

HCTC FACT SHEET

Home Care Training to Home Care Client Services



The Services

HCTC services include the provision of covered behavioral health support and rehabilitation services, including:

- personal care
- psychosocial rehabilitation
- skills training & development
- behavioral interventions; and
- transportation to behavioral health appointments and services including counseling and participation in treatment and discharge planning.

Service or Placement?

HCTC are *behavioral health services* delivered by a DES-licensed professional foster home to a child residing in the foster home. These are available to all Title XIX eligible children with high needs requiring this therapeutic short-term intervention for stabilization. HCTC services are paid with Title XIX funds through the RBHA. DES pays room & board to the professional foster home.

Permanent Placement?

According to DBHS Practice Protocol for HCTC, "A professional foster home delivering HCTC services should not be considered a permanent placement option for the child." At the time a child is placed in a home that provides HCTC services, a discharge plan should be developed through the CFT. While there are times when a child may be considered for long-term placement in the home of an HCTC service provider, professional foster parents should consider the potential impact this will have on finances, licensing capacity, future placements and the needs of other children in the home.

What Are HCTC Services?

According to DBHS Practice Protocol, HCTC services assist and support a child in achieving his/her behavioral health service plan goals and objectives. HCTC services include supervision and the provision of covered behavioral health support and rehabilitation services.

When a child has achieved the service plan goals that were identified for HCTC services, discharge from those services must be achieved. HCTC discharge planning in the CFT includes discussion about future placement and service needs and should begin at the earliest possible moment.

DID YOU KNOW?

- As of June 2009, 510 youth were receiving HCTC services in Arizona.*
- It is recommended that no more than two (2) children be placed in a home at a given time when HCTC services are being delivered.**
- HCTC service providers are expected to participate in Juvenile Court hearings.**
- HCTC service providers are expected to assist the child in maintaining contact with his/her family and work actively to enhance these relationships, unless contraindicated by the child's service plan or CPS case plan.**

*The ADHS/DBHS Children's Structural Elements Report (SFY2008)

**DBHS HCTC Specific Guidelines

Prior Authorization

Since this is a behavioral health service, all requests for HCTC services must be accessed through the RBHA system via the Child and Family Team. The DBHS and each RBHA has established criteria for admission and re-authorization of HCTC services. Initial authorization is up to 90 days with concurrent reviews at least every 90 days following to authorize continued stay.

Continued Placement

The RBHA determines the authorization and re-authorization of HCTC services, not foster care placement. For CPS youth, DES and the Court, not the RBHA, determine whether to continue or discontinue placement of the child in a foster home. Criteria for medical necessity must be met in order to continue the authorization of HCTC services. The CFT continues to meet while a child receives HCTC services to assess ongoing treatment needs and establish transition planning. The CFT must and should address the possible change in services and impact on placement when a youth turns 18.

Sometimes circumstances exist that lead to a request for a CPS child to remain in the home of an HCTC service provider even when the child does not meet criteria for HCTC services. For example, pending adoptions, finishing out the school year, attachment to foster parents, and placement stability may contribute to this decision. Title XIX funds cannot be used to pay for foster care placement. However, when HCTC services end and the team desires that a CPS child remain placed in the foster home several factors must be considered:

1. Are the foster parents willing to keep the child in their home at a foster care rate?
2. If so, are the foster parents licensed with an agency that contracts for regular foster care?
3. Do the foster parents understand the potential impact on future therapeutic placements in order to keep the child in the home? [A.A.C. R6-5-5850 recommends that no more than two (2) children be placed in a home at a given time when HCTC services are being delivered.]
4. Is it clinically appropriate to continue placement of the child in a home with other children whose therapeutic needs are much higher?
5. If a youth is turning 18, what are the implications for continuing in the home and has the CFT addressed these issues at least 6 months prior to the youth's 18th birthday?

