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'

1. Goals and Objectives Overview

(DCF) requirements.

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

G	oais	
١.	Stabilize and Improve Functioning	
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2.	Prevent Out-of-Home Placements	
3.	Transfer Skills to Families	
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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)

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- 2. Behavioral Support Plans (BSPs)
- 3. Direct Interventions
- 4. Family Training

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:
	Compliance Checks:
5.	Workflow Development:
Delive	rables:
•	
•	
Phase	2: Training and Onboarding (Weeks 3–4)
1.	Training Sessions:
_	
2.	System Familiarization:
3.	Case Assignments:
Delive	rables:
•	
Phase	3: Service Launch (Weeks 5–6)
1. 2.	Initial Onboarding: Assessments and Planning:
3.	Direct Interventions:
J.	Direct interventions.
Delive	rables:
•	
•	
Phase	4: Monitoring and Scaling (Post-60 Days)
1.	Data-Driven Adjustments:

2. Scaling Services:

3.	Feedback	Integration:	

Deliverables:

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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.	М	ultil	ingual	l Ser	vices
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2. Mandatory Staff Training

3. Culturally Adapted BSPs

Metrics for Inclusivity

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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)



2. Community Partners

3. Families

Metrics	for	Stakeholder	Engagement
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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:

Goal:

Implementation:

2. Reduction in Maladaptive Behaviors:

Goal:

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 S	kill Transfer to Youth and I	Families:		
o Goal :			-	
o imple	mentation:	· ————————————————————————————————————		
	mentation.			
2. Linkages to C	Community-Based Support	s:		
o Goal :				
			•	O'
o Imple	mentation:			
			-0	
Long-Term Outcome The long-term vision for	s or the program is to foster inc	dependence an	d integration for youth	while
	onfidence to sustain these or			***************************************
1. Youth Indepe	endence and Community In	tegration:		
o Goal :			Y	
		*K		
o Imple	mentation:			
2. Increased Fa	mily Confidence in Caregiv	ving:		
o Goal :				
o Imple	mentation:			
Performance Metrics				
	ensure the program's effecti mance monitoring system ba			
data-driven evaluation				(111 10) 0
1. Data Collection	on Methods:			
о СУВЕ	R Platform:			
Floots	rania Visit Varification (EV)	Λ.		
O Electi	ronic Visit Verification (EV)	V).		
2. Defined Key I	Performance Indicators (Ki	PIs):		
Outcome Area	Metric	Target	Measurement	Frequency
Stabilized youth	% reduction in crisis	≥ 50%	Tool Incident reports,	Monthly
functioning	episodes	decrease	caregiver logs	

- 1	DOLICIES	AND DDOCEDUDES

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

independence	functional goals	• . •	assessments	
Community integration	% of youth linked to external supports	≥ 90%	Service coordination records	Semiannual
3. Progress I	Monitoring and Feedback Lo	oops:	records	
Collaborations wing [AGENCY NAME] In delivery and provide that interventions a	and Community Engage th Stakeholders has established robust partner e comprehensive support for or re tailored, sustainable, and in agement Organizations (CMC	ships with key children and far tegrated into th	stakeholders to enha milies. These collabor	
• =	and Schools: Providers:			
• •				
4. Communit	y Organizations:			
Transparency and 1. Regular Re	Accountability Strategies eporting:			

2. Open Communication Channels:

O O O O O O O O O O O O O O O O O O O
3. Community Workshops:
Compliance and Risk Management
Adherence to Regulatory Standards 1. Contractual Compliance:
2. Legal Compliance:
o HIPAA:
o Danielle's Law:
 Child Abuse Reporting:
o Child Abuse Reporting:
Risk Management Policies
1. Staff Screening:
2. Incident Reporting:
Service Continuity 1. Mitigation of Delays:
2. Timely Intervention:
Conclusion
[AGENCY NAME] is fully prepared and equipped to deliver the Intensive In-Home Supports Behavior Services (IIH-Behavioral) program with the highest standards of professionalism, cultural competence
and evidence-based care.
This was and allows as an include with DOF
This proposal aligns seamlessly with DCF mission to provide supportive, family-centered care that addresses the holistic needs of children ar their caregivers, creating sustainable outcomes that benefit both individuals and the wider community