INTENSIVE INTELLECTUAL/DEVELOPMENTAL DISABILITIES OUT-OF-HOME SERVICES (INT-IDD)

Clinical Criteria

Service Description

Intensive Out-of-Home (OOH) Services are for youth with intellectual/developmental disabilities (INT-IDD). The INT-IDD OOH treatment program provides all-inclusive comprehensive integrated programming in a 24-hour staff-supervised community based setting that supports youth and young adults ages 8 to 21 who are deemed eligible for I/DD Services and present with complex challenging behavior(s) that may cause significant harm towards oneself and/or others that cannot be safely and consistently managed in their current living arrangement or in a less intensive treatment setting. The etiology or function of a youths' intensive behavior episodes are often difficult to ascertain and prevent adjustment to home, school, or community settings and can include self-injurious, destructive and/or aggressive behaviors such as hitting, biting, scratching and kicking others that often require medical attention, as well as socially inappropriate and/or dangerous behaviors like disrobing and elopement. Youth often present with co-occurring psychiatric diagnoses with accompanying symptoms that should be addressed in the youth's individual service plan. The Intensive-IDD program provides a full array of services that focus on behavioral stabilization, learning and transferring skills through multidisciplinary, multimodal interventions to achieve and/or maintain outcomes of increased independence, productivity, enhanced family functioning and community inclusion.

Criteria	
Admission Criteria	**The youth must meet criteria A through L:** A. Youth has been determined to be eligible for CSOC Functional DD Services or Division of Developmental Disabilities (DDD) services and may present with co-occurring (DSM-5R) psychiatric diagnosis and symptoms. B. 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. C. The parent/guardian/caregiver has accessed and exhausted in-home supports and services with minimal to no documented improvement. D. The youth has an established history of Intellectual Disability and is exhibiting intense emotional and/or behavioral symptoms that are significantly impacting their functioning at home, school, and in the community: a. Youth exhibits frequent intensive behavioral episodes involving self-injury and/or physical aggression, which jeopardize their personal safety and the safety of others and often requires medical attention such as hitting, biting, scratching and kicking; b. Youth engages in socially maladaptive behaviors that create significant risk for adverse outcomes such as disrobing in public and sexually inappropriate behavior; c. Youth is unable to adequately and independently function in significant life domains: family, school, social or recreational/vocational activities.

	E. The parent/guardian/caregiver or young adult, if 18 and older without a designated legal guardian, consents to treatment. F. Youth is 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 Intensive INT-IDD programming:** A. The parent/guardian/caregiver or young adult, if 18 and older without a designated legal guardian, does not voluntarily consent to admission or treatment. B. Youth is at risk for causing a potentially life-threatening injury to self or others and requires a higher level of care. C. Youth has not been determined to be eligible for CSOC DD Functional Services or DDD services. D. CSOC Assessment Tools and other relevant clinical information indicate that the youth requires a higher or lower intensity of service. E. Youth's behavioral symptoms are the sole or primary result of one or more medical conditions that warrants direct medical intervention and monitoring including but not limited to; oral or nasal suctioning, intravenous medications, tube feeding, dialysis monitoring, or catheterization. F. Youth's behavioral symptoms are the sole or primary result of a primary diagnosis of substance use disorder. G. Youth requires absolute physical assistance with transfers and mobility. H. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent/guardian/caregiver shall determine the residence of the minor. I. The youth is not in agreement with the Child Family Team's (CFT) plan for OOH treatment. There is evidence of multiple attempts by the CFT to engage the youth in the plan. J. The youth is engaging in a documented recent pattern of violent behavior that is compromising the safety of the youth and others in the OOH program.
Continued Stay Criteria	**All the following youth/family/treatment plan criteria are necessary for continued treatment:** A. The Strength and Needs Assessment (SNA) or other CSOC approved/required IMDS tools, indicate that the youth continues to meet criteria for Intensive IDD OOH services. B. Intensive IDD OOH services continue to be required to support reintegration of the youth into a less restrictive environment; C. The JCR/treatment plan is appropriate to the youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment.

	D. The youth is actively participating in treatment to the extent possible and consistent with their condition, or there are active efforts being made that can reasonably be expected to lead to the youth's engagement in treatment. E. Family/guardian/caregiver is actively involved in the treatment as required by the treatment plan to the extent all parties are able to participate. F. Individualized services and treatments are tailored to achieve optimal results and are consistent with sound clinical practice. G. Progress in relation to specific symptoms or impairments is clear 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. H. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is clinically indicated; I. There is documented evidence of active, individualized transition planning from the beginning of treatment. J. There is documentation and evidence of collaboration within the Child/Family team.
Transitional Joint Care Review (TJCR) - Transition Request Criteria	**If the Child Family Team (CFT) is requesting transition to a different CSOC OOH treatment setting via TJCR, ALL the 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: A. Treatment needs that were addressed in the current episode of care and any previous episodes of OOH treatment. B. Treatment interventions that were successful and/or unsuccessful in the current episode of care and any previous episodes of OOH treatment. C. Behaviors/needs that warrant a different OOH intensity of service. D. The youth's perspective on proposed transition (applicable based on cognitive abilities). E. Justification as to why another OOH treatment episode is in the youth's and family's best interest. F. Barriers to reintegrating the youth into the community at this time. G. A community reintegration plan for the youth.
Discharge Criteria	**Any of the following criteria are sufficient for discharge:** A. Youth's documented treatment plan goals and objectives for this intensity of service, as reported in their individualized treatment plan, have been met. B. The CSOC Assessment and other relevant information indicate that the youth needs a higher intensity treatment program or a lower intensity treatment program. C. After a period not to exceed 12 months of making adjustments in the treatment plan to include strategies for achieving unmet goals, the treating provider has determined that the youth's progress in acquiring, retaining, improving and/or generalizing learned behavioral, self-help, socialization, and adaptive skills has plateaued and there is no reasonable expectation of further progress at this intensity of service. The treating provider has determined that

	the youth can maintain current functioning without posing a risk of serious harm to self and others within the community. D. Support systems which allow the youth to be maintained in a less restrictive environment have been thoroughly explored and/or secured. E. Consent for treatment is withdrawn by the parent/guardian/caregiver and/or young adult if 18 and older without a designated legal guardian. F. 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. G. The youth is engaging in a documented recent pattern of violent behavior that is compromising the safety of the youth and others in the OOH program. H. A discharge plan with follow-up appointments is in place; first follow-up appointment will take place within 10 calendar days of discharge.