NJ Department of Human Services
Dual Diagnosis Task Force
Clinical Workgroup Service Design Recommendations

For Discussion Only
4/23/10

Purpose

The purpose of this document is to present the service design recommendations of the Clinical Workgroup of the NJ Department of Human Services Dual Diagnosis Task Force. The recommendations describe the service design for a continuum of crisis response services for children and adults with developmental disabilities and co-occurring mental health and/or behavior disorders and their families or guardians.

Background

The Dual Diagnosis Task Force was convened in January 2008 by the Commissioner of the Department of Human Services, Jennifer Velez, to address the serious lack of services, unmet service needs and the significant obstacles to receiving the mental health and developmental disability services encountered by individuals with developmental disabilities and co-occurring mental health and/or behavior disorders (i.e. dual diagnosis).. The Task Force presented a Report in October 2008 to highlight the urgency of the need for reform and to provide a framework for changes that would enable the system to effectively serve the needs of children and adults with developmental disabilities and co-occurring mental health and/or behavior disorders. Collaboration and integration became key operating principles of this framework because the Task Force noted that people experienced positive outcomes when services are provided in a manner that simultaneously addresses a person's mental illness and his or her developmental disability, from knowledgeable providers who work collaboratively across multiple service systems.

The Dual Diagnosis Task Force Implementation Plan

Four priority recommendations were identified from the report of the Task Force published in October 2008. The work of the clinical Workgroup directly pertains to the priority recommendation to:

Develop a **continuum of crisis response services** through a Medicaid State Plan amendment including:

- An array of supportive resources for children, youth, adults and their families to allow plans to be implemented based on identified needs at assessment and prior to the need for crisis intervention.
- Mobile response with a clinical outreach capacity
- Short-term emergency treatment
- Crisis respite beds
- Specialist screeners to work in conjunction with the DD/MI Crisis Response System
- Acute partial hospital programs

Clinical Workgroup

The Clinical Workgroup developed recommendations for the design of a set of crisis response system services. These specific services were targeted because they are funded by state dollars that could be used to leverage federal Medicaid funds and because as designed they modify existing DCF DCBHS services. The recommendations are also presented as a first draft of Medicaid regulations to try to streamline the overall service development process. The services are integrated mental health and developmental disability mobile response and stabilization management services; crisis beds and intensive in-community and behavioral assistance for adults and children.

THE RECOMMENDATIONS

ADULT CRISIS RESPONSE SERVICES

SUBCHAPTER __. INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY MOBILE RESPONSE AND STABILIZATION MANAGEMENT SERVICES FOR ADULTS WITH CO-OCCURRING DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH DISORDERS

Purpose and Scope:

(a) This subchapter sets forth the manner in which mobile response and stabilization management services shall be provided to eligible adults 18 years of age and older who have developmental disabilities with mental health disorders and/or severe behaviors that place them at risk of losing their current living arrangement. Mobile response and stabilization management services will be provided as one component of a comprehensive continuum of crisis response services.

This crisis response continuum includes crisis beds and intensive in-community integrated mental health and developmental disabilities services. The continuum is connected and integrated with the mental health and developmental disabilities service systems, community-based intensive service settings (e.g. emergency rooms, inpatient beds) as well as other community resources to ensure the availability of ongoing services and supports.

(b) Mobile response services provide a face-to-face response by a response team 24 hours a day, 365 days a year. The trained professional team member(s) is/are qualified to:

- Assess the strengths and needs of the individual and the individual's environment;
- Stabilize the present crisis situation or escalating behavior;
- Respond to the individual's needs and the needs of his or her circle of support (including the physical environment) so they he/she may be restored to pre-crisis functioning levels;
- Facilitate the development of coping skills that will allow the person to remain in their current living arrangement; and,
- Develop a Plan of care that includes links with other services.

General Definitions: Placeholder Section. Definitions to be added.

Provider Participation Requirements:

(a) In order to participate as a provider of mobile response and stabilization management services a provider must apply to and be approved by the

Department of Human Services New Jersey Medicaid program as a mobile response agency in accordance with the provisions of this subchapter. Providers enrolled as other types of providers shall complete a separate application to enroll as a mobile response agency.

(b) Mobile Response and Stabilization Management Services agencies shall be under contract with the Department of Human Services. Such contract shall be in full effect and not suspended or terminated.

(c) All applicants shall complete and submit a provider application to:

Department of Human Services
PO Box 700
Trenton, NJ 08625-0700
Attn: DDD and DMHS

(d) The applicant shall receive notification of approval or disapproval of provider status. If approved, the applicant shall be enrolled as a Medicaid/NJ Family Care provider for the provision of mobile response and stabilization management services. All approved and enrolled providers shall receive a copy of the provider manual and the fiscal agent billing supplement.

(e) Providers of mobile response and stabilization management services shall, at all times, maintain compliance with applicable State and Federal laws, rules and regulations.

(f) If a provider receives notification that the provider is no longer approved by the DHS, or if the provider receives notice that its contract with the Department is in default status or has been suspended or terminated for any reason, the provider shall notify the Division of Medical Assistance and Health Services at the address below within 10 business days.

Division of Medical Assistance and ad Health Services
Office of Provider Enrollment
PO Box 712
Trenton, NJ 08625-0712

(g) If the provider's contract with the Department is in default status or has been suspended or terminated for any reason, or if the provider is no longer approved by the Department , the provider shall be immediately disenrolled as a Medicaid Mobile Response and Stabilization management services provider until such time as the DHS contract is renewed or reinstated and the division has been notified by the SDGHS that the provider shall be reinstated as a Medicaid mobile response and stabilization management services provider.

Staff Requirements*:*

(a) Mobile response and stabilization management services shall be delivered by a team that:

a. Is under the supervision of a licensed behavioral clinician who at a minimum:
   i. Is licensed in a behavioral health field, including but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing;
   ii. Has 3 years of applicable clinical and supervisory *experience* in Developmental Disabilities and Mental Healthcare which may include a board certification in behavior analysis.
   iii. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice as defined by applicable New Jersey state statute and regulation.

b. Other professional or direct care members of the team shall be:

   i. A licensed masters level clinician or
   ii. Possess a master's degree in a behavioral health or related human services field and be supervised by a licensed clinician; or
   iii. Possess a bachelor's degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one year related field work experience. Staff with a bachelors degree must be supervised by a licensed clinician; and

   iv. Have knowledge of and demonstrated experience with individuals who have both a developmental disability and mental health disorders or severe behavioral needs which may include a board certification in behavioral analysis.

c. A Board certified or eligible Psychiatrist or licensed physician must be available for consultation on a 24/7 basis.

Eligibility for Services*:*

(a) Individuals are eligible for mobile response and stabilization management services under this subchapter if they are age 18 or older and if the services have been determined necessary by the Department of Human Services, any authorized Division of the Department or any contracted agent of the Department authorized to assess the need for these services.
(b) Need for services will be determined through a telephone triage process available on a 24/7 basis. The triage process will determine the degree of urgency and the need for mobile response services.

Program Description:

(a) Mobile response services shall be targeted toward the stabilization of the presenting behaviors and situation and facilitate the development of coping skills by the individual and their family/caregivers with the goal of preventing a disruption of the person's current living arrangement, residential placement, inappropriate psychiatric hospitalization and/or developmental center placement.

(b) Mobile response services shall be available 24 hours a day, seven days a week and shall be rendered wherever the need presents, including, but not limited to, the individual's home, other living arrangement or other location in the community.

(c) Initial face-to-face contact with the beneficiary and/or his or her family/caregiver(s) by the mobile response team member(s) shall occur within 24 hours of the initial referral. However, for those situations determined to require an immediate response, face-to-face contact shall be made within one hour unless a delay is requested by the family/caregiver(s) to meet the family/caregiver(s)' needs, for example, the family requests that the team be at the residence when the adult returns from an employment or day activity program that afternoon.

(d) Mobile response services shall be provided in the 5 days after the initial dispatch and shall include but not be limited to:

1. Mobile outreach services;
2. Assessment and evaluation of the present crisis that shall include an assessment of adult and community safety, functioning, caregiver or staff capability and clinical risk. The Assessment must also consider the medical, environmental, psychiatric, neurological and specific disability

contributors to challenging behavior. A full range of consultation resources should be available to the team to ensure the assessment is appropriate.

3. The development of an individualized crisis plan that may include if clinically appropriate:
    i. Clinical interventions to stabilize the presenting crisis including but not limited to psychiatric and/or psychological services, medication management, community-based mental health rehabilitation services such as "in-community/in-home stabilization services."
    ii. Individual behavioral supports(including but not limited to positive behavior supports)*;* training/coaching for the individual and caregivers/staff to meet the individual's behavioral needs;
    iii. Other appropriate augmentative and alternative communication supports and functional communication training;
    iv. Short-term individual and/or family therapy or supportive counseling;
    v. Family and peer mentors or other family supports including but not limited to psycho-education; and,
    vi. Temporary placement (not to exceed 30 days) in a "crisis bed"
    vii. A stabilization management plan necessary for managing and coordinating the service plan subsequent to the initial 5 days; including referrals for appropriate services based on the individual's situation, to be provided during the crisis stabilization period (up to 16 weeks after the initial mobile response). The plan should include referrals for medical, dental, psychiatric neurological or other identified evaluations and treatment.

(e) The ICP shall cover the crisis stabilization period, a period of up to 16 weeks following the initial mobile response. The mobile response agency shall develop the ICP after the initial contact with the individual and their family/caregiver(s). The ICP development must be conducted in conjunction with the Division of Developmental Disabilities and all people involved with the individual. (The IDT may also include the plan coordinator, the legal guardian, and/or the division case manager as well as other professionals and representatives of service areas relevant to the plan of care.) The mobile response agency must register the plan with the DDD or their designated entity within 5 days.

Stabilization Management Services

(a) After the initial crisis response episode (up to 5 days), the mobile response provider shall provide stabilization management services in order to monitor and coordinate ongoing care and services during a period of up to 16 weeks.
(b) The mobile response agency shall monitor and coordinate the care delineated in the ICP.
(c) The ICP shall include a discharge plan that links the person and their family caregiver to clinical, behavioral, family supports and linkages with appropriate services including ongoing services provided by the Division of Developmental Disabilities.
(d) The ICP shall also specify the role stabilization service providers will play in the transition process as well as the transition from the MRSS agency provided stabilization management to DDD, DMHS or joint DD/MH case management.

Authorization for Services

Mobile Response services do not require prior authorization. The use of stabilization management and crisis stabilization services will be authorized in a manner determined by the DDD and the DMHS or by an entity or entities designated by the DHS.

Reimbursement

(a) Mobile response services shall not be eligible for reimbursement if provided in an acute care hospital, a JCAHO accredited inpatient psychiatric hospital, or other JCAHO accredited residential facility.

Required Records

(a) Providers shall maintain the following data in support of all mobile response and services claims:

Name and address of the beneficiary
Name of title of the individual providing the service
Exact date(s), location(s) and Time(s) of service and
Length of the face-to-face contact, excluding travel time to and from the location of the contact

(b) Providers shall maintain the following data in support of all stabilization

management services claims:

Name and address of the beneficiary
Name of title of the individual providing the service
Exact date(s), location(s) and Time(s) of service
Type of activity/service provided in accordance with the goals of the service plan; and
Length of the face-to-face contact, excluding travel time to and from the location of the contact

(c) Providers shall maintain an individual service record for each individual containing the information noted above in (b) as well as information pertaining to the assessment, planning, delivery and outcome of services.

(d) Providers shall make the records described above available to the Department of Human Services the Divisions of Developmental Disabilities, Mental Health Services or other authorized state agents as requested.

(e) Information necessary for the effective treatment and management of treatment shall be shared across the crisis response service continuum in accordance with all HIPAA requirements.

General Provider Recordkeeping Requirements

Other Non- Regulation Notes

The rates for the MRSS Rehabilitation services should reflect the cost of care and be at the same levels for similarly credentialed professionals and staff.

SUBCHAPTER __. __. INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY COMMUNITY CRISIS BEDS FOR ADULTS WITH CO-OCCURRING DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH DISORDERS

Purpose and Scope:

(c) This subchapter sets forth the manner in which community crisis beds shall be

provided to eligible adults 18 years of age and older who have developmental disabilities with mental health disorders and/or severe behaviors that place them at risk of losing their current living arrangement. Community crisis beds will be provided as one component of a comprehensive continuum of crisis response services and work in concert with Mobile Response and Stabilization Management services as well as other in-community stabilization services. Their purpose will be to provide clinical services during the time of a mental health and/or behavioral crisis in a supervised out-of-home setting and to assist in the transition of the individual back to an existing or into a new community-based living arrangement.

General Definitions: Placeholder Section. Definitions to be added.

Provider Participation Requirement:

Residential settings licensed or qualified by DHS to provide crisis (DDD- ECAP) or other residential services and supports to individuals over 18 years of age who are developmentally disabled and experiencing mental health disorders and/or demonstrate severe behaviors. Out of home treatment settings licensed by the Department of Children and Families for services to youth ages 18-21 may also be eligible to participate.

Staff Requirements:

(b) Community Crisis Beds shall be delivered directly by or under the supervision of a licensed behavioral clinician who at a minimum:

i. Is licensed in a behavioral health field, including but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing;

ii. Has 3 years of applicable clinical and supervisory experience which may include a board certification in behavioral analysis; and,

iii. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice as defined by applicable New Jersey state statute and regulation.

(c) Psychiatry and Nursing by a registered nurse, or higher level nursing professional

must be available through the crisis bed provider agency.

(d) The direct care staff of the community crisis bed agency shall at a minimum:

i. Possess a bachelors degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one year related field work experience or

ii. Have 3 years experience working with individuals with developmental disabilities or mental health needs; and

iii. Have knowledge of and demonstrated experience with individuals who have both a developmental disability and mental health disorders or severe behavioral needs.

(e) Staff training will include the general training requirements of DMHS and DDD as well as the following topics, at a minimum:

i. Working with persons with co-occurring developmental disabilities and mental health disorders.

ii. Crisis intervention treatment

iii. Positive behavioral supports and other behavior management training

iv. Implementing behavioral support plans

v. Personal control techniques

vi. Confidentiality

vii. Cross agency collaboration

viii. Clinical communication including how to report symptoms when encountering problematic medical/clinical situations and pertinent information to share with medical providers during emergencies.

ix. Documentation including documentation of information to track progress of behavioral plans

x. Medication side effects and toxicity.

xi. Oversight of management and clinical activities to include on-site observation and active supervision of daily activities.

Eligibility for Service:

- If 18 and older
- If assessed by the Mobile Response Agency and determined to need stabilization

outside of the home or current living arrangement

- If determined to be eligible for discharge from an inpatient psychiatric unit to prevent prolonged hospitalization or the need for admission to a state psychiatric hospital or developmental center.
- If there is an active transition plan to another longer term living arrangement or out of home treatment setting.

Program Description

(f) Community Crisis Bed services shall target the stabilization of the person and his or her presenting behaviors. The crisis bed services shall facilitate the development of coping skills by the individual and their family/caregivers with the goal of facilitating the person's return to his or her current living arrangement; avoiding a long-term move to a new or transfer from a current residential placement; and avoiding inappropriate psychiatric hospitalization and/or developmental center placement.

(g) Crisis beds must have the capacity to safely address complex needs and challenging behaviors including but not limited to elopement, property destruction, physical aggression and inappropriate sexual behavior. This includes the capacity to administer personal control techniques. (Behavior management techniques will be administered in accordance with all relevant DDD Division Circulars.)

(h) Admission to community crisis bed services shall be available seven days a week and services shall be rendered in a location in the community including DHS or DCF (for 18-21 year olds) licensed group homes, supervised apartments, residential treatment centers, treatment home settings designated by the Department as a community crisis bed through a contractual or other purchasing arrangement. The crisis bed services must be in a separate unit with staff specifically dedicated to the crisis program.

(i) Community Crisis Bed services shall be provided for up to 30 days. Services provided must be included in the Individual Crisis Plan created by the Mobile Response Agency and may include but are not limited to:

i. Clinical interventions to stabilize the presenting crisis including but not limited to psychiatric and/or psychological services, medication management, community-based mental health rehabilitation services such as "in-community/in-home stabilization services."

ii. Individual behavioral supports (positive behavior supports); training/coaching for the individual and caregivers/staff to meet the individual's behavioral needs. Behavioral support plans will comply with the requirements of relevant DDD Division Circulars regarding the development, implementation, monitoring and evaluation of behavioral support plans.

iii. Other appropriate augmentative and alternative communication supports and functional communication training;

iv. Short-term individual and/or family therapy or supportive counseling;

v. Family and peer mentors or other family supports including but not limited to psycho-education;

vi. Continual assessment of the individual to identify the needs that must be addressed in order for the person to return home or move to a permanent living arrangement.

vii. Continual adjustments to the ICP in collaboration with mobile response stabilization management services;

viii. Support to transition the individual back to his or her initial living arrangement in collaboration with the mobile response agency and any other providers acting as part of the treatment team including the agency providing the ongoing alternative living arrangement.

(j) Upon admission a comprehensive nursing assessment will be completed by a registered nurse, or higher level nursing professional. The completion of Assessments identified as needed by the ICP shall also be under the direction of the Nurse.

(k) Nursing assessments and reassessments shall be related specifically to the rehabilitative goals of the ICP and include a justification for the continuation of crisis bed services and a recommendation for transitioning the individual from the crisis bed setting.

SUBCHAPTER __. INTENSIVE IN-COMMUNITY INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY REHABILITATION SERVICES

Purpose and Scope:

This subchapter sets forth the manner in which intensive in-community integrated mental health and developmental disability services (integrated IIC) will be provided to eligible adults who have developmental disabilities with mental health disorders and/or severe behaviors that place them at risk of losing their current living arrangement. Delivered in natural community settings, the purpose of the services will be to address the underlying issues precipitating the crisis episode, restore pre-crisis functioning, develop new coping skills, prevent destabilization and a return to the crisis situation and enable the individual to remain in his or her living arrangement.

Intensive in-community integrated mental health and developmental disability rehabilitation services will be provided as one component of a comprehensive continuum of crisis response services. This crisis response continuum also includes mobile response and stabilization management services and crisis beds. The continuum is connected and integrated with the mental health and developmental disabilities service systems, community-based intensive service settings (e.g. emergency rooms, inpatient beds) as well as other community resources to ensure the availability of ongoing services and supports.

General Definitions: Placeholder section. Definitions to be added.

General Standards for Service Provision

Intensive in-community integrated mental health and developmental disability rehabilitation services shall meet the requirements of this chapter, all applicable State and Federal and NJ FamilyCare laws and all applicable rules as specified in the appropriate provider services manual of the New Jersey Medicaid/NJ FamilyCare program, including but not limited to NJAC 10:49 Administration Manual and NJAC 10:77

Rehabilitative Services.

Services will be provided within the limits of the annual state appropriations in an equitable distribution across the geographic areas of the state.

Individual rights

Individuals shall receive equal and appropriate access to services

Provider Participation Requirements:

Providers shall undergo the state provider qualification process and meet the State requirements for qualification including:

Providers shall employ at least one of the following independently licensed practitioners who can provide the service directly or supervise the provision of services. Individuals seeking to become enrolled as a provider of IIC services must also be independently licensed in New Jersey as:

1. A psychiatrist licensed pursuant to N.J.A.C. 13:35;
2. A physician licensed pursuant to N.J.A.C. _____
3. A psychologist licensed pursuant to N.J.A.C. 13:42;
4. An advance practice nurse (mental health) licensed pursuant to N.J.A.C. 13:37-7;
5. A licensed clinical social worker licensed pursuant to N.J.A.C. 13:44G; or
6. A professional licensed in accordance with the Board of Marriage and Family Therapy Examiners licensed pursuant to N.J.A.C. 13:34 including, but not limited to:
    i. A licensed marriage and family therapist (see N.J.A.C. 13:34-4);
    ii. A licensed professional counselor (see N.J.A.C. 13:34-11 or 12);
    iii. A clinical mental health counselor (see N.J.A.C. 13:34-14); or
    iv. A rehabilitative counselor (see N.J.A.C. 13:34-21 or

- Be a candidate for licensure supervised by a licensed practitioner
- Demonstrate experience in providing services to adults who are developmentally disabled and experiencing mental health disorders and/or demonstrate severe behaviors, placing them at risk of losing their current living arrangement.
- Be eligible to enroll as a Medicaid Provider

Eligibility:

An individual is eligible for intensive in-community or behavioral assistance services*:*

- If he or she *is* 18 and older
- If assessed by the Mobile Response Agency and determined to need ongoing stabilization services for up to 180 days after the initial crisis response in order to remain in the community.

Program Description

Intensive in-community integrated mental health and developmental disability rehabilitation (IIC services)" are focused, time-limited behavioral therapeutic rehabilitation interventions. IIC services provide an array of rehabilitative services delivered face-to-face as a defined set of interventions by an independently licensed practitioner or a candidate for independent licensure under the supervision of an independently licensed practitioner in the individual's home and/or in community-based settings, which address symptom reduction and are restorative and preventative in nature. Integrated IIC services are not provided in provider offices or office settings or hospitals or inpatient settings.

IIC as a person and family/caregiver -driven treatment modality is provided based on identified needs. IIC targets problem solving and strengthening adaptive and coping skills to restore or maintain an individual's ability to function in the community and/or their family/caregiver's capacity to support them. The purpose of the service is to prevent, decrease or eliminate behaviors or conditions that may lead to or may place the individual at increased clinical risk, or that may impact on the ability of the individual to remain in their home, or community.

IIC services are provided as one component of a comprehensive continuum of crisis response services through an approved individualized crisis plan. IIC services within the ICP encompass a variety of integrated mental health and developmental disabilities services, including, but not limited to:

- Clinical interventions to stabilize the presenting crisis including but not limited to psychiatric and/or psychological services, medication management, community-

based mental health rehabilitation services such as "in-community/in-home stabilization services."

- Individual behavioral supports(including but not limited to positive behavior supports); training/coaching for the individual and caregivers/staff to meet the individual's behavioral needs;
- Other appropriate augmentative and alternative communication supports and functional communication training;
- Short-term individual and/or family therapy or supportive counseling;
- Referrals to and collaboration with medical, dental, psychiatric, neurological or other appropriate medical providers.

Within each ICP, IIC services shall include specific interventions with definable outcomes, identified strategies, specified time frames, the credentials of the practitioner rendering the services, the credentials and signature of approval by the independently licensed practitioner when the plan is developed by a candidate for independent licensure, and provisions to assure sustainability and normalization based on clinical necessity as determined by the biopsychosocial assessment, crisis assessment tools and/or any other clinical information that supports the need for IIC services.

Agencies or medical/mental health practices providing IIC services shall employ appropriate and sufficient staff to comply with the administrative oversight, clinical supervision, management, plan development, service provision and monitoring requirements of this subchapter and of all appropriate licensing requirements. Individual entities shall be equally responsible for any and all management, monitoring and evaluation requirements this subchapter and of all appropriate licensing requirements.

Intensive in-community services shall be delivered in community-based, clinically appropriate settings that are convenient to the individual and his or her family or caregivers. IIC shall be available on a 24-hour basis, seven days per week in accordance with the ICP for up to 16 weeks following referral from the Mobile Response and Stabilization Service agency. These outreach services shall not be provided in an office or inpatient hospital setting. IIC can be provided in a crisis bed service and or other community-based non-therapeutic living arrangement including the family home.

The IIC services role in supporting transition to new long-term services or re-entry to existing long-term services should be specified in the ICP.

SUBCHAPTER __. __. INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY BEHAVIORAL ASSISTANCE REHABILITATION SERVICES

This subchapter describes Behavioral Assistance Rehabilitation Services as one component of the continuum of integrated mental health and developmental disability services provided to eligible adults who have developmental disabilities with mental health disorders and/or severe behaviors that place them at risk of losing their current living arrangement. The purpose of the services will be to address the underlying issues precipitating the crisis episode, restore pre-crisis functioning, develop new coping skills, prevent destabilization and a return to the crisis situation and enable the individual to remain in his or her living arrangement.

Behavioral assistance is an intensive in-community integrated mental health and developmental disability rehabilitation service. It will be provided as one component of a comprehensive continuum of crisis response services. This crisis response continuum also includes mobile response and stabilization management services and crisis beds. The continuum is connected and integrated with the mental health and developmental disabilities service systems, community-based intensive service settings (e.g. emergency rooms, inpatient beds) as well as other community resources to ensure the availability of ongoing services and supports.

Eligibility:

An individual is eligible for behavioral assistance services:

- If he or she is 18 and older
- If assessed by the Mobile Response Agency and determined to need ongoing stabilization services for up to 16 weeks after the initial crisis response in order to remain in the community.

Program Description:

Behavioral Assistance services are time-limited, face-to-face behavioral stabilization and

support interventions provided as an adjunct to clinical professional services and/or as part of the ICP. Behavioral assistance is one component of an approved, written ICP prepared by a licensed practitioner (or supervised by a licensed practitioner). Interventions can include but are not limited to:

- Instruction in anger management skills
- Instruction in learning adaptive frustration tolerance and expression
- Caregiver skill development
- Instructions in stress reduction techniques
- Problem solving skill development
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors

BA services shall include applying positive behavioral principles within community and culturally based norms to reduce undesirable behaviors and build appropriate behaviors resulting in durable and sustainable positive behavioral changes and improvement in functionality and quality of life. BA services focus on creating and sustaining environments that improve lifestyle changes by making problem behavior less effective and less relevant and the desired behavior more effective and relevant.

BA services may be provided individually or in a small group setting of up to three individuals.

BA services shall include interaction and instruction to the individual's family and caregiver(s) to enable them to provide the necessary support to the individual to attain the goals of the BA ICP and sustain the positive behavioral changes and improvement in functionality and quality of life.

BA services shall be available on a 24-hour basis, seven days per week for up to 16 weeks in accordance with the ICP.

BA services shall be delivered in community-based, clinically appropriate settings that are convenient to the individual and his or her family and most relevant to the purpose of the intervention. BA services shall not be provided in an office setting.

The BA services role in supporting transition to new long-term services or re-entry to existing long-term services should be specified in the ICP.

Other Non- Regulation Notes

The rates for the IIC and BA Rehabilitation services should reflect the cost of care and be at the same levels for similarly credentialed professionals and staff.

CHILDREN'S CRISIS RESPONSE SERVICES RECOMMENDATIONS

SUBCHAPTER __. __. INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY MOBILE RESPONSE AND STABILIZATION MANAGEMENT SERVICES FOR CHILDREN AND YOUTH WITH CO-OCCURRING DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH/EMOTIONAL BEHAVIORAL DISORDERS

Purpose and Scope:

(d) This subchapter sets forth the manner in which mobile response and stabilization management services shall be provided to eligible children and youth under 21 years of age who have developmental disabilities with mental health disorders and/or severe behaviors that place them at risk of losing their current living arrangement. Youth, ages 18-21 will be eligible for services only if they have a history of service with the Division of Child Behavioral Health Services. Youth without a history of service will be served by the adult service system. Mobile response and stabilization management services will be provided as one component of a comprehensive continuum of crisis response services.

This crisis response continuum includes crisis beds and intensive in-community integrated mental health and developmental disabilities services. The continuum is connected and integrated with the mental health and developmental disabilities service systems, community-based intensive service settings (e.g. emergency rooms, inpatient beds) as well as other community resources to ensure the availability of ongoing services and supports.

(e) Mobile response services provide face-to-face response by a response team 24 hours a day, 365 days a year. The trained professional team member(s) is/are qualified to:

- Assess the strengths and needs of the individual and the individual's environment;
- Stabilize the present crisis situation or escalating behavior;
- Respond to the individual's needs and the needs of his or her circle of support (including the physical environment) so they he/she may be restored to pre-crisis functioning levels;
- Facilitate the development of coping skills that will allow the person to remain in their current living arrangement; and,
- Develop a Plan of care that includes links with other services.

Definitions: Placeholder Section. Definitions to be added.

Provider Participation Requirements:

(h) In order to participate as a provider of mobile response and stabilization management services a provider must apply to and be approved by the Department of Human Services New Jersey Medicaid program as a mobile response agency in accordance with the provisions of this subchapter. Providers enrolled as other types of providers shall complete a separate application to enroll as a mobile response agency.

(i) Mobile Response and Stabilization Management Services agencies shall be under contract with the Department of Human Services and/or the Department of children and Families. Such contract shall be in full effect and not suspended or terminated.

(j) All applicants shall complete and submit a provider application to:

Department of Human Services
PO Box 700

Trenton, NJ 08625-0700
Attn: DDD and DMHS

(k) The applicant shall receive notification of approval or disapproval of provider status. If approved, the applicant shall be enrolled as a Medicaid/NJ Family Care provider for the provision of mobile response and stabilization management services. All approved and enrolled providers shall receive a copy of the provider manual and the fiscal agent billing supplement.

(l) Providers of mobile response and stabilization management services shall, at all times, maintain compliance with applicable State and Federal laws, rules and regulations.

(m) If a provider receives notification that the provider is no longer approved by the DHS/DCF, or if the provider receives notice that its contract with the Department is in default status or has been suspended or terminated for any reason, the provider shall notify the Division of Medical Assistance and Health Services at the address below within 10 business days.

Division of Medical Assistance and ad Health Services
Office of Provider Enrollment
PO Box 712
Trenton, NJ 08625-0712

(n) If the provider's contract with the Department is in default status or has been suspended or terminated for any reason, or if the provider is no longer approved by the Department, the provider shall be immediately dis-enrolled as a Medicaid Mobile Response and Stabilization management services provider until such time as the DHS contract is renewed or reinstated and the division has been notified by the SDGHS that the provider shall be reinstated as a Medicaid mobile response and stabilization management services provider.

Staff Requirements*:*

(f) Mobile response and stabilization management services shall be delivered by a team that:

a. Is under the supervision of a licensed behavioral clinician who at a minimum:
    i. Is licensed in a behavioral health field, including but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing;

ii. Has 3 years of applicable clinical and supervisory experience in
iii. Developmental Disabilities and Mental Healthcare; including a board certification in behavioral analysis.
iv. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice as defined by applicable New Jersey state statute and regulation.

b. Other professional or direct care members of the team shall be:

i. A licensed masters level clinician or
ii. Possess a master's degree in a behavioral health or related human services field and be supervised by a licensed clinician; or
iii. Possess a bachelor's degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one year related field work experience. Staff with a bachelors degree must be supervised by a licensed clinician; and

iv. Have knowledge of and demonstrated experience with individuals who have both a developmental disability and mental health disorders or severe behavioral needs which may include a board certification in behavioral analysis.

c. A Board certified or eligible Psychiatrist or licensed physician must be available for consultation on a 24/7 basis.

Eligibility for Services*:*

(c) Individuals are eligible for mobile response and stabilization management services under this subchapter if they are under 21 years of age and if the services have been determined necessary by the Departments of Human Services and/or children and Families, or any authorized Division(s) of the Departments or any contracted agent of the Departments authorized to assess the need for these services. (Youth, ages 18-21 will be eligible for services only if they have a history of service with the Division of Child Behavioral Health Services. Youth without a history of service will be served by the adult service system.)

(d) Need for services will be determined through a telephone triage process available on a 24/7 basis. The triage process will determine the degree of urgency and the need for mobile response services.

Program Description

Mobile response services shall be targeted toward the stabilization of the presenting behaviors and situation and facilitate the development of coping skills by the individual and their family/caregivers with the goal of preventing a disruption of the person's current living arrangement, residential placement, inappropriate psychiatric hospitalization and/or developmental center placement.

(l) Mobile response services shall be available 24 hours a day, seven days a week and shall be rendered wherever the need presents, including, but not limited to, the individual's home, other living arrangement or other location in the community.

(m) Initial face-to-face contact with the beneficiary and/or his or her family/caregiver(s) by the mobile response team member(s) shall occur within 24 hours of the initial referral. However, for those situations determined to require an immediate response, face-to-face contact shall be made within one hour unless a delay is requested by the family/caregiver(s) to meet the family/caregiver(s)' needs, for example, the family requests that the team be at the residence when the child returns from school that afternoon.

(n) Mobile response services shall be provided in the 5 days after the initial dispatch and shall include but not be limited to:

1. Mobile outreach services;
2. Assessment and evaluation of the present crisis that shall include an assessment of the child, family and community safety, functioning, caregiver or staff capability and clinical risk. The Assessment must also consider the medical, environmental, psychiatric, neurological and specific disability contributors to challenging behavior. A full range of consultation resources should be available to the team to ensure the assessment is appropriate.
3. The development of an individualized crisis plan that may include if clinically appropriate:

i. Clinical interventions to stabilize the presenting crisis including but not limited to psychiatric and/or psychological services, medication management, community-based mental health rehabilitation services such as "in-community/in-home stabilization services."

ii. Individual behavioral supports(including but not limited to positive behavior supports); training/coaching for the individual and caregivers/staff to meet the individual's behavioral needs;

iii. Other appropriate augmentative and alternative communication supports and functional communication training;

iv. Short-term individual and/or family therapy or supportive counseling;

v. Family mentors or other family supports including but not limited to psycho-education; and,

vi. Temporary out-of-home treatment (not to exceed 30 days) in a "crisis bed"

vii. A stabilization management plan necessary for managing and coordinating the service plan subsequent to the initial 5 days; including referrals for appropriate services based on the individual's situation, to be provided during the crisis stabilization period (up to 16 weeks after the initial mobile response). The plan should include referrals for medical, dental, psychiatric neurological or other identified evaluations and treatment.

(o) The ICP shall cover the crisis stabilization period, a period of up to 16 weeks following the initial mobile response. The mobile response agency shall develop the ICP after the initial contact with the individual and their family/caregiver(s). The ICP development must be conducted in conjunction with the Division of Developmental Disabilities Interdisciplinary Team (IDT), the child and his or her family and all people involved with the individual. (The IDT may also include the plan coordinator, the legal guardian, and/or the division case manager as well as other professionals and representatives of service areas relevant to the plan of care.) The mobile response agency must register the plan with the DDD or their designated entity within 5 days.

Stabilization Management Services

(e) After the initial crisis response episode (up to 5 days), the mobile response provider shall provide stabilization management services in order to monitor and

coordinate ongoing care and services during a period of up to 16 weeks.

(f) The mobile response agency shall monitor and coordinate the care delineated in the ICP.

(g) The ICP shall include a discharge plan that links the child and their family caregiver to clinical, behavioral, family supports and linkages with appropriate services including ongoing services provided by the Division of Developmental Disabilities.

(h) The ICP shall also specify the role stabilization service providers will play in the transition process as well as the transition from the MRSS agency provided stabilization management to DDD, DCBHS and/or DD/BH joint case management.

Authorization for Services

Mobile Response services do not require prior authorization. The use of stabilization management and crisis stabilization services will be authorized in a manner determined by the DDD and the DCBHS by an entity or entities designated by the DHS and DCF.

Reimbursement

(a) Mobile response services shall not be eligible for reimbursement if provided in an acute care hospital, a JCAHO accredited inpatient psychiatric hospital, or other JCAHO accredited residential facility.

Required Records and Information Sharing

(a) Providers shall maintain the following data in support of all mobile response and services claims:

Name and address of the beneficiary
Name of title of the individual providing the service
Exact date(s), location(s) and Time(s) of service and
Length of the face-to-face contact, excluding travel time to and from the location of the contact

(b) Providers shall maintain the following data in support of all stabilization management services claims:

Name and address of the beneficiary
Name of title of the individual providing the service
Exact date(s), location(s) and Time(s) of service
Type of activity/service provided in accordance with the goals of the service plan; and
Length of the face-to-face contact, excluding travel time to and from the location of the contact

(c) Providers shall maintain an individual service record for each individual containing the information noted above in (b) as well information pertaining to the assessment, planning, delivery and outcome of services.

(d) Providers shall make the records described above available to the Department of Human Services the Divisions of Developmental Disabilities and Medical assistance and Health Services and the Department of Children and Families' Division of Child Behavioral Health Services or other authorized state agents as requested.

(e) Information necessary for the effective treatment and management of treatment shall be shared across the crisis response service continuum in accordance with all HIPAA requirements.

General Provider Recordkeeping Requirements

Other Non- Regulation Notes

The rates for the MRSS Rehabilitation services should reflect the cost of care and be at the same levels for similarly credentialed professionals and staff.

SUBCHAPTER __. __. INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY COMMUNITY CRISIS BEDS FOR CHILDREN AND YOUTH WITH CO-OCCURRING DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH DISORDERS

Purpose and Scope:

(f) This subchapter sets forth the manner in which community crisis beds shall be provided to eligible children and youth under 21 years of age who have developmental disabilities with mental health disorders and/or demonstrate behavior problems that place them at risk of losing their current living arrangement. Youth who are 18 or older will be eligible for services if they have a history of service with the Division of Child Behavioral Health Services. . Youth without a history of service will be served by the adult service system. Community crisis beds will be provided as one component of a comprehensive continuum of crisis response services and work in concert with Mobile Response and Stabilization Management Services as well as other in-community stabilization services. Their purpose will be to provide clinical services during the time of a mental health and/or behavioral crisis in a supervised out-of-home setting and to assist in the transition of the individual back to an existing or into a new community-based living arrangement.

Definitions: Placeholder Section. Definitions to be added.

Provider Participation Requirement:

Residential settings licensed by DHS to provide crisis (DDD- ECAP) or other residential services and supports to individuals under 21 years of age who are developmentally disabled and experiencing mental health disorders and/or demonstrate severe behaviors. Out of home treatment settings licensed by the Department of Children and Families for services to youth ages 18-21 may also be eligible to participate.

Staff Requirements:

(g) Community Crisis Beds shall be delivered directly by or under the supervision of a licensed behavioral clinician who at a minimum:

i. Is licensed in a behavioral health field, including but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing;

ii. Has 3 years of applicable clinical and supervisory experience which may include a board certification in behavioral analysis; and,

iii. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice as defined by applicable New Jersey state statute and regulation.

(h) Psychiatry and Nursing by a registered nurse, or higher level nursing professional must be available through the crisis bed provider agency.

(i) The direct care staff of the community crisis bed agency shall at a minimum:

i. Possess a bachelors degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one year related field work experience or

ii. Have 5 years of experience working with individuals with developmental disabilities or mental health needs; and

iii. Have knowledge of and demonstrated experience with individuals who have both a developmental disability and mental health disorders or severe behavioral needs.

(j) Staff training will include the general training requirements of DMHS and DDD as well as the following topics, at a minimum:

i. Working with persons with co-occurring developmental disabilities and mental health disorders.

ii. Crisis intervention treatment

iii. Positive behavioral supports and other behavior management training

iv. Implementing behavioral support plans

v. Personal control techniques

vi. Confidentiality

vii. Cross agency collaboration

viii. Clinical communication including how to report symptoms when encountering problematic medical/clinical situations and pertinent information to share with medical providers during emergencies.

ix. Documentation including documentation of information to track progress of behavioral plans

x. Medication side effects and toxicity.

xi. Oversight of management and clinical activities to include on-site observation and active supervision of daily activities.

Eligibility for Service:

- If under 21 years of age who are developmentally disabled and experiencing mental health disorders and/or demonstrate behavior problems, placing them at risk of losing their current living arrangement. Youth who are 18 or older will be eligible for services if they have a history of service with the Division of Child Behavioral Health Services. Youth without a history of service will be served by the adult service system.
- If assessed by the Mobile Response Agency and determined to need stabilization outside of the home or current living arrangement
- If determined to be eligible for discharge from an inpatient psychiatric unit to prevent prolonged hospitalization or the need for admission to a state psychiatric hospital or developmental center.
- If there is an active transition plan to another longer term living arrangement or out of home treatment setting.

Program Description

(p) Community Crisis Bed services shall target the stabilization of the child and his or her presenting behaviors. The crisis bed services shall facilitate the development of coping skills by the individual and their family/caregivers with the goal of facilitating the person's return to his or her current living arrangement; avoiding a long-term move to a new or transfer from a current residential placement; and avoiding inappropriate psychiatric hospitalization and/or developmental center placement.

(q) Crisis beds must have the capacity to safely address complex needs and challenging behaviors including but not limited to elopement, property destruction, physical aggression, self-injurious behavior and inappropriate sexual behavior. This includes the capacity to administer personal control techniques. (Behavior management techniques will be administered in accordance with all relevant DDD Division Circulars.)

(r) Admission to community crisis bed services shall be available seven days a week and services shall be rendered in a location in the community including DHS or DCF (for 18-21 year olds) licensed group homes, supervised apartments, residential treatment centers, treatment home settings designated by the

Department as a community crisis bed through a contractual or other purchasing arrangement. The crisis bed services must be in a separate unit with staff specifically dedicated to the crisis program.

(s) Community Crisis Bed services shall be provided for up to 30 days. Services provided must be included in the Individual Crisis Plan created by the Mobile Response Agency and may include but are not limited to:

i. Clinical interventions to stabilize the presenting crisis including but not limited to psychiatric and/or psychological services, medication management, community-based mental health rehabilitation services such as "in-community/in-home stabilization services."
ii. Individual behavioral supports (positive behavior supports); training/coaching for the individual and caregivers/staff to meet the individual's behavioral needs. Behavioral support plans will comply with the requirements of relevant DDD Division Circulars regarding the development, implementation, monitoring and evaluation of behavioral support plans.
iii. Other appropriate augmentative and alternative communication supports and functional communication training;
iv. Short-term individual and/or family therapy or supportive counseling;
v. Family mentors or other family supports including but not limited to psycho-education;
vi. Continual assessment of the individual to identify the needs that must be addressed in order for the person to return home or move to a permanent living arrangement.
vii. Continual adjustments to the ICP in collaboration with mobile response stabilization management services;
viii. Support to transition the individual back to his or her initial living arrangement in collaboration with the mobile response agency and any other providers acting as part of the treatment team including the agency providing the ongoing alternative living arrangement.

(t) Upon admission a comprehensive nursing assessment will be completed by a registered nurse, or higher level nursing professional. The completion of Assessments identified as needed by the ICP shall also be under the direction of

the Nurse.

(u) Nursing assessments and reassessments shall be related specifically to the rehabilitative goals of the ICP and include a justification for the continuation of crisis bed services and a recommendation for transitioning the individual from the crisis bed setting.

SUBCHAPTER __. INTENSIVE IN-COMMUNITY INTEGRATED MENTAL HEALTH AND DEVELOPMENTAL DISABILITY REHABILITATION SERVICES

Purpose and Scope:

This subchapter sets forth the manner in which intensive in-community integrated mental health and developmental disability services (integrated IIC) will be provided to eligible children and youth under 21 years of age and their families who have developmental disabilities with mental health disorders and/or severe behaviors that place them at risk of losing their current living arrangement. Youth who are 18 or older up to age 21 will be eligible for services if they have a history of service with the Division of Child Behavioral Health Services. Youth without a history of service will be served by the adult service system. The purpose of the service will be to address the underlying issues precipitating the crisis episode, restore pre-crisis functioning, develop new coping skills, prevent destabilization and a return to the crisis situation and enable the individual to remain in his or her living arrangement.

Intensive in-community integrated mental health and developmental disability rehabilitation services will be provided as one component of a comprehensive continuum of crisis response services. This crisis response continuum also includes mobile response and stabilization management services and crisis beds. The continuum is connected and integrated with the mental health and developmental disabilities service systems, community-based intensive service settings (e.g. emergency rooms, inpatient beds) as well as other community resources to ensure the availability of ongoing services and supports.

General Definitions: Placeholder Section. Definitions to be added.

General Standards for Service Provision

Intensive in-community integrated mental health and developmental disability rehabilitation services shall meet the requirements of this chapter, all applicable State and Federal and NJ FamilyCare laws and all applicable rules as specified in the appropriate provider services manual of the New Jersey Medicaid/NJ FamilyCare program, including but not limited to NJAC 10:49 Administration Manual and NJAC 10:77 Rehabilitative Services.

Services will be provided within the limits of the annual state appropriations in an equitable distribution across the geographic areas of the state.

Individual rights

Individuals shall receive equal and appropriate access to services

Provider Participation Requirements:

Providers shall undergo the state provider qualification process and meet the State requirements for qualification including:

Providers shall employ at least one of the following independently licensed practitioners who can provide the service directly or supervise the provision of services. Individuals seeking to become enrolled as a provider of IIC services must also be independently licensed in New Jersey as:

1. A psychiatrist licensed pursuant to N.J.A.C. 13:35;
2. A physician licensed pursuant to N.J.A.C. _____
3. A psychologist licensed pursuant to N.J.A.C. 13:42;
4. An advance practice nurse (mental health) licensed pursuant to N.J.A.C. 13:37-7;
5. A licensed clinical social worker licensed pursuant to N.J.A.C. 13:44G; or
6. A professional licensed in accordance with the Board of Marriage and Family Therapy Examiners licensed pursuant to N.J.A.C. 13:34 including, but not limited to:
   i. A licensed marriage and family therapist (see N.J.A.C. 13:34-4);

ii. A licensed professional counselor (see N.J.A.C. 13:34-11 or 12);
iii. A clinical mental health counselor (see N.J.A.C. 13:34-14); or
iv. A rehabilitative counselor (see N.J.A.C. 13:34-21 or

- Be a candidate for licensure supervised by a licensed practitioner
- Demonstrate experience in providing services to children, youth and young adults who are developmentally disabled and experiencing mental health disorders and/or demonstrate severe behaviors, placing them at risk of losing their current living arrangement. This experience may include a board certification in behavioral analysis.
- Be eligible to enroll as a Medicaid Provider

Eligibility:

Children, youth and young adults and their families are eligible for intensive in-community or behavioral assistance services:

- If assessed by the Mobile Response Agency or other authorized designated agents of DDD and/or DCBHS determined to need ongoing stabilization services for up to 180 days after the initial crisis response in order to remain in the community. (Youth who are 18 or older up to age 21 will be eligible for services if they have a history of service with the Division of Child Behavioral Health Services. Youth without a history of service will be served by the adult service system.)

Program Description

Intensive in-community integrated mental health and developmental disability rehabilitation (IIC services)" are focused, time-limited behavioral therapeutic rehabilitation interventions. IIC services provide an array of rehabilitative services delivered face-to-face as a defined set of interventions by an independently licensed practitioner or a candidate for independent licensure under the supervision of an independently licensed practitioner in the individual's home and/or in community-based settings, not in provider offices or office settings or hospitals or inpatient settings, which address symptom reduction and are restorative and preventative in nature.

IIC as a person and family/caregiver -driven treatment modality is provided based on identified needs. IIC targets problem solving and strengthening adaptive and coping skills to restore or maintain the child and youth under 21 years of age and their family's ability to function in the community and/or their family/caregiver's capacity to support

them. The purpose of the service is to prevent, decrease or eliminate behaviors or conditions that may lead to or may place the individual at increased clinical risk, or that may impact on the ability of the individual to remain in their home, or community.

IIC services are provided as one component of a comprehensive continuum of crisis response services through an approved individualized crisis plan. IIC services within the ICP encompass a variety of integrated mental health and developmental disabilities services, including, but not limited to:

- Clinical interventions to stabilize the presenting crisis including but not limited to psychiatric and/or psychological services, medication management, community-based mental health rehabilitation services such as "in-community/in-home stabilization services."
- Individual behavioral supports(including but not limited to positive behavior supports); training/coaching for the individual and caregivers/staff to meet the individual's behavioral needs;
- Other appropriate augmentative and alternative communication supports and functional communication training;
- Short-term individual and/or family therapy or supportive counseling;
- Referrals to and collaboration with medical, dental, psychiatric, neurological or other appropriate medical providers.

Within each ICP, IIC services shall include specific interventions with definable outcomes, identified strategies, specified time frames, the credentials of the practitioner rendering the services, the credentials and signature of approval by the independently licensed practitioner when the plan is developed by a candidate for independent licensure, and provisions to assure sustainability and normalization based on clinical necessity as determined by the bio-psychosocial assessment, crisis assessment tools and/or any other clinical information that supports the need for IIC services.

Agencies or medical/mental health practices providing IIC services shall employ appropriate and sufficient staff to comply with the administrative oversight, clinical supervision, management, plan development, service provision and monitoring requirements of this subchapter and of all appropriate licensing requirements. Individual entities shall be equally responsible for any and all management, monitoring and evaluation requirements this subchapter and of all appropriate licensing requirements.

Intensive in-community services shall be delivered in community-based, clinically appropriate settings that are convenient to the children and youth under 21 years of age and their families *or* caregivers. IIC shall be available on a 24-hour basis, seven days per week in accordance with the ICP for up to 16 weeks following referral from the Mobile Response and Stabilization Service agency. These outreach services shall not be provided in an office or inpatient hospital setting. IIC can be provided in a crisis bed service and or other community-based non-therapeutic living arrangement including the family home.

The IIC services role in supporting transition to new long-term services or re-entry to existing long-term services should be specified in the ICP.

SUBCHAPTER __. BEHAVIORAL ASSISTANCE REHABILITATION SERVICES

This subchapter describes Behavioral Assistance Rehabilitation Services as one component of the continuum of integrated mental health and developmental disability services provided to eligible children and youth under 21 years of age and their families who are developmentally disabled and experiencing mental health disorders and/or demonstrate severe behaviors, placing them at risk of losing their current living arrangement. Youth who are 18 or older up to age 21 will be eligible for services if they have a history of service with the Division of Child Behavioral Health Services. Youth without a history of service will be served by the adult service system. The purpose of the services will be to address the underlying issues precipitating the crisis episode, restore pre-crisis functioning, develop new coping skills, prevent destabilization and a return to the crisis situation and enable the individual to remain in his or her living arrangement.

Behavioral assistance is an intensive in-community integrated mental health and developmental disability rehabilitation service. It will be provided as one component of a comprehensive continuum of crisis response services. This crisis response continuum also includes mobile response and stabilization management services and crisis beds. The continuum is connected and integrated with the mental health and developmental disabilities service systems, community-based intensive service settings (e.g. emergency rooms, inpatient beds) as well as other community resources to ensure the availability of ongoing services and supports.

Eligibility:

Children, youth and young adults and their families are eligible for intensive in-community or behavioral assistance services:

- If assessed by the Mobile Response Agency or other authorized designated agents of DDD and/or DCBHS and determined to need ongoing stabilization services for up to 180 days after the initial crisis response in order to remain in the community.

Program Description:

Behavioral Assistance services are time-limited, face-to-face behavioral stabilization and support interventions provided as an adjunct to clinical professional services and/or as part of the ICP. Behavioral assistance is one component of an approved, written ICP prepared by a licensed practitioner (or supervised by a licensed practitioner). Interventions can include but are not limited to:

- Instruction in anger management skills
- Instruction in learning adaptive frustration tolerance and expression
- Caregiver skill development
- Instructions in stress reduction techniques
- Problem solving skill development
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors

BA services shall include applying positive behavioral principles within community and culturally based norms to reduce undesirable behaviors and build appropriate behaviors resulting in durable and sustainable positive behavioral changes and improvement in functionality and quality of life. BA services focus on creating and sustaining environments that improve lifestyle changes by making problem behavior less effective and less relevant and the desired behavior more effective and relevant.

BA services may be provided individually or in a small group setting of up to three individuals.

BA services shall include interaction and instruction to children, youth and young adults

and their families.

BA services shall be available on a 24-hour basis, seven days per week for up to 16 weeks in accordance with the ICP.

BA services shall be delivered in community-based, clinically appropriate settings that are convenient to the child, youth and young adult and his or her family and most relevant to the purpose of the intervention. BA services shall not be provided in an office setting.

The BA services role in supporting transition to new long-term services or re-entry to existing long-term services should be specified in the ICP.

Other Non- Regulation Notes

The rates for the IIC and BA Rehabilitation services should reflect the cost of care and be at the same levels for similarly credentialed professionals and staff.