
CHAPTER 2: BEHAVIORAL HEALTH SERVICES
APPENDIX E-3: EVIDENCED BASED PRACTICES (EBPs) POLICY –
HOMEBUILDERS

HOMEBUILDERS

The provider agency must be an approved Homebuilders provider for Louisiana. The licensed entity has agreed to assume responsibility for this service under its license. The provider contracts with Institute for Family Development (IFD) for training, supervision and monitoring of services. This occurs primarily through a Homebuilders® national consultant. IFD provides training and consultation to teams as part of a contract with the Department of Children and Family Services (DCFS). Teams are expected to maintain Homebuilders standards or they can be put on a quality improvement plan.

Homebuilders® is an intensive, in-home evidence based program (EBP) utilizing research based strategies (e.g. motivational interviewing, cognitive and behavioral interventions, relapse prevention, skills training), for families with children (birth to 18 years of age) at imminent risk of out of home placement (requires a person with placement authority to state that the child is at risk for out of home placement without Homebuilders®), or being reunified from placement.

Homebuilders® is provided through IFD. Homebuilders® participants demonstrate the following characteristics:

1. Children/youth with serious behavioral and/or emotional problems in the home, school, and/or community;
2. Family members with substance abuse problems, mental health problems, poverty-related concerns (lack of adequate housing, clothing and/or food);
3. Babies that were born substance-exposed or considered failure to thrive;
4. Teenagers/adolescents that run away from home, have suicidal risk, have attendance and/or behavioral problems at school, have drug and alcohol use, and/or experience parent-teen conflict(s); and/or
5. 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, developing outcome-based goals. Therapists provide a wide range of counseling services using

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research-based motivation enhancement and cognitive behavioral interventions, teaching skills to facilitate behavior change and developing and enhancing ongoing supports and resources. In addition, therapists help 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 medical health professionals (LMHPs) under their respective scope of practice license.

Homebuilders® consists of the following:

1. **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. Therapists schedule sessions during the day, evening and on weekends with 3-5 or more sessions per week based on safety and intervention needs;
2. **Duration:** Four to six weeks. Extensions beyond four weeks must be approved by the Homebuilders consultant. 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
3. **Crisis Intervention:** Homebuilders therapists are available 24/7 for telephone and face-to-face crisis intervention.

Target Population

The goals of Homebuilders® are to reduce child abuse and neglect, family conflict, and child behavior problems, and improve parenting skills, family interactions, and family safety to prevent the imminent need for placement or successfully reunify children.

The Homebuilders® model is designed to eliminate barriers to service while using research-based interventions to improve parental skills, parental capabilities, family interactions, children’s behavior, and well- being, family safety and the family environment.

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The children are returning from, or at risk of, placement into foster care, group or residential treatment, psychiatric hospitals or juvenile justice facilities.

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

1. Caregiver and/or child emotional/behavioral management problems;
2. Trauma exposure;
3. Incurability;
4. Academic problems;
5. Delinquency;
6. Truancy;
7. Running away;
8. Family conflict and violence;
9. Poor/ineffective parenting skills;
10. Single parent families;
11. Sibling antisocial behavior;
12. Parental/caregiver use of physical punishment, harsh, and/or erratic discipline practices;
13. Substance use;
14. Mental health concerns (depression/mood disorders, anxiety, etc.); and/or
15. Additional topics such as:
 - a. Poverty;

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- b. Lack of education;
- c. Substandard housing; and
- d. Lack of supports and resources.

Therapeutic Goals

The therapeutic goals of Homebuilders® are to improve parenting skills, family functioning, parent/caregiver and children’s behavior and emotion management skill, increase safety of all family members, in order for children/youth to live safely at home.

Homebuilders® includes a homework/practice component. Homework is individually tailored based on family goals; usually includes practicing skills and implementing interventions.

Core Strategies

The core program strategies are:

1. **Engagement:** Use a collaborative and collegial approach, and Motivational Interviewing to engage and motivate families;
2. **Assessment and goal setting:** Use member-directed assessment across life domains, ongoing safety assessment and planning, domestic violence assessment, suicide assessment, and crisis planning. Develop behaviorally specific and measurable goals, and specific service/treatment plans;
3. **Behavior change:** Use cognitive and behavioral research-based practices and interventions;
4. **Skills development:** Teach parents and children a wide variety of “life skills.” Use “teaching interaction” process including demonstrations, practice, feedback; utilize homework to help parents and children practice new skills between visits;

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5. **Concrete services:** Provide and/or help the family access concrete goods and services that are directly related to achieving the family’s goals, while teaching them to meet these needs on their own;
6. **Community coordination and interactions:** Coordinate, collaborate, and advocate with state, local, public, and community services and systems affecting the family, while teaching members to advocate and access support for themselves;
7. **Immediate response to referral:** Accept referrals 24 hours a day, 7 days a week. Therapist and Supervisor are available 24-hours a day, 7 days a week;
8. **Service provided in the natural environment:** Provide services in the families’ homes and community;
9. **Caseload size:** Carry caseloads of two families at a time on average;
10. **Flexibility and responsiveness:** Tailor services and sessions to each family’s needs, strengths, lifestyle, and culture;
11. **Time-limited and low caseload:** Families receive four to six weeks of intensive intervention with up to two “booster sessions”. Therapists typically serve two families at a time and provide 80 to100 hours of service, with an average of 38 hours of face-to-face contact with the family;
12. **Strengths-based:** Therapists help members identify and prioritize goals, strengths and values and help them use and enhance strengths and resources to achieve their goals;
13. **Ecological/holistic assessment and individualized treatment planning:** Assessments of family strengths, problems and barriers to service/treatment and outcome-based goals and treatment plans utilized with each family;
14. **Research-based treatment practices:** Therapists use evidence-based treatment practices, including motivational interviewing, behavioral parent training, cognitive behavioral therapy (CBT) strategies and relapse prevention. Therapists teach family members a variety of skills, including child behavior management, effective discipline, positive behavioral support, communication skills, problem-

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solving skills, resisting peer pressure, mood management skills, safety planning and establishing daily routines;

- 15. **Support and resource building:** Therapists help families assess their formal and informal supports and develop and enhance ongoing supports and resources for maintaining and facilitating changes; and
- 16. **Critical thinking framework:** Therapists, supervisors and managers use a critical thinking framework for assessing, planning, implementing and evaluating progress and outcomes.

The North Carolina Family Assessment Scale (NCFAS or NCFAS-R R for reunification cases) is a tool utilized during treatment to summarize the overall assessment, and is used as a pre/post measurement tool to observe change, and to guide the service plan created for treatment.

Limitations

When Homebuilders® is utilized for clinical goals of a Medicaid eligible individual, Medicaid will reimburse. When Homebuilders® is utilized for the clinical goals of a non-Medicaid individual or other goals consistent with the Homebuilders® model, the referring agency or the family will reimburse. Homebuilders® may also be used for stabilization referrals where children are transitioning from a more restrictive to a less restrictive placement (such as a move from a group home to foster home or relative, only for stabilization purposes) or may be used for to stabilize a foster placement that is at risk of dissolution as long as the child demonstrates the listed characteristics.

Provider Qualifications and Responsibilities

Homebuilders® agencies must be licensed pursuant to La. R.S. 40:2151, et. seq. for behavioral health service providers. The provider agency must meet all qualifications as required for other outpatient and rehabilitation agencies and must maintain documentation and verification of licensure, certification by IFD, staff criminal background checks, Tuberculosis (TB) testing, drug testing and required training for staff employed or contracted with the agency. Homebuilders®-only agencies are not required to be accredited due to the extensive nature of consultation by IFD. These agencies must maintain good standing with IFD, ensure fidelity to the Homebuilders® model and maintain licensure through the Louisiana Department of Health (LDH).

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NOTE: Agencies providing non-EBP rehabilitation and/or addiction services in addition to Homebuilders® must be accredited by one of the following LDH approved national accrediting bodies:

1. Commission on Accreditation of Rehabilitation Facilities (CARF);
2. Council on Accreditation (COA); or
3. The Joint Commission (TJC).

Homebuilders® agencies must adhere to all requirements established in the Provider Responsibilities section located in the Outpatient Services: Rehabilitation Services chapter of this manual.

Exceptions

1. BHSPs *exclusively* providing the evidence-based practice Functional Family Therapy (FFT/FFTCW), Homebuilders® or Multi-Systemic Therapy (MST) are excluded from the requirement to provide **medication management**. Such BHSPs shall develop policies and procedures to ensure:
 - a. Screening of clients for medication management needs;
 - b. Referral to appropriate community providers for medication management including assistance to the client/family to secure services; and
 - c. Collaboration with the client’s medication management provider as needed for coordination of the client’s care.
2. BHSPs **exclusively** providing the evidence-based practice Functional Family Therapy (FFT/FFTCW), Homebuilders® or Multi-Systemic Therapy (MST) are excluded from the requirement of having a **Medical Director**. Such BHSPs shall have a **Clinical Director** in accordance with core staffing requirements detailed in this manual chapter under *Provider Responsibilities* in Section 2.3 – Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults.

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Allowed Provider Types and Specialties

1. PT 77 Mental Health Rehab PS 78 MHR; [and](#)
- ~~2. PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health; [and](#)~~
- ~~3. [PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health.](#)~~

Staff Education Level/Qualifications and Training Topics

Education/Qualifications

Homebuilders® Therapist

Master's degree in psychology, social work, counseling, or a related field, or Bachelor's degree in same fields plus two years of experience working with families.

NOTE: The term “therapist” is in keeping with the nomenclature of this evidenced based practice and should not be mistaken for LMHPs, who provide counseling and psychotherapy under their respective scope of practice license.

Homebuilders® Supervisor

Master's degree in psychology, social work, counseling or a related field, or Bachelor's degree in same fields plus two years of experience providing the program, plus one year supervisory/management experience.

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Training

Training includes the following steps:

Staff	Year 1	Year 2	As Needed
Therapists	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 Mangers	minimum of Homebuilders® Core Curriculum, Online Data Manager (ODM) training and 3-5 days of Supervisor workshop training.	minimum of 2-3 days of supervisor workshop training	Webinar training

Supervision

Weekly team consultation/supervision with the Homebuilders® consultant (via telephone or Skype), individual supervision and consultation available 24/7. Homebuilders® consultant also consults individually with the supervisor as needed, and is available for emergency consultation 24/7. Sites are required to consult with Homebuilders® consultant for specified issues. Also there is also required consultation with the supervisor or program manager for specified situations. IFD has clear guidelines for when therapists must consult with their supervisor, and when supervisors must consult with their program manager, and when Homebuilders® consultant(s) should be included.

One of the important variables impacting the overall level of consultation provided is the “level” of the supervisor. Supervisors will move to levels 3 and in level 4 they take on more of the responsibility to do their own site reviews (with our oversight), and monthly consultation time is reduced. When a team has supervisor turnover, the new supervisor starts at level 1 and the consultation moves back to level 1 oversight and consultation.

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The Homebuilders® consultants are IFD staff who have years of experience delivering, supervising and /or managing Homebuilders® programs. All are MA/MSW or Ph.D. licensed (in Mental Health Counseling, Social Work or Marriage and Family). The range of Homebuilders® experience for the consultants is 8 to over 30. The consultants also deliver Homebuilders® training through the US and in other countries.

Monitoring and Assessment of Service Delivery

All programs are required to use the web-based member documentation and data system (ODM). All member documentation is entered (with guidelines about when this occurs) into ODM, and data reports are generated from the information that go into part of the fidelity and site reviews.

Site Reviews

There are two (2) onsite visits a year, as follows:

1. A mid-year review (go on home visits, observe team consultation, meet with administrators, etc.), with only quantitative data run and reported; and
2. A year-end full-site review (visit with home visits, team consultation reviews, file reviews, etc.) – After full site reports are completed, Professional Development Plans (PDPs) and Quality Enhancement Plans (QE plans) are developed after.

IFD supports the creation of PDPs for individuals and QE plans for the team. When/if serious problems occur Quality Improvement plans (QI plans) are developed and are time limited, and can result in individual or teams not being allowed to deliver Homebuilders®. Please visit the following website for more information: www.institutefamily.org

Exclusions

Homebuilders® services are comprehensive of all other services, with the exception of psychological evaluation or assessment and medication management. These may be provided and billed separately for a member receiving Homebuilders® services.

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Homebuilders® shall not be billed in conjunction with the following services:

1. Behavioral health (BH) services by licensed and unlicensed individuals, other than medication management and assessment; and
2. Residential services, including professional resource family care.

Billing

1. Only direct staff face-to-face time with the child or family may be billed. Homebuilders® may be billed for under community psychiatric supportive treatment (CPST), but must be consistent with the CPST State Plan definition. CPST is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved, and the child/youth receiving treatment does not need to be present for all contacts;
2. Collateral contacts billable to Medicaid should involve contacts with parents, guardians or other individuals having a primary care relationship with the individual receiving treatment. All contacts must be based on goals from the child’s/youth’s plan of care. Phone contacts are not billable;

NOTE: The exception to the allowance of collateral contacts while providing evidence-based practices is coordination with other child-serving systems such as parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services and foster care programs. Coordination with these child-serving systems is considered collateral contact and may be necessary to meet their goals of the individual but is not billable through Medicaid. Services may be provided by these child-serving systems, however, the services provided must be funded through the agency providing the service.

3. Time spent in travel, transporting children, documenting, supervision, training, etc. has been factored into the indirect unit cost and may not be billed directly;
4. Medicaid funding may not reimburse for children in the custody of the Office of Juvenile Justice (OJJ), who reside in detention facilities, public institutions or secure care and are inmates of a public institution. If the child is in OJJ custody,

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but not in a public correctional institution (i.e., is outpatient), Medicaid will reimburse for the Homebuilders® except for the oversight of restorative measures, which is an OJJ function;

5. Medicaid will not reimburse for services provided to children who are residents of IMDs, which are institutions with greater than 16 beds, where more than 50 percent of the residents require treatment for BH conditions; and
6. Medicaid does not pay when the vocational supports provided via Homebuilders® qualify for vocational rehabilitation funding, even if the vocational rehabilitation services are not available.