Children’s Intensive In-home Behavioral Support

A Home and Community Based Services Waiver of the Division of Developmental Disabilities

November 2012
Children’s Intensive In-home Behavioral Support

- Washington State has designed the Children’s Intensive In-home Behavioral Support (CIIBS) Waiver to address the needs of children and youth with:

  - Autism Spectrum Disorders (ASD); or
  - Other developmental disabilities; and who are
  - At high or severe risk of out-of-home placement due to significantly challenging behaviors.
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Background
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RHC Admissions for Youth Under Age 18
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To address this growing trend of families requesting institutional placement of their children:

- Advocates requested legislation and funding for a new HCBS waiver – 2008 supplemental session
- Legislature appropriated funding for 3 year period to serve up to 100 youth; legislation itself did not pass
- DDD began work with stakeholders and reintroduced legislation during 2009 session
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Approvals to begin the program …

- **04/23/2009**  Governor Chris Gregoire signed Substitute Senate Bill 5117 to establish intensive behavior supports for children in their family home.

- **05/01/2009**  Effective date the federal Centers for Medicare and Medicaid Services (CMS) gave Washington for its approval of this new Home and Community Based Services Waiver.

- **09/01/2012**  Effective date CMS gave Washington its approval of the renewal of the CIIBS waiver through August 2017.
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Eligibility
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DDD contracted with Research and Data Analysis (RDA) to identify predictors of out of home placement.

RDA compared characteristics of children and youth living in RHCs, LSRs*, and with their families, with a high risk group and a control group.

RDA’s work resulted in a statistical formula used for program eligibility.

* Licensed Staffed Residential
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Eligibility Requirements

- Age 8-17 (served until age 21)
- Caregiver Risk Score is Medium or Higher
- High Behavior Acuity
- Family Agrees to Participate in the Program
- High or Severe Out-of-home Placement Risk Score
Algorithm:
Rules outlined in WAC Chapter 828 (DDD Assessment)

WAC 388-828-8505 When does the DDD assessment run the CIIBS algorithm to determine your eligibility for the CIIBS waiver?

- (1) You are the assessed age of eight or older and under age eighteen;
- (2) Your behavior acuity level is high
- (3) Your caregiver’s risk score is medium, high or immediate
- (4) Your ICF/MR score is eligible
- (5) You are not enrolled in the CIIBS waiver.
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What determines a child’s out-of-home placement risk?

High or Severe Out-of-home Placement Risk Score

Predictors include child and family characteristics …
<table>
<thead>
<tr>
<th>Clients meeting criteria in 828-8505:</th>
<th>Beginning score = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible condition of autism in the DDD determination</td>
<td>Add 40 points</td>
</tr>
<tr>
<td>ADL support needs level = high, medium or low</td>
<td>Subtract 54 points</td>
</tr>
<tr>
<td>Most prominent behavior = assault/injury AND Severity = &quot;potentially dangerous“ or &quot;life threatening&quot;</td>
<td>Add 14 points</td>
</tr>
<tr>
<td>Level of monitoring required during awake hours = &quot;Line of sight/earshot&quot;</td>
<td>Add 13 points</td>
</tr>
<tr>
<td>Caregiver risk level = high or immediate</td>
<td>Add 136 points</td>
</tr>
<tr>
<td>&quot;No other caregiver available&quot;</td>
<td>Add 33 points</td>
</tr>
<tr>
<td>Mobility acuity level = high, medium or low</td>
<td>Subtract 15 points</td>
</tr>
</tbody>
</table>

Points added in relation to strength of predictor;  
Points subtracted in relation to strength of reverse predictor.
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<table>
<thead>
<tr>
<th>If your CIIBS out-of-home placement risk score is:</th>
<th>Then your CIIBS eligibility is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>96 or Greater</td>
<td>Yes - Severe</td>
</tr>
<tr>
<td>17 through 95</td>
<td>Yes - High</td>
</tr>
<tr>
<td>Less than 17</td>
<td>No – Not Eligible</td>
</tr>
</tbody>
</table>

No single predictor is required for eligibility.
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**FAMILY PARTICIPATION AGREEMENT**

Before a child is enrolled on the waiver, parents/primary family caregivers agree to participate actively in the program themselves:

- To participate in the design of their child’s Positive Behavior Support Plan (PBSP);
- To help develop a team of support and meet regularly;
- To receive support and training to make changes to their home environment according to the PBSP.
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Evidence based intervention and collaboration through a child and family centered lens is the core of the CIIBS approach.
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Outcomes **DDD seeks to achieve through CIIBS:**

- children growing up with the experience of family life;
- increased family confidence in their ability to keep their child and others safe;
- decreased behavior that interferes with quality of life; and
- an increase in the development of skills result in greater self-expression, improved relationships, and independence.
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Based upon the identification of specific child and family risk factors, CIIBS is designed to support both the child and the family:

Challenging behavior is addressed through positive behavior support, which has evidence based implications for improving quality of life for families in addition to effectively reducing a child’s challenging behavior.

Case managers plan and deliver services according to the wraparound model, a best practice model of service delivery for children and youth.
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The CIIBS model has three primary components:

- Intensive Case Management
- Positive Behavior Support
- Wraparound
1) Intensive case management:

- Reduced caseload ratios (1:18)
- Follow up activities incorporating quality measures
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2) Positive Behavior Support:

- Emphasizing family involvement
- Skill development
- Reducing challenging behaviors
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3) Wraparound:

Child and family centered teams

Cross system collaboration
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Intensive Case Management

Monthly meetings for the first 90 days

Collect baseline information: child skills, challenging behaviors, and family stress

Assess need and develop individual support plan;

Promote smooth transition to waiver services
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Intensive Case Management

- Monitor individual support plans
- Quarterly ongoing team meetings; sooner as needed
- Identification of barriers to successful implementation of intervention strategies
- Collect follow-up information: child skills, challenging behaviors, family stress, and measures of collaboration among parties
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Positive Behavior Support

- Positive behavior support (PBS) is widely used in the schools and social service agencies throughout Washington State and the nation. When applying the principles of PBS in the family home …

Family-child interactions
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Functional Assessment (FA)

- Services begin with FA to identify challenging behavior
- Identify causes, triggers, and factors contributing to behavior
- Determine the purpose of challenging behavior

Positive Behavior Support Plan (PBSP)

- Based on FA
- Designed to fit child and family
- Clearly outline interventions to address challenging behaviors
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Positive Behavior Support

• Families know their own child better than anyone else on the assessment team and are affected the most by the strategies employed to address behavior and skill development. PBS plans must be a good fit for both the child and the family in order to be the most effective.
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Behavior Specialists involve the family members in the design as well as the implementation of strategies and take into account the following contextual characteristics:

- family constellation;
- daily routines and frequent activities;
- availability of natural supports;
- cultural background;
- values held by the family; and
- health of family members.
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Behavior Specialists: Ph.D. or M.A. level therapists with expertise in Positive Behavior Support in the family context

- Conduct Functional Assessment
- Design written Positive Behavior Support Plans
- Provide training and consultation
- Collect and review data
- Oversight – ensure ongoing efficacy of plan

Behavior Technicians: Experienced line therapists

- Implement treatment according to design
- Work alongside families in the home

http://www.dshs.wa.gov/ddd/waivers.shtml
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Wraparound

Health and Service Providers

School

Family and Friends
What is Wraparound in CIIBS?

- Wraparound is a planning process that brings people from different parts of the whole family’s life into a team to work together and coordinate ideas and supports.

- CIIBS Case Managers act as the team facilitator.

- Planning follows specific activities, phases, and key principles.
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Wraparound Teams in CIIBS

- The team approach provides a holistic view of each child’s interactions and supports in different settings, which more fully informs the PBS plan and the individual support plan.

- Team members are chosen by the child and family and include family members, friends, community members, service providers, school staff, and other service system representatives.

- Refer to Wraparound Family Guide a tool from the National Wraparound Initiative, for more information.
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Principles of Wraparound

- Family/Youth Voice
- Natural Supports
- Collaboration
- Outcome Based
- Community Based
- Team Based
- Individual
- Strengths Based
- Persistence
- Culturally Competent

ADSA Aging & Disability Services Administration
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Essential Services:

- Behavior Support
- Planned Respite
- Staff & Family Training
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Ancillary Service:

* When Positive Behavior Support is implemented amidst family life, challenges and barriers to consistency arise.

* Factors such as family member anxiety, depression, and marital conflict may impact the family’s ability to make changes in the home.

* These barriers are addressed in a variety of ways, including individual and family counseling and the wraparound planning process itself.
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CIIBS Goods and Services:
- Therapeutic Equipment and Supplies
- Vehicle Modification
- Specialized Nutrition
- Specialized Clothing
- Assistive Technology
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Total Waiver Service Package:

- Behavior Management and Consultation
- Staff/Family Training and Consultation
- Respite In-Home and Out-of-Home
- Personal Care
- Specialized Medical Equipment and Supplies
- Therapeutic Equipment and Supplies
- Assistive Technology
- Environmental Accessibility Adaptations
- Vehicle Modifications
- Transportation
- Specialized Nutrition
- Specialized Clothing
- Specialized Psychiatric Services
- Nurse Delegation
- Sexual Deviancy Evaluation
- Occupational Therapy
- Physical Therapy
- Communication Therapy

Average Cost: $4000 per month per child
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Average Cost of Service

Per Month

<table>
<thead>
<tr>
<th>Service</th>
<th>Average Cost Per Month</th>
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<tbody>
<tr>
<td>RHC</td>
<td>$16,293</td>
</tr>
<tr>
<td>LSR</td>
<td>$10,810</td>
</tr>
<tr>
<td>CIIBS*</td>
<td>$4,000</td>
</tr>
<tr>
<td>IFS</td>
<td>$280</td>
</tr>
</tbody>
</table>

RHC = Residential Habilitation Centers
LSR = Licensed Staffed Residential
CIIBS = Children Intensive In-home Behavioral Support
IFS = Individual and Family Services
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For more information:

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