sufficient array of services to support a family transitioning from the IMH/Home Based level of care and aid them in experiencing a minimal disruption in treatment progress during the transition period.

QUALIFICATIONS/CREDENTIALS
The IMH/Home Based Services provider must minimally meet the credentialing requirements as stated in the most recent version of the State of Michigan Medicaid Providers Manual.

REVISED:

REVIEWED:

APPROVED: **June 16, 2015**

Signed copy is on file with NMRE
Dave Schneider
Northern Michigan Regional Entity Chief Executive Officer

Date