Child/Adolescent Home Care Training to Home Care Clients (HCTC)

Admission and Continued Stay Authorization Criteria

Attachment 3.14.7

A. Purpose

Home Care Training to Home Care Clients (HCTC) is most effectively utilized when a child or adolescent requires the experience of living with a family trained to deal more effectively with difficult behaviors prior to reunification with his/her own family or a permanent foster/adopt family. The expectation would be that the permanent family would work closely with the HCTC family to ensure that skills are shared and effectiveness for smooth transition to home achieved. HCTC services to children must meet the licensing qualifications under A.A.C. R6-5-5850 and have an AHCCCS identification number.

HCTC services include supervision and the provision of behavioral health support services including psychosocial rehabilitation, skills training and development, transportation of the individual when necessary to activities such as therapy and visitations, and/or the participation in treatment (psychiatric visits) and discharge planning, as well as participation in identified educational services and/or staffing. These services are not sufficient to stand alone and will require augmentation with medically necessary behavioral health outpatient treatment to assist the individual in achieving goals for discharge.

Individuals appropriate for this setting demonstrate an impairment of functioning as a result of a DSM-IV-TR diagnosis (within the range of 290 through 316.99); the individual has a history of harm to self or others, or mild to moderate disturbance of mood, thought, or behavior which renders him/her incapable of developmentally appropriate self care or self regulation.

The individual's treatment goals in the HCTC home must be focused on the signs and symptoms of the psychiatric disorder which necessitated the removal of the individual from his/her usual living situation. These treatment goals must be specific to behaviors that have been identified to be decreased or increased and tentative discharge plan must be defined prior to admission. It is not expected that all behavioral or psychological difficulties will be resolved by the time of discharge from the HCTC home.

There is an expectation for an identified viable and realistic permanency plan with specifically identified locations and home settings (a long term plan indicating where the child will reside and what services, interventions, and supports will be put in place in order to assist the individual in continued success, after discharge from HCTC) from the point of admission into the HCTC.

Admissions to HCTC homes are not emergent or urgent and always require prior authorization. A decision to prior authorize admission into an HCTC home will be made within 7 business days. Prior authorization for initial admission for HCTC is valid for up to 90 days, and re-authorization for continued stay is valid for up to 90 days.

An active treatment plan aims to return the individual to his/her customary environment at the earliest possible time. A lack of available outpatient services is not, in and of itself, the sole criterion for admission to an HCTC home.

B. Criteria Required for Admission

All of the following are required:

1) The individual presents with signs and symptoms of a psychiatric disorder which is consistent with a DSM-IV-TR diagnosis within the range of codes 290 through 316.99.

   a) A sole diagnosis of ADHD or Conduct Disorder with in and of itself does not warrant psychiatric out-of-home treatment and requires further clinical review.

   b) Runaway behavior is an insufficient justification for admission to any level of out of home treatment as an isolated behavior.

2) Medically necessary outpatient behavioral health services alone do not meet the treatment needs of the individual and there is documentation of a failure to respond or an inability to be safely treated solely with outpatient services in the individual's current living environment.

3) Any present medical condition can be safely managed within the HCTC setting.

4) The admission to HCTC is not used primarily and therefore clinically inappropriately as:

   a) An alternative to detention, incarceration or as a means to ensure community safety in a individual exhibiting primarily delinquent/antisocial behavior; or

   b) The equivalent of safe housing, permanent placement, or

   c) An alternative to parents'/guardians' or other agencies' capacity to provide an alternative place of residency for the individual, or

   d) A behavioral health intervention when other less restrictive alternatives are available and meet the individual's treatment needs.

5) A preliminary discharge plan of aftercare services and supports has been developed and presented with the request for prior authorization.

6) There is evidence of major life impairments in an area of functioning:

   a) School;

   b) Family;

   c) Community; and/or

   d) Interpersonal.

C. Continued Stay Criteria

There is documented evidence of all of the following:

1) Active treatment and supervision is being provided by the HCTC parent(s) or additional direct support staff; and

2) The treatment is reducing the severity of the behavioral health issue that was identified as the reason for admission; and

3) The Child and Family Team has met every 2 weeks or more frequently if clinically indicated, to review progress and revise the service plan to address any lack of progress; and

4) There is an expectation that continued treatment can reasonably be expected to improve or stabilize the individual's condition so that this type of service will no longer be needed; and

5) Active discharge planning; and.

6) There is documented progress towards achieving identified goals.

D. Discharge Criteria

To be considered for discharge from the HCTC setting, the following criteria are met:

1) The written plan with specific discharge criteria as it pertains to the initial conditions of admission, written as behaviorally measurable goals, shows evidence of CFT involvement.

2) The plan complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with federal and state clinical practice guidelines.

3) The individual's treatment goals related to symptoms or behavioral health needs as identified at admission to this level of care have been accomplished; OR the individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this treatment intervention level of care.