



NJ Children's System of Care Service Array for Intellectual/Developmental Disabilities Overview

Service Array for DD Eligible Children and Youth

- Mobile Response and Stabilization Services (MRSS)
 - Care Management Organization (CMO)
 - Family Support Services (Respite, Assistive Technology, Educational Advocacy)
 - Intensive In-Home (IIH)
 - Out of Home Treatment (OOH)
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Mobile Response

Urgent Response to a Family Driven Crisis

- ✓ Engagement of youth and family
- ✓ Coordination of Supports and Services
- ✓ Linkage and Connection
- ✓ Family Support and Service
- ✓ DD Eligibility
- ✓ Documentation

Care Management Organizations (CMO)

- CMOs are agencies that provide care coordination and care planning for children and their families with moderate and complex needs and are responsible for facilitating access to a full range of treatment and support services
- They facilitate and work within **child-family teams** to develop individualized plans of care based on assessment; youth focused, family driven; youth and family voice and choice
- Responsible for facilitating access to a full range of treatment and support services

Family Support Services (FSS)

- Designed to maintain and enhance the quality of life of a young person with an intellectual/developmental disability and his or her family.
- Designed to strengthen and promote families that provide care at home for a child or young adult.
- These services can include Educational Advocacy, Assistive Technology (including assistive devices, vehicle and environmental modifications), and Respite Care.

Educational Advocacy

- Educational Advocacy is a statewide advocacy program that provides in-depth direct advocacy support to I/DD youth enrolled in school.
- Youth must be DD Eligible to qualify for this service. Families access this service through PerformCare directly. There's no need for CMO or MRSS involvement.
- Each youth receiving Educational Advocacy will have an Individual Service Plan (ISP) which outlines the goals and tasks the advocate will assist the family in achieving
- The goals of Educational Advocacy include decreasing the amount of students graduating prematurely, continuing educational service to prevent regression and enhance social and educational growth, increase independence, increase opportunities for employment, volunteerism and post-secondary education.

Assistive Technology

Assistive Technology Devices: Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Home Modifications: Adaptations to the home and/or vehicle which

- are deemed necessary to ensure the health, welfare, and safety of the individual,
- enable the individual to function more independently in the home and community.
- assist the family in maintaining the youth in the family home.

Vehicle Modifications: Adaptations to the family vehicle that allow an I/DD child/youth to gain easier access in and out of the vehicle.

*Cap of \$11,000 per child every 3 years.



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Respite

Respite gives families caring for I/DD youth an opportunity for a break from caregiving responsibilities.

- Youth must be DD Eligible.
- Families can apply directly through PerformCare (no need for CMO or MRSS involvement)
- Agency After-school (240 hrs in a 90-day period)
- Agency-hired (60 hrs in a 90-day period)
- Agency Weekend (75 hrs in a 90-day period)
- Self-hired (family finds caregiver) (60 hrs in a 90-day period)
- Overnight (6 nights)



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Intensive In-Home (IIH)

- Youth must be DD Eligible
- Must be enrolled in CMO or MRSS services.
- Each of the 3 IIH services require caregiver and/or family commitment, involvement, and participation.
- Families are essential team members in the identification of needs, strengths, strategies and reporting progress.

IIH Clinical

- IIH Clinical provides a master's level clinician for 1-4 hours per week (typically 2)
- Can be combined with ISS for additional support
- Serves youth with co-occurring I/DD and BH (depression, anxiety, trauma)
- Clinical & therapeutic services focus on both youth and family and requires family to address family dynamics
- May include individual and family therapy

IIH Behavioral

- IIH Behavioral provides Applied Behavioral Analysis (ABA) treatment
- Board Certified Behavior Analyst (BCBA) authorized for 3 hours weekly supervision
- Supervisor works with behavioral technician who can be authorized 10-17 hours per week depending on the intensity of need
- IIH Behavioral addresses dangerous and/or maladaptive behaviors (elopement, self injury, aggression)
- Parents/caregivers are trained to implement the behavior support plan

Individual Supports Services (ISS)

- Up to 10 hours per week
- Teaches skills to youth and trains the parent in the implementation of the plan to support the youth
- Addresses adaptive behavior and skill development for activities of daily living (ADLs)
- Basic activities of daily living consist of self care tasks
- Instrumental activities of daily living enable an individual to live independently in the community

Activities of Daily Living (ADLs)

Basic ADL's	Instrumental ADL's
Eating	Wash dishes
Toileting	Use of a telephone
Hygiene	Prepares simple meals
Dressing	Changes bed linens
Financial	Ability to manage money (pay bills, budgeting)

Out of Home Categories



- **Special Skills Home**
- **Group Home-Level 1**
- **Group Home-Level 2**
- **Specialty Home**
- **Psychiatric Community Home**
- **Intensive Psychiatric Community Home**

Examples of I/DD OOH

Intensity	Description	Supervision/Ratios	Services Include
IDD GH1	Community based homes for youth diagnosed with intellectual developmental disabilities and presents with challenging behavior needs	1:3 ratio 24/7 staff supervision Minimum of two awake staff at all times	Clinical treatment (individual/group/family) Psychiatric/APN treatment if youth is on meds RN nurse as needed BCBA/Behavior Technician
	Attends school in community		Allied therapy
	Community based activities		Habilitation/Activities of Daily Living (ADL) training as needed
	Provides IDD specific interventions directly related to established goals with a plan to return youth to non-clinical setting.		

Examples of I/DD OOH Cont.

Intensity	Description	Supervision/Ratios	Services Include
IDD GH2	Community based homes for youth diagnosed with intellectual developmental disabilities and presents with challenging behavior needs	1:2 ratio 24/7 staff supervision Minimum of two awake staff at all times	Clinical treatment (individual/group/family) Psychiatric/APN treatment if youth is on meds RN/LPN nurse as needed BCBA/Behavior Technician
	Attends school in community		Allied Therapy
	Community based activities		Habilitation/Activities of Daily Living (ADL) training as needed
	Provides IDD specific interventions directly related to established goals with a plan to return youth to non-clinical setting.		

