

<b>Series:</b>	<b>Operations</b>	<b>COA: NET 2.03, 2.04, 4.03, 5, 6, , 7.01, 7.02, 7.08, 7.09, 8 FIN 1, 2, 7.03, 7.04, RPM 2, 2.01, 2.03, 5, 9, ASE 6.02 CFOP: N/A</b>
<b>Procedure Name:</b>	Service Review for In Home and Therapeutic Services	
<b>Procedure Number:</b>	OP-1157	
<b>Revision #/Date:</b>		
<b>Effective Date:</b>	08/22/2011	
<b>Applicable to:</b>	BFP Contracted Providers	

**PURPOSE:** To provide a protocol in order to determine whether in home services are the most appropriate avenue for providing services to children and their families.

**PROCEDURE:**

**References**

**Definitions**

For the purpose of this procedure, in home services refers to any service provided in the child's and/or family's current home such as parenting services, counseling services, behavior management services. For the purpose of this procedure, therapeutic services can be in the home or in a community setting.

**Guidelines:**

Brevard Family Partnership contracts with a variety of providers who have the availability to provide services in offices, community locations, and in the home of the clients referred. In home services such as counseling, behavioral management, and other therapeutic services such as parenting are designed to enhance and improve the child and or family's functioning within the family and community. In home services may be provided in different settings where the youth is physically located, including, but not limited to the youth's place of residence, the family's home, or when necessary in community settings. Appointments for these services should be scheduled at times that meet the needs of the family and offer them the greatest benefit from this level of intervention. It is the responsibility of the in home provider to explain to the child and/or family how this In Home service will help address their needs and help the child and family identify when they have achieved maximum benefit from this level of in home service provision. Therapeutic services can be in home or in a community setting.

**All of the following criteria must be addressed in order to participate in the level of care.**

1. Following receipt for referral for In Home or Therapeutic Services, the Utilization Review Coordinator/Resource Coordinator will confirm that the child's clinical condition warrants this type of service in order to enhance problem solving, limit-setting, risk management/safety planning, communication, and/or to improve ineffective patterns of interaction and build skills to strengthen the parent/caregiver's ability to sustain the youth in their home setting or to prevent the need for more intensive levels of service such as inpatient hospitalization or other out of home behavioral health treatment services.
2. For In Home Services to be considered initially, outpatient services or services in the community must have been deemed to be not sufficient to meet the child and family's current behavioral needs.
3. In situations where the youth is in an out of home care placement, a transition plan should be developed at least 30 days prior to discharge in preparation of the child returning home. If a child is having unsupervised visitation in preparation for returning home, the transition plan should begin to be developed and incorporate the family in preparation of the child's return home.

**Reasons for denying In Home Services:**

1. The needs identified for the child or family are currently being met by other services.
2. The environment in which the services would take place presents a safety risk for the In home provider.
3. In home Services being requested to accommodate the service provider's schedule or for family convenience.

**All of the following criteria is required for continuing treatment for in home or therapeutic services:**

1. The service recipient's clinical condition continues to warrant In Home or Therapeutic Services.
2. Progress toward objectives identified In Home or Therapeutic Service is evident and has been well documented based upon the objectives defined for each need, but the need has not been substantially achieved or progress has not been made and the In Home Services or Therapeutic Services has identified and implemented changes and revisions to the treatment plan to support the youth's/family's objectives.
3. The client is actively participating in the treatment as required however, no substantial progress has been documented for the past 30-60 days and discontinuation of In Home or Therapeutic Services could result in a need for a higher level of care requiring out of home placement or more restrictive alternative services such as in patient care.
4. The parent/caregiver is actively participating in the treatment as required though no substantial progress has been documented for the past 30-60 days and discontinuation of In Home or Therapeutic Services could result in a need for a higher level of care requiring out of home placement of the child.

**Review process for continued authorization of services:**

In-Home Services or other Therapeutic Services are authorized in increments not to exceed twelve weeks per authorization. This is intended to ensure the services meet the needs of

families and are able to be tailored to meet the changing needs as they arise. If services have been in place and are approaching 20 units of authorization a review with the Services Review Committee must be held.

### **Services Review Committee Process**

Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options and interventions. The core team members that participate in the Services Review Committee include the Brevard Family Partnership (BFP) Utilization Program Manager, Children's Home Society Utilization Coordinator and/or Resource Specialist, Devereux Utilization Coordinator and/or Resource Specialist, Clinician/Staff assigned or designee, Dependency Care Manager and Dependency Care Manager Supervisor. Services Review Committee are held the 2<sup>nd</sup> Wednesday of every month beginning at 9:00 A.M. at the Central Care Center and the 2<sup>nd</sup> Monday of every month beginning at 1:00 P.M. at the South Care Center. Clients are identified through a review of authorizations in Mindshare. The conference call numbers for each care centers are as follows:  
CCC: (888) 808-6959 code: 9586124913  
SCC: (888) 808-6959 code: 1614320772

### **Scheduling of Service Review Committee Staffings**

Agendas are created monthly based on data obtained from Mindshare and are distributed electronically to all relevant parties involved in the client's treatment. Utilization Coordinators/Resource Specialists from either Devereux or CHS create and disperse agendas to providers and team members. Agendas will be sent to the respective Provider Agency at least one week prior to the scheduled meeting date.

Provider attendance/participation is mandatory for all cases in which a request for reauthorization of service is made and has met the above identified criterion. Providers can attend in person or via conference line to staffings at their identified time. If a provider fails to participate or make arrangements for a designee to attend by phone or in person, the Services Review Committee will make authorization decisions based on information available to them at the time of the meeting. Reschedules will only be done on an emergency basis and will be at the discretion of the Utilization Coordinator/Resource Specialist

### **Services Review Committee Documentation**

Providers are required to provide a copy of the Services Review Form to the committee prior to review. It must be completed in full. The Services Review Committee will review the information provided to assess current treatment issues, behaviors, changes since last review (if applicable), needs, interventions utilized and discharge plan. Copies of the Service review Committee Sign in Sheet will be provided to the provider agency at the conclusion of each staffing.

**Discharge Criteria: Any one of the following criteria is sufficient for discharge from this level of care.**

1. The client has met their goals for this type of service and continued In home or Therapeutic Services are no longer necessary.
2. The client and/or parent/caregiver are not engaged in the treatment as determined by their attendance and progress.
3. The client is placed in a residential treatment facility and is not expected to be discharged to a family home environment or a community setting with community based supports within 30-60 days.

BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



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DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
Brevard Family Partnership

APPROVAL DATE: 10/25/11