

# Clinical Policy: Homebuilders® Services

Reference Number: LA.CP.BH.520c

Date of Last Revision: 2/24/25

Coding Implications

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## I. Description

Homebuilders® is an intensive, in-home Evidence-Based Program (EBP) utilizing research-based strategies (e.g. ~~Motivational Interviewing, Cognitive, motivational interviewing, cognitive and Behavioral Interventions, Relapse Prevention, Skills Training~~), 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. The goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.

## II. Policy/Criteria

It is the policy of **Louisiana Healthcare Connections** that Homebuilders® ~~Services is~~ services are medically necessary when the following ~~is~~ criteria are met:

### A. Admission: One Criteria

At least one of the following must be met:

1. Families with children (birth to 18 years of age), ~~and~~ who meet one of the following:
  - o ~~At~~ The child is at imminent risk of out-of-home placement, i.e., such as foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities ~~(requires, with confirmation from a person with placement authority to state that the child is at risk for out of home placement without Homebuilders®), or~~
  - o ~~Being~~ The child is being reunified from placement.
2. Children and families identified with one or more of the following:
  - o Caregiver and/or child emotional/behavioral management problems.
  - o Trauma exposure.
  - o Incurability.
  - o Academic problems.
  - o Delinquency.
  - o Truancy.
  - o Running away.
  - o Family conflict and violence.
  - o Poor/ineffective parenting skills.

- Single parent families-
- Sibling antisocial behavior-
- Parental/caregiver use of physical punishment, harsh, and/or erratic discipline practices-
- Substance use-
- Mental health concerns (e.g., depression/mood disorders, anxiety, etc.); ~~and/or~~)
- Additional topics contributing factors such as:
  - 1. Poverty
  - 2. Lack of education
  - 3. Substandard housing, ~~and~~
  - 4. Lack of supports and resources-
- 3. Any **member who is at risk** of psychiatric admission, residential placement, or ~~about to move-transitioning~~ to a more restrictive environment due to ~~their~~ behavioral/emotional problems.
- 4. Any **member who is transitioning** from a more restrictive to a less restrictive placement ~~step-down service (such as a move from a~~ (e.g., group home to a foster home or relative) for stabilization purposes, or when foster placement is at risk of disruption.

### **B. Intensity and Quality of Service:**

All of the following must be met:

1. ~~Provide services~~ Services are provided for ~~4-6~~ **four to six** weeks of intensive intervention, with up to **2two** booster sessions totaling five hours within six months of the initial referral.
2. Services are strengths-based, and with goals ~~are aimed at effective~~ focusing on:
  - Effective parenting, ~~improved~~
  - Improved family environment, ~~improved~~
  - Improved member behavior, ~~and pro~~
  - Pro-social family involvement
- 2.3. ~~Treatment provides the following support and services within~~ Services are delivered in the family's home and community and must include:
  - a. Availability of services for crisis intervention ~~Crisis Intervention~~ **24 hours a day, 7 days a week**
  - ~~Completes collaboratively with each family~~ b. Collaborative completion of an assessment of family strengths, problems, ~~and barriers to service/treatment, and outcome-based goals and treatment plans~~
  - ~~Employ research~~ c. Use of evidence-based ~~treatment practices such as~~ interventions, including motivational interviewing, behavioral parent training, CBT strategies, and relapse prevention
  - d. Identification and development of **formal and informal support system;** ~~develop and enhance supports and resources for maintaining and facilitating changes. systems to maintain progress~~

### **C. Continued Services Criteria:** ~~Criteria A-D~~

All of the following (1–4) and either E5 or E6 must be met:

1. ~~Family~~The family/member ~~and services continue~~continues to ~~still~~ meet **all admission criteria**
2. There is a reasonable expectation ~~that the family/member will benefit for the continuation of the~~ benefit from continued services
3. Treatment promotes **developmentally appropriate** behavior, activities, ~~skills~~, and social skills ~~for the member in his/her natural context through focusing on his or her tailored to the member's~~ individual strengths and needs
4. Interventions ~~are employed~~ in the treatment plan ~~that are~~ **time-limited** ~~in nature and subordinate to a goal of enhanced and aimed at increasing~~ autonomy and family functioning
5. ~~Appearance of new~~New problems or symptoms ~~which have emerged that~~ meet admission criteria
6. ~~Member~~The member requires ~~the~~ continuation of ~~a~~ treatment ~~while~~ in the community ~~until an effective family and community a support network can be~~is activated.

D. Exclusion/Exception Criteria: ~~A or B must be met~~

~~Family~~At least one of the following must be met:

1. ~~The family~~/member's ~~identified problem is primarily~~primary concerns are **social, financial, and/or medical** ~~(non-psychiatric) in the absence of a primary, without a behavioral problem component as identified outlined~~ in the admission criteria.
2. ~~Family~~The family/member is ~~simultaneously currently~~ receiving **similar services** of equal or greater intensity ~~via~~through another provider/resource.

E. Discharge Criteria: ~~One~~

At least one of the following must be met:

1. The member/family no longer meets continued stay criteria and has ~~reached his/her~~ met **treatment goals**.
2. The member is **not attending/engaged** in treatment ~~consistently as it is intended with the appropriate treatment parameters of care, showing as prescribed, and~~ a lower level of care is more ~~fitting for the member's care.~~ appropriate
3. The **severity of illness requires a higher level of care**; ~~or the child/children have~~ has been removed from the home despite ~~efforts of the~~ treatment ~~in place to prevent this occurring.~~ provided

### III. Background

The provider agency must be an **approved Homebuilders® provider** ~~for in~~ Louisiana. The licensed entity ~~has agreed to assume~~assumes responsibility for ~~this the~~ service under its license.

The ~~provider contracts~~ agency must have a contract with the Institute for Family Development (IFD) for training, supervision, and ~~service~~ monitoring ~~of services. This occurs,~~ primarily through a Homebuilders® national consultant. ~~IFD provides training~~ Training and consultation ~~to teams as part of~~ are provided under a contract with the Louisiana Department of Children and Family Services (DCFS). Teams are ~~expected~~ required to maintain Homebuilders® standards or ~~they can be put on~~ face a quality improvement plan.

~~Homebuilders® is an intensive, in-home evidence-based program (EBP) utilizing research-based strategies (e.g. Homebuilders® participants demonstrate the following characteristics:~~

- Serious behavioral and/or emotional problems in the home, school, and/or community
- Substance abuse, mental health issues, or poverty-related challenges (e.g., inadequate housing, clothing, or food)
- Substance-exposed or failure-to-thrive infants
- Adolescents exhibiting high-risk behaviors or parent-teen conflict
- Children/youth who have experienced abuse, neglect, or trauma

#### IV. Program Components

##### A. Intensity

- 8–10 hours of face-to-face contact per week, averaging 38 hours total
- Sessions scheduled during days, evenings, and weekends
- 3–5+ sessions weekly based on family needs

##### B. Duration

- 4–6 weeks of intensive service
- 2 booster sessions totaling 5 hours available within 6 months
- Extensions must be approved by a Homebuilders® consultant

##### C. Crisis Intervention

- 24/7 therapist availability via phone and in-person response

#### V. Core Program Strategies

1. Engagement using motivational interviewing;
2. Assessment & Goal Setting across life domains, including safety, domestic violence, and crisis planning
3. Behavior Change through cognitive and behavioral interventions; relapse
4. Skills Development for parents and children (includes homework and practice)
5. Concrete Services access and skill-building
6. Community Coordination & Advocacy
7. Immediate Response to Referrals (24/7 availability)
8. Natural Environment Delivery (home and community-based)

9. Small Caseloads (average of two families per therapist)
10. Flexible and Responsive Services
11. Time-Limited Interventions with booster sessions
12. Strengths-Based Approach
13. Ecological/Holistic Assessment & Individualized Treatment Plans
14. Evidence-Based Practices, including:
  - Motivational interviewing
  - Behavioral parent training
  - CBT strategies
  - 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~~Support Building through IFD. ~~Homebuilders® participants demonstrate the following characteristics:~~

- ~~• Children/youth with serious behavioral and/or emotional problems in the home, school, and/or community;~~
- ~~• Family members with substance abuse problems, mental health problems, poverty related concerns (lack of adequate housing, clothing and/or food);~~
- ~~• Babies that were born substance-exposed or considered failure to thrive;~~
- ~~• 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~~
- ~~• 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 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:~~

- ~~•~~ **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;~~

- ~~**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~~
- ~~**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.~~

~~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:~~

- ~~Caregiver and/or child emotional/behavioral management problems;~~
- ~~Trauma exposure;~~
- ~~Incorrigibility;~~
- ~~Academic problems;~~
- ~~Delinquency;~~
- ~~Truancy;~~
- ~~Running away;~~
- ~~Family conflict and violence;~~
- ~~Poor/ineffective parenting skills;~~
- ~~Single parent families;~~
- ~~Sibling antisocial behavior;~~
- ~~Parental/caregiver use of physical punishment, harsh, and/or erratic discipline practices;~~
- ~~Substance use;~~
- ~~Mental health concerns (depression/mood disorders, anxiety, etc.); and/or~~
- ~~Additional topics such as: poverty, lack of education, substandard housing, lack of supports and resources.~~

### **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;~~
- ~~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 to 100 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, problemsolving skills, resisting peer pressure, mood management skills, safety planning and establishing daily routines;~~
- 2.15. \_\_\_\_\_ 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 networks
- ~~15. Critical thinking framework: Therapists, supervisors and managers use a critical thinking framework for assessing, planning, implementing and evaluating progress and outcomes.~~

## 16. Critical Thinking Framework for implementation and evaluation

## VI. Exclusions

Homebuilders® services are comprehensive of all other services, with the **exception** of ~~psychological evaluation or assessment and;~~

- **Psychological evaluations/assessments**
- **Medication management**

These may be billed separately.

Homebuilders® **cannot** be billed concurrently with:

- **Other behavioral health services by licensed/unlicensed professionals (excluding medication management. ~~These may be provided and billed separately for a recipient receiving Homebuilders® services; or assessment~~)**

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

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

### **Coding Implications**

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Reviews, Revisions, and Approvals	Date	Approval Date
Removed duplications and corrected typos. Removed exclusion for Autism, developmental delay, developmental disability or mental retardation	10/2019	
Added Core Benefits Removed attachments Added references for the policy	08/2020	
No Revisions	12/2021	
Reviewed. Template change. Changed policy number from LA.UM.97.	02/2023	5/26/23
Annual Review. References Reviewed and Updated.	2/2024	4/26/24
<u>Annual Review. Format changes with no changes to criteria. References reviewed and updated.</u>	<u>4/25</u>	



## References

1. LDH Behavioral Health Services Provider Manual, [Chapter 2](#), (Appendix E-3 – Evidence Based Practices HOMEBUILDERS®. Issued 7/17/23 Replaced 2/25/22.

## Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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