



NMRE Home-Based Practice Guidelines

SUBJECT	ACCOUNTABILITY NMRE, NMRE Member CMHSPs	Effective Date: June 16, 2015	Pages: 4
REQUIRED BY	BBA Section: PIHP Contract Section: 7.0, "Provider Network Services," P7.9.1 QAPIP Other:	Last Review Date: July 19, 2019	Past Review Date:
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: Managing Director of Quality and Customer Services	Responsible Department: Quality	Reviewers: NMRE CEO

Definitions

Assessment: A comprehensive psychiatric evaluation, psychological testing, substance use disorder screening or other assessments conducted to determine a person’s level of functioning and behavioral health treatment needs. Physical health assessments are not part of the CMH/PIHP services.

Child and Adolescent Functional Assessment Scale (CAFAS): An assessment tools used to determine a child's functional impairment in eight life domain areas.

CMHSP: Community Mental Health Services Program. For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

Family-Centered Plan of Services: An IPOS for minors inclusive of the entire family. A family driven youth guided approach recognizes the importance of family in the lives of children and that supports and services impact the entire family.

Home-Based Services for Children and Families: Services provided in the family home or in another community setting that are designed individually for each family and can include things like behavioral health therapy, crisis intervention, service coordination or other supports to the family.

Individual Plan of Services (IPOS): The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

Infant Mental Health: Support and intervention services to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder.

MDHHS: Michigan Department of Health and Human Services

Person-centered Planning: The process for planning and supporting the individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities. For youth under the age of 18, "**Family-centered Planning**" is used to incorporate the needs of all members of a family.

Practice Guidelines: Systematically developed statements to standardized care and to assist the treatment team and beneficiaries with decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines.

Wraparound Services: An established vehicle for delivery of services and supports to children and families with severe and multiple needs and risks being served by multiple agencies to maintain the child in the home. Wraparound services are to be developed through a team approach that includes the child/youth, parent(s) or guardians, other services providers/agencies, schools, extended family and friends and others that the child and/or family identifies that work together toward a common mission.

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.

Practice Guidelines

A. Identified Population

1. 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.

2. 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.

B. Assessment

1. Infant Mental Health (IMH) will minimally use those instruments sanctioned by the MHDDS-PIHP contract. The outcomes of these assessments will be shared with parents and used to determine Individual Plan of Services (IPOS) goals and achievement levels to attain a less intense level of care.
2. Home-Based youth services will minimally use the CAFAS and any other instrument required by contract with the State of Michigan.

C. Services

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

Home-Based Services will be primarily provided in the community home, with identified youth, siblings, parent(s), and other care providers present. A single provider or team of providers may be used to best treat the youth/family at the level of intensity and frequency reflected in the Plan of Services. Family and individual interventions along with consultations with other partners to the Plan of Services 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.

D. Intensity

Services will be provided in compliance with Medicaid requirements. All direct services provided by a Home-Based Services worker to a family will be counted as meeting 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.

E. Duration

1. 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 enough to permit the transition to a less intense level of care in a reasonable time period. 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 adequate.
2. 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 enough to permit the transition to a

less intense level of care in a reasonable time period. 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 adequate.

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

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

Member CMHSPs will maintain an array of services enough to support a family transitioning from the IMH or Home-Based level of care. The CMHSP will assure that the family experiences minimal disruption in treatment progress during the transition period.

G. Qualifications/Credentials

The IMH or 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.

Approval Signature



NMRE Chief Executive Officer

7/18/19

Date