IDD GROUP HOME LEVEL 2 - FOR YOUTH WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

IDD Group Home (IDD GH-2)

Service Description

IDD Group Homes Level 2 (IDD GH Level) are designed for youth, who are determined eligible for I/DD Services, and present with persistent challenging behavior(s) that cannot be safely and consistently managed in their primary home environment or in a less intensive treatment setting.

These high-level group homes are located within the community and provide 24-hour comprehensive integrated programming and therapeutic services within a structured and supervised environment that focus on transferring skills necessary to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community. The intensive behavioral supports may include; short-term 1:1 staff support as clinically indicated for challenging behaviors, adaptive skill training, assistance with activities of daily living, and community integration.

This intensity of service addresses frequent, intensive, challenging behavior(s) that impair functioning at home, in school, and in the community. Examples of this behavior may include self-injury, destructive and/or aggressive behaviors that require medical attention. A formal behavioral support plan and/or environmental modification are often utilized to assist the youth in acquiring, retaining, improving, and/or generalizing the behavioral, and adaptive skills necessary to reside in the least restrictive setting appropriate to his or her needs.

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

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

All interventions are directly related to the goals and objectives established in the Care Plan. Parent/ guardian/caregiver involvement from the beginning of treatment is extremely important and, unless contraindicated, should occur monthly (or more frequently as determined in the Care Plan). Assessment of school performance is an essential component of treatment planning, as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with youth. All Care Plans must be individualized and include a realistic, well-defined transition plan which is aimed at supporting the youth and family in the community. The projected length of stay for youth in an IDD GH-2 IOS is 12-18 months.

Criteria	
Admission Criteria	All of the following criteria are necessary for admission: 1. The youth has been determined to be eligible for CSOC Functional DD Services or Division of Developmental Disabilities (DDD) services. 2. The youth is between the ages of 8-21. Eligibility for services is in place up to and including the day prior to the young adult's 21st birthday. 3. The parent/ guardian/caregiver has attempted to utilize in home supports and services, such as Intensive In-Community or Intensive In-Home Therapeutic Services, specifically focused on current target behaviors with minimal to no improvement; youth with no documented history of in-home supports will be considered for this IOS on a case-by-case basis. 4. The youth is exhibiting consistent and ongoing challenging behavioral symptoms in the home, school, and/or community that are consistent with their intellectual/developmental disability diagnosis. There are safety risks associated with the challenging behaviors, that jeopardize the youth's ability to remain in their current living environment; these challenging behaviors can include property destruction, physical aggression toward others resulting in injury, self-injurious behaviors resulting in injury or the need for specific protective measures to manage and minimize elopement/darting behavior. 5. As a result of her or his intellectual/developmental disability and co-occurring behavioral health disorder, the youth is unable to consistently function independently in significant life domains potentially involving self-care, self-direction, capacity for independent living, or economic self-sufficiency. Close supervision, monitoring, and targeted clinical/behavioral intervention are indicated at the IDD GH-2 Intensity of Service, in order to improve the youth's functional abilities. 6. The parent/guardian/caregiver (or young adult if 18 and older without a designated legal guardian) must consent to treatment. 7. The youth must be a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.

Exclusion Criteria	Any of the following is sufficient for exclusion from IDD GH-2 consideration: 1. The parent/ guardian/caregiver (or young adult if 18 and older without a designated legal guardian) does not voluntary consent to admission or treatment and/or there is no court order requiring such level of service. 2. The youth is at risk for causing a potentially life-threatening injury to self or others; for which inpatient intensity of service is clinically indicated. 3. The youth has not been determined to be eligible for CSOC Functional DD Services or DDD services. 4. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a higher or lower intensity of service. 5. The youth has a primary treatment need involving substance use, for which medical monitoring and management is clinically indicated. 6. The youth has one or more chronic medical conditions that requires 24-hour, on-site nursing care by a Registered Nurse (RN) and/or Licensed Practical Nurse (LPN) including but not limited to; oral or nasal suctioning, intravenous medications, tube feeding, dialysis monitoring, or catheterization. 7. The youth requires physical assistance with transfers and mobility one hundred percent of the time. 8. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor. 9. The youth is not in agreement with the Child Family Team's (CFT) plan for out of home treatment. There is evidence of multiple attempts by the CFT to engage the youth in the plan. 10. The youth is engaging in a recent pattern of violent behavior that compromises the safety of the youth and others in the out of home program.
Continued Stay Criteria	All of the following treatment plan criteria are necessary for continued treatment: 1. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, indicate that the youth continues to meet criteria for IDD GH-2 intensity of service. 2. IDD GH-2 services continue to be required to support reintegration of the youth into a less restrictive environment.

	3. The Care Plan is appropriate to the youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment. 4. The youth is actively participating in treatment to the extent possible and consistent with his or her condition, or there are active efforts being made that can reasonably be expected to lead to the youth's engagement in treatment. 5. Parent/guardian/caregiver is actively involved in the treatment as required by the treatment plan to the extent all parties are able. 6. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice. 7. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved and adjustments in the treatment plan include strategies for achieving these unmet goals. 8. When clinically indicated, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 9. There is documented evidence of active, individualized transition planning from the beginning of treatment episode of care. 10. The youth is actively participating in treatment, is regularly attending treatment team meetings, and is adhering to program rules and guidelines.
Transitional Joint Care Review (TJCR) - Transition Request Criteria	**If the Child Family Team (CFT) is requesting transition to a different CSOC out-of-home treatment setting via TJCR, ALL of the additional following criteria must be met:** The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different OOH treatment setting. This documentation must include the following: 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 youth and family's best interest. 6. Barriers for the reintegrating the youth to the community at this time. 7. Community reintegration plan for the youth.
Transition Criteria	Any of the following criteria are sufficient for transition: 1. The youth's documented treatment plan goals and objectives have been substantially met. 2. The youth meets criteria for a higher or lower IOS. 3. After a period not to exceed 18 months of making adjustment in the treatment plan to include strategies for achieving unmet goals, the youths ability to acquire, retain, improve, and/or generalize the behavioral, self-help, socialization, and adaptive skills plateaus and there is not reasonable expectation of additional progress at this intensity of service; however with support, youth can adequately function in significant life domains; without posing a risk of serious harm to self and others. 4. Support systems which allow the youth to be maintained in a less restrictive environment, have been thoroughly explored and/or secured. 5. Consent for treatment is withdrawn by the parent/guardian/caregiver and/or young adult if 18 and older without a designated legal guardian. 6. A transition plan with follow-up appointments is in place; the first follow-up appointment will take place within 10 calendar days of transition. 7. The youth is engaging in a documented recent pattern of violent behavior that is compromising the safety of the youth and others in the out of home program. 8. The child/youth and/or the parent/guardian/caregiver are available but not participating in treatment or noncompliant with the treatment program's rules and regulations. The lack of participation or noncompliance is significant enough to negatively impact the overall treatment course and compromises the child/youth's ability to have a successful, positive response to treatment.