

## POLICY AND PROCEDURE

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| <b>DEPARTMENT:</b> Medical Management  | <b>DOCUMENT NAME:</b> Homebuilders® Services |
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| <b>INITIAL EFFECTIVE DATE:</b> 6/24/19 | <b>REVIEWED/REVISED:</b> 10/19, 08/20, 12/21 |
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**SCOPE:** Louisiana Healthcare Connections Medical Management (LHCC)

**PURPOSE:**

To define Homebuilders® services for Medicaid members from birth to 18 years of age, to define Provider Qualifications and Responsibilities for Homebuilders® agencies, and to establish medical necessity criteria to utilize when authorizing Homebuilders® services for Medicaid members from birth to 18 years old.

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;

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- 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

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- **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;

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- 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:

Engagement: Use a collaborative and collegial approach, and Motivational Interviewing to engage and motivate families;

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;

Behavior change: Use cognitive and behavioral research-based practices and interventions;

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;

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;

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;

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;

Service provided in the natural environment: Provide services in the families’ homes and community;

Caseload size: Carry caseloads of two families at a time on average;

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Flexibility and responsiveness: Tailor services and sessions to each family’s needs, strengths, lifestyle, and culture;

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;

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;

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;

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;

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

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.

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### **POLICY:**

LHCC will follow Louisiana Behavioral Health Partnership Service Authorization Criteria and LDH Behavioral Services Manual.

**Admission Criteria:** The specific requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission for families with children birth to 18 years of age.

### **Severity of Need:**

At least one of A-D must be met.

A. Members with child/children, birth to 18 years, returning from, or at 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® – (such as foster care, group, or residential treatment, psychiatric hospitals, or juvenile justice facilities), with at least one or more of the following:

- Family functioning issues
- Trauma exposure
- Academic problems
- Incurrigibility
- Academic problems
- Delinquency

B. Members with serious behavior problems at home and/or school with at least one of the following:

- Non-compliance with parental or school rules
- Fighting (physical and verbal)
- Serious tantrums and acting out behaviors
- Behaviors related to other conditions such as ADHD, oppositional defiant disorder, anxiety, mood disorders, reactive attachment disorders, etc.
- Withdrawn behaviors (depression) and suicidal behaviors

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

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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)

### **Intensity and Quality of Service:**

Criteria A-C must *ALL* 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:

- Availability of services for Crisis Intervention 24 hours a day, 7 days a week
- Completes collaboratively with each family an assessment of family strengths, problems, and barriers to service/treatment and outcome-based goals and treatment plans
- Employ research-based treatment practices such as motivational interviewing, behavioral parent training, CBT strategies, and relapse prevention
- Identification of formal and informal support system, develop and enhance supports and resources for maintaining and facilitating changes.

### **Continued Stay 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

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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.

### **Exclusion/Exception Criteria:**

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.

### **Discharge Criteria:**

Criteria A, B or C is being met to satisfy criteria for discharge.

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.



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| <b>REFERENCES:</b><br><b>2017 LDH Behavioral Health Services Provider Manual (Appendix E-3 – Evidence Based Practices HOMEBUILDERS®)</b><br><b>Louisiana Behavioral Health Partnership Service Authorization Criteria 2012</b> |
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| <b>ATTACHMENTS:</b><br><br> |
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| <b>DEFINITIONS:</b> |
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| <b>REVISION LOG</b>   | <b>DATE</b> |
|---|-------------|
| Removed duplications and corrected typos. Removed exclusion for Autism, developmental delay, developmental disability or mental retardation | 10/19       |
| Added Core Benefits<br>Removed attachments<br>Added references for the policy   | 08/2020     |
| No Revisions  | 12/2021     |

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a physical signature.