

Clinical Policy: Homebuilders® Services

Reference Number: LA.CP.MP.520c

Date of Last Revision: 2/23

Coding Implications

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Homebuilders® is an intensive, in-home Evidence-Based Program (EBP) utilizing research based strategies (e.g. Motivational Interviewing, Cognitive and Behavioral Interventions, Relapse Prevention, Skills Training), for families with children (birth to 18 years) at imminent risk of out of home placement (requires a person with placement authority to state that the child is at risk for out of home placement without Homebuilders), or being reunified from placement. The goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.

Policy/Criteria

It is the policy of Louisiana Healthcare Connections that Homebuilders® Services is medically necessary when the following is met:

- I. Admission: One of the following must be met
 - a. Families with children (birth to 18 years of age), and one of the following:
 - i. At imminent risk of out of home placement, i.e., foster care, group or residential treatment, psychiatric hospitals or juvenile justice facilities (requires a person with placement authority to state that the child is at risk for out of home placement without Homebuilders®), or
 - ii. Being reunified from placement
 - b. Children and families identified with one or more of the following:
 - i. Caregiver and/or child emotional/behavioral management problems.
 - ii. Trauma exposure.
 - iii. Incurability.
 - iv. Academic problems.
 - v. Delinquency.
 - vi. Truancy.
 - vii. Running away.
 - viii. Family conflict and violence.
 - ix. Poor/ineffective parenting skills.
 - x. Single parent families.
 - xi. Sibling antisocial behavior.
 - xii. Parental/caregiver use of physical punishment, harsh, and/or erratic discipline practices.
 - xiii. Substance use.
 - xiv. Mental health concerns (depression/mood disorders, anxiety, etc.); and/or
 - xv. Additional topics such as:
 1. Poverty
 2. Lack of education
 3. Substandard housing, and
 4. Lack of supports and resources.

- c. Any member who is at risk of psychiatric admission, residential placement or about to move to a more restrictive environment due to their behavioral/emotional problems
 - d. Any member who is transitioning from a more restrictive to a less restrictive placement step-down service (such as a move from a group home to a foster home or relative)
- II. Intensity and Quality of Service: All must be met
 - a. Provide services for 4-6 weeks of intensive intervention with up to 2 booster sessions
 - b. Services are strengths-based, and goals are aimed at effective parenting, improved family environment, improved member behavior, and pro-social family involvement
 - c. Treatment provides the following support and services within the family's home and community:
 - i. Availability of services for Crisis Intervention 24 hours a day, 7 days a week
 - ii. Completes collaboratively with each family an assessment of family strengths, problems, and barriers to service/treatment and outcome-based goals and treatment plans
 - iii. Employ research-based treatment practices such as motivational interviewing, behavioral parent training, CBT strategies, and relapse prevention
 - iv. Identification of formal and informal support system, develop and enhance supports and resources for maintaining and facilitating changes.
- III. Continued Services Criteria: Criteria A-D and either E or F must be met
 - a. Family/member and services continue to still meet all admission criteria
 - b. There is reasonable expectation that the family/member will benefit for the continuation of the services
 - c. Treatment promotes developmentally appropriate behavior, activities, skills, and social skills for the member in his/her natural context through focusing on his or her individual strengths and needs
 - d. Interventions are employed in the treatment plan that are time-limited in nature and subordinate to a goal of enhanced autonomy and family functioning
 - e. Appearance of new problems or symptoms which meet admission criteria
 - f. Member requires the continuation of a treatment while in the community until an effective family and community support network can be activated.
- IV. Exclusion/Exception Criteria: A or B must be met
 - a. Family/member's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary behavioral problem as identified in the admission criteria.
 - b. Family/member is simultaneously receiving similar services of equal or greater intensity via another resource.
- V. Discharge Criteria: One of the following must be met
 - a. The member/family no longer meets continued stay criteria and has reached his/her goals.

- b. The member is not attending/engaged in treatment consistently as it is intended with the appropriate treatment parameters of care, showing a lower level of care is more fitting for the member's care.
- c. The severity of illness requires a higher level of care; child/children have been removed from the home despite efforts of treatment in place to prevent this occurring.

Background

The provider agency must be an approved Homebuilders® provider for Louisiana. The licensed entity has agreed to assume responsibility for this service under its license. The provider contracts with Institute for Family Development (IFD) for training, supervision and monitoring of services. This occurs primarily through a Homebuilders® national consultant. IFD provides training and consultation to teams as part of a contract with the Department of Children and Family Services (DCFS). Teams are expected to maintain Homebuilders® standards or they can be put on a quality improvement plan.

Homebuilders® is an intensive, in-home evidence based program (EBP) utilizing research based strategies (e.g. motivational interviewing, cognitive and behavioral interventions, relapse prevention, skills training), for families with children (birth to 18 years of age) at imminent risk of out of home placement (requires a person with placement authority to state that the child is at risk for out of home placement without Homebuilders®), or being reunified from placement.

Homebuilders® is provided through IFD. Homebuilders® participants demonstrate the following characteristics:

- Children/youth with serious behavioral and/or emotional problems in the home, school, and/or community;
- Family members with substance abuse problems, mental health problems, poverty related concerns (lack of adequate housing, clothing and/or food);
- Babies that were born substance-exposed or considered failure to thrive;
- Teenagers/adolescents that run away from home, have suicidal risk, have attendance and/or behavioral problems at school, have drug and alcohol use, and/or experience parent-teen conflict(s); and/or
- Children/youth who have experienced abuse, neglect, or exposures to violence or other trauma.

The primary intervention components of the Homebuilders® model are engaging and motivating family members, conducting holistic, behavioral assessments of strengths and problems, developing outcome-based goals. Therapists provide a wide range of counseling services using research-based motivation enhancement and cognitive behavioral interventions, teaching skills to facilitate behavior change and developing and enhancing ongoing supports and resources. In addition, therapists help families enhance their social support network and access basic needs such as food, shelter, and clothing. Homebuilders® programs have been successfully implemented in diverse and multi-ethnic/multicultural communities across the United States and other countries.

NOTE: The term “counseling” throughout the Homebuilders® section is in keeping with the nomenclature of this evidenced based practice and should not be mistaken for the counseling and

psychotherapy rendered by licensed medical health professionals (LMHPs) under their respective scope of practice license.

Homebuilders® consists of:

- **Intensity:** An average of eight to ten hours per week of face to face contact, with telephone contact between sessions. Services average 38 face to face hours. Therapists schedule sessions during the day, evening and on weekends with 3-5 or more sessions per week based on safety and intervention needs;
- **Duration:** Four to six weeks. Extensions beyond four weeks must be approved by the Homebuilders® consultant. Two aftercare 'booster sessions' totaling five hours are available in the six months following referral. Additional booster sessions can be approved by the Homebuilders® consultant; and
- **Crisis Intervention:** Homebuilders® therapists are available 24/7 for telephone and face to face crisis intervention.

Target Population

The goals of Homebuilders® are to reduce child abuse and neglect, family conflict, and child behavior problems, and improve parenting skills, family interactions, and family safety to prevent the imminent need for placement or successfully reunify children.

The Homebuilders® model is designed to eliminate barriers to service while using research-based interventions to improve parental skills, parental capabilities, family interactions, children's behavior, and well- being, family safety and the family environment.

The children are returning from, or at risk of, placement into foster care, group or residential treatment, psychiatric hospitals or juvenile justice facilities.

Homebuilders® is specifically aimed toward children and families identified with:

- Caregiver and/or child emotional/behavioral management problems;
- Trauma exposure;
- Incurability;
- Academic problems;
- Delinquency;
- Truancy;
- Running away;
- Family conflict and violence;
- Poor/ineffective parenting skills;
- Single parent families;
- Sibling antisocial behavior;
- Parental/caregiver use of physical punishment, harsh, and/or erratic discipline practices;
- Substance use;
- Mental health concerns (depression/mood disorders, anxiety, etc.); and/or
- Additional topics such as: poverty, lack of education, substandard housing, lack of supports and resources.

Core Strategies

The core program strategies are:

1. Engagement: Use a collaborative and collegial approach, and Motivational Interviewing to engage and motivate families;
2. Assessment and goal setting: Use member-directed assessment across life domains, ongoing safety assessment and planning, domestic violence assessment, suicide assessment, and crisis planning. Develop behaviorally specific and measurable goals, and specific service/treatment plans;
3. Behavior change: Use cognitive and behavioral research-based practices and interventions;
4. Skills development: Teach parents and children a wide variety of “life skills.” Use “teaching interaction” process including demonstrations, practice, feedback; utilize homework to help parents and children practice new skills between visits;
5. Concrete services: Provide and/or help the family access concrete goods and services that are directly related to achieving the family’s goals, while teaching them to meet these needs on their own;
6. Community coordination and interactions: Coordinate, collaborate, and advocate with state, local, public, and community services and systems affecting the family, while teaching members to advocate and access support for themselves;
7. Immediate response to referral: Accept referrals 24 hours a day, 7 days a week. Therapist and Supervisor are available 24-hours a day, 7 days a week;
8. Service provided in the natural environment: Provide services in the families’ homes and community;
9. Caseload size: Carry caseloads of two families at a time on average;
10. Flexibility and responsiveness: Tailor services and sessions to each family’s needs, strengths, lifestyle, and culture;
11. Time-limited and low caseload: Families receive four to six weeks of intensive intervention with up to two “booster sessions”. Therapists typically serve two families at a time and provide 80 to 100 hours of service, with an average of 38 hours of face-to-face contact with the family;
12. Strengths-based: Therapists help members identify and prioritize goals, strengths and values and help them use and enhance strengths and resources to achieve their goals;
13. Ecological/holistic assessment and individualized treatment planning: Assessments of family strengths, problems and barriers to service/treatment and outcome-based goals and treatment plans utilized with each family;
14. Research-based treatment practices: Therapists use evidence-based treatment practices, including motivational interviewing, behavioral parent training, cognitive behavioral therapy (CBT) strategies and relapse prevention. Therapists teach family members a variety of skills, including child behavior management, effective discipline, positive behavioral support, communication skills, problemsolving skills, resisting peer pressure, mood management skills, safety planning and establishing daily routines;
15. Support and resource building: Therapists help families assess their formal and informal supports and develop and enhance ongoing supports and resources for maintaining and facilitating changes; and
16. Critical thinking framework: Therapists, supervisors and managers use a critical thinking framework for assessing, planning, implementing and evaluating progress and outcomes.

Exclusions

Homebuilders® services are comprehensive of all other services, with the exception of psychological evaluation or assessment and medication management. These may be provided and billed separately for a recipient receiving Homebuilders® services.

Homebuilders® shall not be billed in conjunction with the following services:

- Behavioral health (BH) services by licensed and unlicensed individuals, other than medication management and assessment; and
- Residential services, including professional resource family care.

Coding Implications

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Reviews, Revisions, and Approvals	Date	Approval Date
Removed duplications and corrected typos. Removed exclusion for Autism, developmental delay, developmental disability or mental retardation	10/2019	
Added Core Benefits Removed attachments Added references for the policy	08/2020	
No Revisions	12/2021	
Reviewed. Template change. Changed policy number from LA.UM.97.	02/2023	5/26/23

References

1. 2017 LDH Behavioral Health Services Provider Manual (Appendix E-3 – Evidence Based Practices HOMEBUILDERS®. Updated 1/1/2023.
2. Louisiana Behavioral Health Partnership Service Authorization Criteria Issued 1/1/2023

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing

this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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