Home Healthcare Service Provider in New Jersey IMPLEMENTATION PLAN PROPOSAL

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Implementation Plan for Intensive In-Home Supports Behavioral Services (IIH-Behavioral)

Service Description and Approach

[AGENCY NAME] presents a fully developed and strategic implementation plan to deliver the Intensive In-Home Supports Behavioral Services (IIH-Behavioral) program.

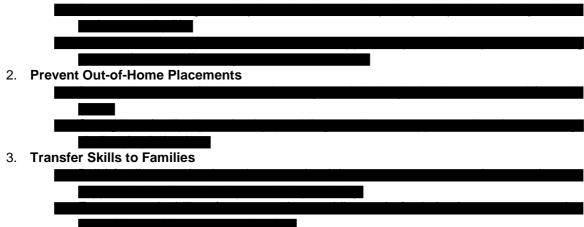
The following sections outline the actionable steps, timelines, and metrics to prepare [AGENCY NAME] to meet and exceed the New Jersey Department of Children and Families' (DCF) requirements.

1. Goals and Objectives Overview

The overarching goal of this program is to enhance the quality of life for youth with I/DD by addressing behavioral challenges, improving functional capacities, and equipping families with the necessary tools to maintain progress long-term. These objectives align with [AGENCY NAME]'s mission to deliver family-centered, evidence-based services that foster independence and inclusion.

Key Goals

1. Stabilize and Improve Functioning



Metrics

To monitor the program's effectiveness and ensure alignment with goals, [AGENCY NAME] will employ a robust metrics framework.

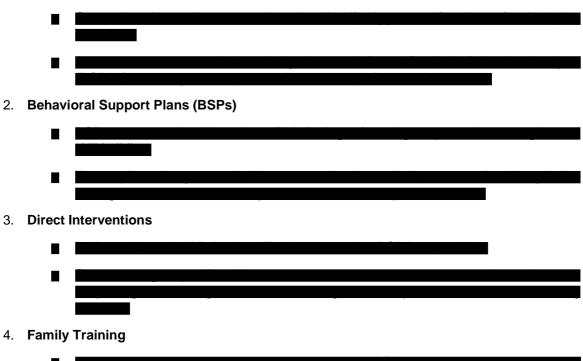
| Objective | Metric | Target Value | Measurement Tool | Frequency |
|------------------|-------------------------|-------------------|-----------------------------|--------------|
| Behavioral | Reduction in crisis | ≥ 50% decrease | Incident logs & caregiver | Monthly |
| stabilization | episodes | | reports | |
| Prevent out-of- | Reduction in care | ≥ 30% reduction | Placement/hospitalization | Quarterly |
| home | escalations | | records | |
| placements | | | | |
| Skill transfer | Family-reported | ≥ 80% of families | Family satisfaction surveys | Post- |
| effectiveness | confidence in behavior | report improved | | intervention |
| | management | confidence | | |
| Long-term | Youth independence | ≥ 70% of youth | Functional assessments | Annual |
| functional gains | in community activities | achieve | | |
| | | measurable | | |
| | | progress | | |

2. Service Delivery Model

[AGENCY NAME] adopts a multidisciplinary, evidence-based approach to delivering IIH-Behavioral services. Grounded in Applied Behavior Analysis (ABA) principles, this model emphasizes individualized interventions, proactive strategies, and strong family involvement.

Core Components

1. Functional Behavioral Assessments (FBAs)





Service Metrics

| Service Component | Metric | Target Value | Measurement Tool | Frequency |
|------------------------|---|-----------------|------------------------------|-------------------|
| FBA completion time | % completed within 14 days of referral | ≥ 95% | Service tracking reports | Biweekly |
| BSP implementation | % of BSPs implemented within 7 days | ≥ 90% | Compliance audits | Monthly |
| Family training impact | % of families demonstrating strategy use | ≥ 85% | Post-training assessments | Quarterly |
| Youth progress | % achieving individual treatment goals | ≥ 75% | ABA data collection logs | Weekly reviews |

Phased Implementation Timeline

[AGENCY NAME] implements a phased, systematic approach to becoming fully operational within 60 days. Each phase includes precise deliverables, ensuring readiness at every step.

Phase 1: Preparations (Weeks 1-2)

- 1. Finalize Agreements:
- 2. Staffing and Recruitment:
- 3. Resource Preparation:
- 4. Compliance Checks:
- 5. Workflow Development:

Deliverables:

- •
- Phase 2: Training and Onboarding (Weeks 3–4)
 - Training Sessions:
 System Familiarization:
 Case Assignments:

Deliverables:

International and the second second

Phase 3: Service Launch (Weeks 5–6)

- 1. Initial Onboarding:
- 2. Assessments and Planning:
- 3. Direct Interventions:

Deliverables:

• _____



- 1. Data-Driven Adjustments:
- 2. Scaling Services:

3. Feedback Integration:

Deliverables:

- •

3. Weekly Action Plan

| Week | Action Items | Deliverables |
|---------|--|---|
| Week 1 | Recruit staff, verify licensure, procure supplies | Team hired; materials ready. |
| Week 2 | Develop workflows, finalize contracts | Operational workflows established. |
| Week 3 | Conduct trauma-informed care training | Trained, certified staff. |
| Week 4 | Introduce staff to CYBER, EVV systems | Operational compliance systems tested. |
| Week 5 | Conduct FBAs, onboard first cases | Individualized BSPs created for first 20 cases. |
| Week 6 | Begin direct interventions | Initial interventions monitored for progress. |
| Week 7+ | Expand service delivery, analyze data | Quarterly report and scaling improvements. |

4. Cultural Competency

[AGENCY NAME] is deeply committed to culturally inclusive and trauma-informed care, recognizing the diversity of the communities we serve.

Key Strategies

1. Multilingual Services



- 2. Mandatory Staff Training
- 3. Culturally Adapted BSPs

Metrics for Inclusivity

| Aspect | Metric | Target Value | Measurement Tool | Frequency |
|-------------------------------|---|-----------------|-----------------------------|-----------|
| Multilingual service capacity | % of families served in their primary language | ≥ 95% | Family feedback surveys | Quarterly |
| Staff training completion | % staff completing cultural training | 100% | Training attendance records | Annual |
| Cultural alignment of BSPs | % BSPs incorporating family input/feedback | ≥ 90% | BSP audits | Biannual |

5. Inclusion of Stakeholders

Stakeholder Roles

- 1. Care Management Organizations (CMOs)



Metrics for Stakeholder Engagement

| Group | Engagement Metric | Target Value | Measurement Tool | Frequency |
|-------------------------|---|-----------------|-----------------------------------|-----------|
| CMOs | % of cases with active CMO collaboration | ≥ 95% | Referral logs and meeting records | Quarterly |
| Family participation | % of families attending Child and Family Teams (CFTs) | ≥ 85% | Attendance logs | Quarterly |
| Partner collaboration | Number of active community partnerships | ≥ 10 | Partnership agreements | Annual |

Outcomes and Evaluation

Evaluation Framework

| Outcome metrics | | | | |
|-----------------|-----------------------------|-----------------------|-------------------|--------------|
| Outcome Type | Metric | Target Value | Measurement Tool | Frequency |
| Short-Term | Stabilized behaviors within | ≥ 70% youth stability | Weekly progress | Monthly |
| Outcomes | 3 months | | logs | reviews |
| Mid-Term | Family-reported skill | ≥ 80% satisfaction | Caregiver surveys | Post- |
| Outcomes | transfer | | | intervention |
| Long-Term | Functional independence in | ≥ 75% of youth | Functional | Annual |
| Outcomes | daily tasks | achieve this | assessments | reviews |

Short-Term Outcomes

The initial phase of the program focuses on stabilizing youth functioning and addressing immediate behavioral challenges to reduce clinical risks and improve the quality of life for families.

1. Stabilized Youth Functioning:

| 0 | Goal: | | | |
|---|-----------------|--|--|--|
| 0 | Implementation: | | | |
| | | | | |

2. Reduction in Maladaptive Behaviors:

| 0 | Goal: |
|---|-----------------|
| | |
| 0 | Implementation: |
| | |

Mid-Term Outcomes

The mid-term phase aims to consolidate progress by transferring skills to youth and families while integrating community-based supports for broader sustainability.

- 1. Successful Skill Transfer to Youth and Families:
- 2. Linkages to Community-Based Supports:

| Goal: | | | |
|----------|----------|---|--|
| | | _ | |
| Implemen | ntation: | | |
| | | | |

Long-Term Outcomes

The long-term vision for the program is to foster independence and integration for youth while enhancing caregiver confidence to sustain these outcomes over time.

1. Youth Independence and Community Integration:

| | Goal: | |
|---|-----------------|--|
| > | Implementation: | |
| | | |

2. Increased Family Confidence in Caregiving:

| С | Goal: |
|---|-----------------|
| | |
| C | Implementation: |

Performance Metrics

To track progress and ensure the program's effectiveness, [AGENCY NAME] employs a comprehensive performance monitoring system based on Key Performance Indicators (KPIs) and data-driven evaluations.

- 1. Data Collection Methods:
 - CYBER Platform:
 - Electronic Visit Verification (EVV):

2. Defined Key Performance Indicators (KPIs):

| Outcome Area | Metric | Target | Measurement Tool | Frequency |
|---------------------------------|--------------------------------|-------------------|-------------------------------------|-----------|
| Stabilized youth functioning | % reduction in crisis episodes | ≥ 50% decrease | Incident reports, caregiver logs | Monthly |

| Reduction in maladaptive behaviors | % decrease in problematic behaviors | ≥ 30% reduction | FBA data, session notes | Biweekly |
|--|---|--------------------|------------------------------------|------------|
| Family skill acquisition | % of caregivers demonstrating proficiency in BSP techniques | ≥ 80% | Post-training evaluations | Quarterly |
| Youth independence | % of youth achieving functional goals | ≥ 70% | Functional assessments | Annual |
| Community integration | % of youth linked to external supports | ≥ 90% | Service coordination records | Semiannual |

3. Progress Monitoring and Feedback Loops:

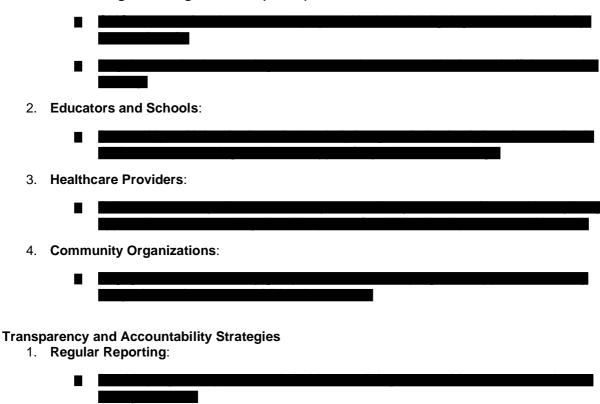


Partnerships and Community Engagement

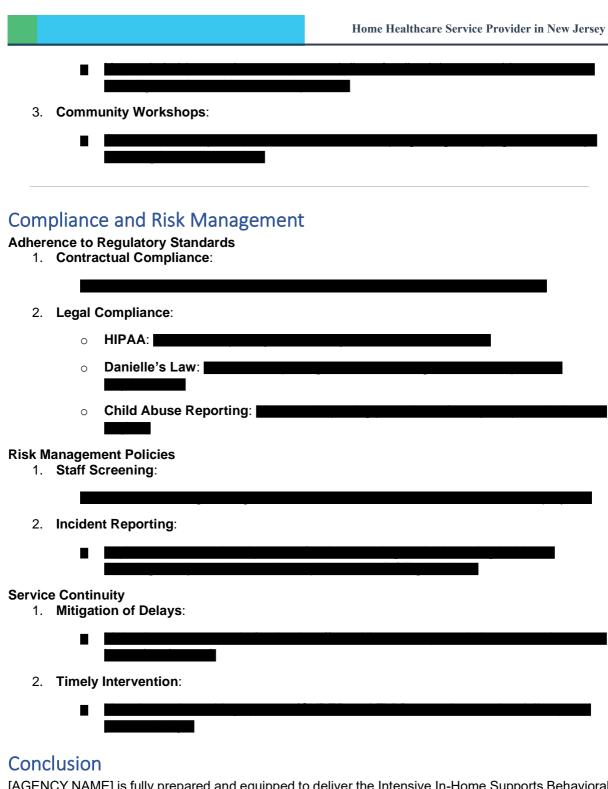
Collaborations with Stakeholders

[AGENCY NAME] has established robust partnerships with key stakeholders to enhance service delivery and provide comprehensive support for children and families. These collaborations ensure that interventions are tailored, sustainable, and integrated into the community.

1. Care Management Organizations (CMOs):



2. Open Communication Channels:



[AGENCY NAME] is fully prepared and equipped to deliver the Intensive In-Home Supports Behavioral Services (IIH-Behavioral) program with the highest standards of professionalism, cultural competence, and evidence-based care.

This proposal aligns seamlessly with DCF's mission to provide supportive, family-centered care that addresses the holistic needs of children and their caregivers, creating sustainable outcomes that benefit both individuals and the wider community.