APPENDIX 5

HOMEBUILDERS®

Service Definition

Homebuilders® is an intensive in-home, evidence-based practice (EBP) utilizing best practice strategies (e.g., motivational interviewing, cognitive and behavioral interventions, relapse prevention, and skills training) for families with children birth to 18 years of age who are at imminent risk of out-of-home placement. Homebuilders® may also be provided to families that are reunifying with a child returning home from an out-of-home placement. The Homebuilders® model is designed to eliminate barriers to services while using research-based interventions to improve parenting skills, parental capabilities, family interactions, children's behavior and well-being, family safety, and to create a more positive and healthy family environment.

The Homebuilders® model has clearly defined standards that guide program implementation and clinical practice, and an ongoing training and quality enhancement system to ensure model fidelity and to provide regular program evaluation for service delivery improvements.

Those who benefit from Homebuilders® typically exhibit the following characteristics:

- Children or youth with serious behavioral and/or emotional problems in the home, school, and/or community;
- Family members who have substance use problems, mental health concerns, and/or poverty-related issues (i.e., lack of adequate housing, clothing, and/or food);
- Babies that were born substance-exposed or considered failure to thrive;
- Teenagers/adolescents who are at risk of suicide, running away from home, who have attendance and/or disciplinary problems at school, engage in substance 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, and developing outcome-based goals. Homebuilders® includes 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, Homebuilders® helps 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 practitioners of the healing arts (LPHAs) under the respective scope of practice defined by their South Carolina license.

Homebuilders® consists of the following:

- **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 over the duration of services. Providers schedule sessions during the day, evening, and on weekends with 3-5 or more sessions per week based on identified goals, safety, and family and child needs;
- **Duration**: Four to six weeks. Extensions beyond four weeks must be approved by the Homebuilders® consultant or trained team supervisor. 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
- **Crisis Intervention**: Homebuilders® specialists are *available 24 hours/day, seven days/week* for telephone and face-to-face crisis intervention. The Homebuilders® supervisor is the backup for the specialist and is also available 24 hour/day, seven days/week for the specialist and family. The Homebuilders® program manager is the back up for the supervisor, also 24 hours/day, seven days/week.

Target Population

Homebuilders® is specifically aimed toward children and families identified with:

- Parental/caregiver use of physical punishment, harsh, and/or erratic disciplinary practices;
- Substance use;
- Mental health concerns (depression/mood disorders, anxiety disorders, etc.);
- Caregiver and/or child emotional/behavioral management problems;
- Family conflict and violence;
- Ineffective parenting skills;
- Incorrigibility;
- School-related problems;
- Delinquency;
- Truancy;
- Running away;
- Trauma exposure; and/or
- Sibling antisocial behavior.

Families with a child or youth at imminent risk of out-of-home placement are appropriate for referral to an approved Homebuilders® provider (see *Provider Qualifications and Responsibilities*, below, for further information).

Homebuilders® Standards and Fidelity Measures

Homebuilders® providers are required to comply with the following standards and fidelity measures: Homebuilders® Standards are available at:

HOMEBUILDERS-Standards-5.1.pdf (institutefamily.org).

To learn more about Homebuilders® fidelity measures, providers must consult the Institute for Family Development:

HOMEBUILDERS Site Development - Institute for Family Development

The standards and fidelity measures are the core components of Homebuilders® services and must be adhered to for reimbursement through SC Healthy Connections Medicaid.

Medical Necessity

Eligibility Criteria: Children identified as most appropriate for Homebuilders® are at risk of, or returning from, placement in foster care, group care or PRTF, psychiatric hospitals, or juvenile justice facilities. The referring agency has determined that the child would be placed in out-of-home care or cannot return home without intensive home-based services, which constitutes medical necessity for Homebuilders services. The family must also be available and agreeable to participate in an intensive, four to six-week intervention; at least one caregiver must be willing to meet with the Homebuilders® provider. Additionally:

- The child can remain in the home and will not be at risk of imminent harm if intensive in-home services are provided.
- Less intensive services do not sufficiently reduce the risk of placement or facilitate reunification, are unavailable, or have been exhausted.
- If a child is referred for reunification, the child will be returned to the family within 7 days of the start of services.

Assessment

Homebuilders® providers shall conduct behaviorally specific, interactive, and holistic assessments of the family. The assessment integrates information collected from a variety of sources including but not limited to direct observation, local county DSS, and information obtained through collateral contacts (e.g. school personnel, healthcare and substance use disorder providers, etc.) and family members. Assessment is an ongoing process that begins at the time of referral and continues through the termination of services.

The most recent version of The North Carolina Family Assessment Scale (NCFAS v.2), which is validated for Homebuilders® programs, is the framework used for the assessment of child and family strengths and problems. The NCFAS assesses five domains of family functioning with overall scores taking into account multiple categories for each of the domains. The five domains include:

1. Environment
2. Parental capabilities
3. Family interactions
4. Family safety, and
5. Child/youth wellbeing (of child at imminent risk)

This assessment process includes, but is not limited to:

- An assessment of safety and family functioning
- An assessment of family strengths and needs
- Identifying family resources and their informal/formal supports
- Exploring family values and beliefs
- Assessing skills
- Identifying problems and barriers to achieving the family's stated goal

Outcomes Measurement

The NCFAS is utilized during assessment and treatment to summarize the overall case conceptualization and is used as a pre/post measurement tool to observe change, as well as to guide the service plan created for treatment.

Therapeutic Goals and Core Strategies

NOTE: The phrase “Homebuilders® Specialist” or “Specialist” may be used interchangeably with the term “providers” throughout this section.

The therapeutic goals of Homebuilders® are to improve parenting skills and family functioning, increase parent/caregiver and/or child’s behavioral and emotional management skills, and to increase the safety of all family members in order for children/youth to remain in the home.

Homebuilders® services are provided primarily in the family’s home. Some client contact may occur in other community locations that are part of the client’s natural environment. Service intensity (hours per week and total hours per intervention) varies across families, based on their identified needs.

The core program strategies as defined by the Homebuilders® model include:

- **Engagement**: Use of a collaborative and collegial approach with Motivational Interviewing to engage and motivate families.
- **Assessment and goal setting**: Use of member-directed assessment across life domains, ongoing safety assessment and planning, domestic violence assessment, suicide assessment, and crisis planning; developing behaviorally specific and measurable goals, with specific service/treatment plans.
- **Behavior change**: Use of research-based cognitive and behavioral practices and interventions,
- **Skills development**: Facilitating the development of a wide variety of “life skills” for both parents and children; use of a “teaching interaction” process including demonstrations, practice, and feedback; provision of homework to parents and children for practicing new skills between Homebuilders® visits.
- **Concrete services**: Provision of and/or assisting the family’s access to discrete goods and services that are directly related to achieving the family’s goals, while facilitating their ability to meet these needs on their own.

- **Community coordination and interactions**: Coordinating, collaborating, and advocating with state, local, public, and private community services and systems affecting the family, while teaching members to advocate and access support for themselves.
- **Immediate response to referral**: Accepting referrals 24 hours/day, 7 days/week. Therapist and Supervisor are available 24-hours/day, 7 days/week.
- **Service provided in the natural environment**: Provision of services in the families' homes and communities.
- **Caseload size:** Carrying caseloads of two families at a time.
- **Flexibility and responsiveness**: Tailoring services and sessions to each family's needs, strengths, lifestyle, and culture.
- **Time-limited and low caseload**: Providing four to six weeks of intensive intervention with up to two "booster sessions". Specialists typically serve two families at a time and provide approximately 80 hours of service, with an average of 38 hours of face-to-face contact with the family.
- **Strengths-based**: Specialists helping members identify and prioritize goals, strengths, and values and helping 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 services/treatment and outcome-based goals and treatment plans utilized with each family.
- **Research-based treatment practices**: Specialists' use of evidence-based treatment practices, including motivational interviewing, behavioral parent training, cognitive behavioral therapy (CBT) strategies, and relapse prevention. Specialists facilitate family members' incorporation of a variety of skills, including child behavior management, effective discipline, positive behavioral support, communication skills, problem-solving skills, resisting peer pressure, mood management skills, safety planning, and establishing daily routines.
- **Support and resource building:** Assisting families in assessing their formal and informal supports and developing and enhancing ongoing supports and resources for maintaining and facilitating positive change; and
- **Critical thinking framework**: Specialists, supervisors, and managers use of a critical thinking framework for assessing, planning, implementing, and evaluating progress and outcomes.

Treatment Planning

Homebuilders® specialists shall develop a Service Plan in collaboration with the family and relevant collateral supports within the second week of services. The Service Plan shall include behaviorally specific intervention goals that focus on the issues contributing to the danger of placement or barriers to successful reunification and promote skill development and behavior change.

The Service Plan shall identify a problem statement, indicate what domain the problem is related to (environment, parental capabilities, family interactions, family safety, or child wellbeing), list goals for each problem statement, identify measurable outcomes for each goal (indicators of progress), and describe the action plan (which includes all the actions the staff will

take with the family member to help them reach their goal). The Service Plan is updated when needed to reflect changes in family circumstances/functioning and incorporate safety planning.

Goals must address any domains on the NCFAS that are assessed as being below baseline/adequate (score = 0) if they are related to the reason for referral. It is possible for one goal to address multiple domains. There may also be goals that do not specifically relate to one of the domains.

The NCFAS Assessment and Service Plan are shared with the contracting agency fourteen days after the start of the intervention.

The Service Summary with a Post-NCFAS Assessment is shared seven days after case closure.

The Service Plan shall include the following steps:

1. Identifying family strengths, helping the family define the specific goals of intervention, showing the family how improvements can occur, helping the family resolve or improve safety concerns. Examples of goals include but are not limited to: improving the condition of the home, improving parenting skills, increasing emotion management skills, improving decision-making skills, increasing safety skills, increasing relapse prevention skills, and increasing communication skills.
   and
2. Ensuring staff provide a wide range of goal-directed services to the family which may include but shall not be limited to assessing risk and aiding the family in developing a behaviorally-specific safety plan.

Action Plans and Progress Indicators*:*

1. **Action plans** for achieving the goal of improving the condition of the home could include, but are not limited to, active listening; motivational interviewing; psychoeducation of parents around keeping their children safe (ex., putting locks on the doors, identifying unsafe objects, etc.); and assisting the parents in developing a progress maintenance plan at the time of closure.
   - **Indicators of goal achievement** could include but are not limited to the parent(s) using the locks on the doors to keep children safe; ensuring all safe objects are away from the children; reducing roach infestation; and parent(s) identifying what they have learned about the dangers of infestations, per their report and or specialist observation.
2. **Action plans** for achieving the goal of increasing parenting skills could include but are not limited to, active listening; motivational interviewing; psychoeducation and modeling of timeout procedures; psychoeducation of parent(s) about child development, developmental milestones, and children's abilities at different ages; positive reinforcement strategies using literature, rationale, modeling, and providing opportunities for the parent(s) to practice; assisting parent(s) with skills such as planned ignoring and modeling calmness; engaging child(ren) in enhancing skills for following instructions with the use of games, stop and go signs, and opportunities for practice; and assigning homework activities to practice skills taught in sessions.

- **Indicators of goal achievement** could include but are not limited to the parent(s) articulating what autism is and what it looks like, for example; the parent(s) using parenting strategies such as “when then” and “time out;” per their report and specialist practitioner observation.

3. **Action plans** for achieving the goal of improving emotion management skills could include but are not limited to, using the steps of providing psychoeducation, modeling, and practicing how to identify and challenge unhelpful self-talk, using Rational-Emotive Behavioral Therapy techniques to replace negative self-talk, identifying and implementing new coping skills, and using positive affirmations.
   - **Indicators of goal achievement** could include, but are not limited to, the parent reporting and/or the specialist observing the use of positive affirmations, challenging negative self-talk, and utilizing new coping skills to manage emotions.
4. **Action plans** for achieving the goal of improving decision-making skills could include but are not limited to, using the steps of providing psychoeducation, modeling, and practicing how to understand the process of change, exploring decision-making skills by using activities such as decisional balance, understanding distress tolerance, and use Dialectical Behavior Therapy (DBT) skills to increase awareness and respond to feelings.
   - **Indicators of goal achievement** could include but are not limited to, the parent reporting and the specialist observing use of identified skills when making decisions or using DBT skills to increase awareness.
5. **Action plans** for achieving the goal of increasing safety skills could include, but are not limited to, developing a Safety Plan with the parent to recognize situations that may be unsafe; to recognize unsafe situations in the community when encountering a past partner who was abusive and steps they can follow to remain safe; psychoeducation around the domestic violence and how it impacts families and children; supporting the parent in increasing natural supports; and psychoeducation for the youth in the home about personal safety.
   - **Indicators of goal achievement** could include but are not limited to the parent reporting and the specialist observing use of steps from Safety Plans to manage unsafe situations; installation of door locks, window alarms, and security cameras; parent utilizing steps to make safe decisions about supervising children; and utilization of identified support network and natural supports.
6. **Action plans** for increasing relapse prevention skills could include but are not limited to, developing a Relapse Prevention Plan with the parent, identifying triggers, replacement activities, and steps to take when they feel like using substances, with the use of literature, rationale, and motivational interviewing; psychoeducation of Adverse Childhood Experiences; working on the concept of relapse; supporting the parent in attending urine drug screens when requested by the referent; and assigning the parent homework activities to practice skills taught in sessions.
   - **Indicators of goal achievement** include, but are not limited to, utilizing at least two replacement activities to support sobriety; utilizing items for self-care; the parent supporting the children in using self-care; and the referent reporting that the parent

attended requested urine drug screens as scheduled and was negative for all substances not prescribed.

7. **Action plans** for increasing communication skills could include but are not limited to, introducing and reinforcing the use of "I" statements during times of conflict; engaging parent(s) in active listening through modeling and role-playing, and creating a feeling thermometer with the family members to help them identify and express what their emotions look like and how they escalate.
    - **Indicators of goal achievement** include, but are not limited to, use of effective "I" statements during times of conflict; parent(s) role-playing active listening; parent(s) using the feeling thermometer when feeling angry; and parent(s) using coping skills during times of stress.

Transition and Service Closure

Homebuilders® specialists shall, prior to the conclusion of services and in conjunction with the family, develop a written plan to maintain progress achieved and identify unmet and/or ongoing service needs of the family. The specialist, in consultation with the referring state agency, shall assist the family in connecting to needed resources and services to support them following case closure. A team meeting shall be part of this process to make sure there is agreement and accountability by all involved and to ensure that the family has supports in place and understands next steps.

A Homebuilders® Service Summary (which includes the NCFAS post-service ratings) shall be completed and emailed to the referent seven (7) days after case closure. The service summary will include goal assessment, plan for maintenance of progress, address family members concerns and questions about service closure, and address ongoing service needs. A copy of the Service Summary must be maintained in the individual case file.

An extension of Homebuilders® is considered if:

- Out-of-home placement is still imminent, the family still has treatment goals they wish to actively pursue, and there are no other community resources that could help them reach these goals.

  and/or
- If the specialist, supervisor, and the family are concerned that termination could pose a reemergence of imminent risk for out-of-home placement due to high risk of disintegration should termination occur.

In the event the above conditions are met, documentation must carefully demonstrate the process of assessing and determining whether the extension is appropriate.

At case closure, in addition to completing the Progress Maintenance Plan and Service Summary with post-NCFAS, the specialist:

- Provides the Family Satisfaction Survey and Referring Worker Survey. A copy of the completed forms shall be maintained in each case record.

- Contacts the most involved parent in each family served and administers a follow-up evaluation at six (6) and twelve (12) months after termination. If a home visit is not possible, a telephone contact shall be attempted. Five telephone contact attempts shall be made and documented.

Provider Qualifications and Responsibilities

Homebuilders® providers must complete enrollment as a Rehabilitative Behavioral Health Services provider through SC Healthy Connections Medicaid. The provider agency must meet all qualifications as required in the "Provider Medicaid Enrollment and Licensing" section (Chapter 3) of the RBHS provider manual.

Exceptions:

- Provider agencies exclusively providing the evidence-based practice Homebuilders® are not required to be accredited by CARF, TJC, or COA due to the extensive nature of consultation, supervision, and training provided by IFD. These agencies must maintain good standing with IFD (as verified by the referring SC state agency or SCDHHS) and ensure fidelity to the Homebuilders® model in order to be exempt from the accreditation standard for RBHS providers. Service provision outside of Homebuilders® requires providers to meet accreditation standards as noted in this manual.
- Provider agencies exclusively providing the evidence-based practice Homebuilders® are excluded from the requirement of having documentation completed by bachelor's level providers co-signed by an LPHA; additionally, it is allowable for the assessment and Homebuilders® Service Plan to be completed by the bachelor's level provider based on the oversight and scrutiny afforded by IFD *as long as* the Service Plan is approved and authorized by the team supervisor and/or program manager. Such provider entities shall develop policies and procedures to ensure:
  - Members requiring more intensive behavioral health services due to identified and reported concerns and issues are referred/linked to these services as necessary;
  - Assessments are complete and thorough as per the Homebuilders® model and that session documentation fulfills basic Medicaid requirements (see further information in *"Service Documentation,"* below).

Staff Education Level/Qualifications and Training

Homebuilders® specialists generally operate within a team of three to five therapists, a supervisor, a program manager, and clerical support. Any exceptions to this are made by the Institute for Family Development.

Education/Qualifications:

- Homebuilders® Specialists
  - Master's degree in psychology, social work, counseling, or a related field *or* bachelor's degree in psychology, social work, counseling, or a related field plus two years of experience working with families.
- Homebuilders® Supervisors

- Master's degree in psychology, social work, counseling, or a related field or bachelor's degree in psychology, social work, counseling, or a related field plus four years of experience providing the Homebuilders® model; additionally, the supervisor must have one year supervisory/management experience.

- Homebuilders® Program Managers
  - Program Managers must meet the same education/qualifications as Homebuilders® Supervisors, above.
- Administrative Support
  - Homebuilders® requires at least part-time administrative support for the team.

Training

Training requirements for Homebuilders® staff in their first two years of employment and afterwards include the following:

Staff	Year 1	Year 2	As Needed
Specialists	11-13 days/workshop training	5-7 days/workshop training	Webinar training
Supervisors	Same as therapists plus 3-5 days of supervisor workshop training	Same as therapists plus 2-3 days of supervisor workshop training	Webinar training
Program Managers	Same as supervisors	Minimum of 2-3 days of supervisor workshop training	Webinar training

All newly hired staff on a team start training at Year 1.

Per IFD Standards, specialist caseloads by year of training include:

- **Year 1:** 12-15 families, due to the extensive training and shadowing required.
- **Year 2**: 17-18 families in the following years.

Supervisors, upon completion of training, serve six (6) families in their first year of employment and as needed in following years.

Additional training for support staff, supervisors, and program managers includes Exponent Case Manager (ECM) training, webinars on running Homebuilders reports®, and webinars on paperwork requirements, all of which require eight additional hours of training in the first month.

Homebuilders® teams must abide by the standards and guidelines as set forth by IFD for all aspects of training.

Supervision

Weekly team consultation/supervision is required with the Homebuilders® consultant (via telephone or video platform), with individual supervision and consultation available 24 hours per day, seven days per week. The Homebuilders® consultant also provides consultation individually with the supervisor, as needed, and is available to the supervisor for emergency consultation 24 hours per day, seven days per week. IFD has clear guidelines for when specialists must consult with their supervisor, when supervisors must consult with their program manager, and when Homebuilders® consultant(s) should be included in the consultation. Homebuilders® teams must abide by the standards and guidelines as set forth by IFD for all aspects of supervision and consultation.

Weekly supervision is also required by the model for all specialists with their supervisor and the supervisor with their program manager.

The Homebuilders® consultants are IFD staff who have years of experience delivering, supervising, and/or managing Homebuilders® programs. All are master's or Ph.D. level licensed therapists.

Monitoring and Assessment of Service Delivery

All teams are required to use the web-based member documentation and data system (ODM) and must adhere to the IFD guidelines for documentation submission. All member documentation is entered into ECM, which generates data reports that assist with fidelity ratings and site reviews.

Site Reviews

There are typically two (2) onsite visits by IFD per year, as follows:

1. *A mid-year review (to attend home visits, observe team consultation, meet with administrators, etc.); quantitative data is run and reported; and*

2. *A year-end full-site review (to attend home visits, complete team consultation reviews, chart reviews, etc.) – After full site reports are completed, Professional Development Plans (PDPs) and Quality Enhancement Plans (QE plans) are developed.*

IFD assists supervisors and program managers in developing PDPs for individual providers and QE plans for the team. If there are serious problems that haven't been adequately addressed by a PDP or QE plan, IFD will develop a Quality Improvement (QI) plan, which is often very time-limited and can result in staff members or teams not receiving approval for service delivery. Please visit the IFD website for further information: www.institutefamily.org.

Billing Guidance

Homebuilders® is provided under the procedure code for Intensive In-Home Services with the identified modifier specific to Homebuilders® services (H2022-U4). Homebuilders® includes a bundled service rate in the form of a per diem, which takes into account costs associated with utilizing the model in the development of reimbursement. Per diem rates are reimbursed once

per calendar day and cover all aspects of Homebuilders® provided on that calendar day. *A Homebuilders® service/billable activity **must** be provided on the calendar day for which the claim is submitted.*

Based on what constitutes an average of the typical episodes of care for Homebuilders®, as per IFD standards, the service is organized in the following way:

- Homebuilders will be provided with a total of twenty (20) per diems over the course of no more than six (6) weeks.
- Additional per diems may be approved if substantiated by the appropriate documentation (see "Continuing Stay Criteria," below).

Crisis intervention services provided within the context of a Homebuilders® episode of care should be billed under the HCPC procedure code for Intensive In-Home Services with the identified modifier specific to Homebuilders® services (H2022-U4).

In-person *or* telephonic service time between the provider and child or family may be billed; the child is not required to be present. Telephonic service time shall not represent the majority of overall service time, but rather be used on an as needed basis or for crises that are appropriate to manage via telephone.

In-person *or* telephonic service time between the provider and collateral contacts are billable to Medicaid under the following conditions:

- Contacts involve other professionals (i.e., guardians ad litem, school personnel, or other child-serving agencies) with a vested interest/relationship with the child receiving treatment.
- Contacts are based on goals from the child's/youth's plan of care.
- The child or family are present during *or* engaged in the contact before or after the collateral contact.

The Homebuilders® model allows re-referrals when families continue to meet eligibility criteria. They must also meet medical necessity criteria as identified by the NCFAS.

Continued Stay Criteria/Booster Sessions

Documentation of the request for service extension, which includes post-termination booster sessions, must be provided on the "Request for Approval of Continued Services/Booster Sessions" form *(found in the RBHS provider manual "Forms" section)* and signed by the Homebuilders® Supervisor and IFD consultant. Continued service requests are approved by the SCDHHS Office of Behavioral Health.

The form must be attached to the first claim submitted after all 20 initial per diems are exhausted; the claim with attachment must be submitted via the Medicaid webtool.

Questions or other inquiries may be submitted to MedicaidStatePlan@scdhhs.gov. Additional documentation may be requested as necessary to verify the need for the additional service.

Service Documentation

Planned Homebuilders® sessions are documented in a single service note for each day of billable activity. This means that if two separate interventions at two different times of day are provided, they may be documented in the same service note. As Homebuilders® provides an average of eight to 10 hours per week of face-to-face contact, service notes may encompass the full range of planned services within 24 hours.

Crisis services provided through Homebuilders® should be documented independent of the regular service note, and provide information on level of risk, any crisis assessments or interventions provided, referrals made, and overall status upon completion of service.

In general, documentation should include the targeted goals for the session, the interventions provided, the status and response of the child/family (i.e., progress made), and plans for the next session. Use of Homebuilders®-specific documentation formats or templates are permissible and such service notes will be considered to meet Medicaid guidelines as long as they focus on the overarching service goals of the child/family.

Time engaged in documentation, report-writing, administering surveys, and other non-billable activities that are part of the Homebuilders® model have been factored into the Homebuilders® service rate and cannot be submitted separately for Medicaid reimbursement.

Exclusions and Restrictions

Any vocational supports provided via Homebuilders® are not reimbursable if employment services are available through other programs, such as Vocational Rehabilitation.

Homebuilders® services are comprehensive of all other RBHS services, with the exception of:

- Psychological evaluation/testing
- Psychiatric evaluation and management
- Medication management
- Peer Support
- Assertive Community Treatment
- Psychosocial Rehabilitation Services
- Community Integration Services
- Behavior Modification

- Therapeutic Childcare
- Therapeutic Foster Care
- Individual Psychotherapy
- Group Psychotherapy

These services may be provided separately by qualified providers for members participating in Homebuilders® services.

The following services must not be provided concurrently with Homebuilders®:

- Family Psychotherapy
- Multisystemic Therapy
- Acute Psychiatric Hospitalization
- Psychiatric Residential Treatment Facility
- Medicaid Targeted Case Management.