

AUTHORIZATION CRITERIA FOR HOME CARE TRAINING FOR THE HOME CARE CLIENT (HCTC) CHILD/ADOLESCENT

Determination Timeline: Determination of prior authorization for Home Care Training for the Home Care Client (HCTC) is done prior to admission to the facility. Determination of medical necessity will be made for expedited decisions within 3 business days and standard decisions within 14 calendar days of request receipt with a potential for extension of an additional 14 calendar days to request additional documentation.

Documentation Required Prior to Determination:

Initial authorization: requires the PNO/Provider Agency to submit prior to admission an updated treatment plan indicating the goal of the HCTC, a recent psychiatric evaluation that reflects current behaviors and functioning and diagnoses, CASII (most recent) and the SNCD (Strengths, Needs and Culture Discovery) and a Child Family Team note indicating the team's recommendations.

Re-authorizations: requires the PNO/Provider Agency to submit the following at least seven (7) days prior to the expiration of the current authorization: CFT note, updated treatment plan with detailed discharge plan, and HCTC monthly clinical summary.

Length of Authorization: up to 90 days maximum per authorization

Diagnostic Criteria: Child/adolescent must have a current DSM diagnosis consistent with a DSM-V diagnosis (within the range of 290 through 316.99) which reflects the symptoms and behaviors precipitating the request for HCTC.

ADMISSION CRITERIA

A. BEHAVIOR AND FUNCTIONING *(must meet)*

As a result of a DSM-V diagnosis, the child /adolescent has a risk of harm to self or others or disturbance of mood, thought or behavior which renders the child /adolescent incapable of developmentally-appropriate self-care or self-regulation as evidenced by:

The child has demonstrated an inability to function in a typical family setting as evidenced by a history of risk of harm or moderate functional impairment of self-care or self-regulation due to the psychiatric condition that clearly impairs functioning, persists in the absence of stressors, and impairs recovery from the presenting problem.

B. INTENSITY OF SERVICE *(must meet all criteria)*

Homes providing HCTC services are licensed by the Arizona Department of Economic Security (ADES) Office of Licensing, Certification and Regulation (OLCR) as professional foster homes or are licensed by federally recognized Indian Tribes that attest to the Centers for Medicare and Medicaid services via the Arizona Health Care Cost Containment System (AHCCCS) that they

meet equivalent requirements. HCTC services assist and support a participant in achieving his/her service plan goals and objectives and also help the participant remain in the community setting, thereby avoiding residential, inpatient or institutional care.

These services in a home setting include supervision and the provision of behavioral health support services including personal care (especially prescribed behavioral interventions), psychosocial rehabilitation, skills training and development, transportation of the participant when necessary to activities such as therapy and visitations and/or the participation in treatment and discharge planning.

Treatment should be at the least restrictive level of care consistent with participant need and therefore should not be instituted unless there is documentation of a failure to respond to, or professional judgment of, an inability to be safely managed in a non-therapeutic community based placement.

C. EXCLUSION CRITERIA

HCTC admission is not used primarily, and therefore clinically inappropriately, as:

1. An alternative to preventative detention, or as a means to ensure community safety in an individual exhibiting conduct disordered behavior; **or**
2. The equivalent of safe housing, permanency placement, or an alternative to parents'/guardians' or other agencies' capacity to provide for the child/adolescent; **or**
3. A behavioral health intervention when other less restrictive alternatives are available and meet the child's/adolescent's treatment needs; **or**
4. An intervention for runaway behavior.

D. EXPECTED RESPONSE

Active treatment with the services available at this level of care can reasonably be expected to improve the child/adolescent's condition in order to achieve discharge from the HCTC at the earliest possible time and to facilitate his/her return to outpatient care and/or family living.

E. DISCHARGE CRITERIA HAVE BEEN DEVELOPED

There is a written plan for discharge with specific discharge criteria with behaviorally measurable goals, and with recommendations for aftercare treatment that includes involvement of the Child Family Team and 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.

CONTINUED STAY CRITERIA

A. BEHAVIOR AND FUNCTIONING *(must meet one criterion)*

1. Emergence or continuance of recent, recurring, or intermittent episodes of risk of harm; or continued moderate functional impairment with disturbance of mood, thought or behavior which substantially impairs developmentally appropriate self-care or self-regulation; **or**
2. Significant regression of the child/adolescent's condition is anticipated without continuity at this level of care; **or**
3. The above criteria are not met, but efforts to secure a less restrictive placement suitable to the behavioral health needs of the child/adolescent have been exhausted and none are available.

B. EXPECTED RESPONSE TO HCTC OF INTENSITY OF SERVICE:

There is documented evidence that:

1. Active treatment, with direct supervision/oversight by professional behavioral health staff only available at this level of care is being provided by the HCTC family on a 24 hour basis, is reducing the severity of disturbances of mood, thought or behavior which were identified as reasons for admission; **and**
2. The treatment is empowering the child/adolescent to gain skills to successfully function in his/her family and community; **and**
3. The Child Family Team is meeting at least monthly or more frequently, as clinically indicated, to review progress, and has revised the service plan to respond to any lack of progress; **and**
4. The family or parents to whom the child will be transitioned after discharge are actively involved in treatment with the child and HCTC agency; **and**
5. There is an expectation that continued treatment can reasonably be expected to improve or stabilize the child/adolescent's condition so that this type of service will no longer be needed.

C. DISCHARGE PLAN

There is a written plan for discharge with specific discharge criteria, written as behaviorally measurable goals, and with recommendations for aftercare treatment that includes involvement of the Child Family Team. 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.