



NARBHA AUTHORIZATION CRITERIA FOR HOME CARE TRAINING FOR THE HOME CARE CLIENT (HCTC) ADULT PM Attachment 3.14.10

NARBHA Determination Timeline: Determination of prior authorization for Home Care Training for the Home Care Client (HCTC) is done prior to admission to the facility. NARBHA determines medical necessity within seven (7) days of receipt of required documentation.

Documentation Required Prior to Determination:

Initial authorization: an updated treatment plan indicating the goal of the HCTC, a recent psychiatric evaluation that reflects current behaviors and functioning and diagnoses, and Adult Clinical Team note or progress note indicating the team's recommendations.

Re-authorizations: NARBHA requires the RA to submit the following at least seven (7) days prior to the expiration of the previous request: Adult Clinical Note, updated treatment plan with detailed discharge plan, and HCTC monthly summary.

Length of Authorization: up to ninety days maximum

Diagnostic Criteria: Member must have a current DSM diagnosis consistent with a DSM IV-TR 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-IV-TR diagnosis, the adult has a risk of harm to self or others or disturbance of mood, thought or behavior which renders the adult incapable of developmentally-appropriate self-care or self-regulation as evidenced by:

The Adult has demonstrated an inability to function in a community setting as evidenced by limited ability to independently self-administer psychotropic medications despite interventions such as 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 SERVICE¹ (*must meet all criteria*)

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<http://www.ahcccs.state.az.us/Publications/GuidesManuals/BehavioralHealth/BehavioralHealthServicesGui>



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HCTC services are provided by a behavioral health therapeutic home to implement the in-home portion of a participant's behavioral health service plan. HCTC services assist and support a participant in achieving his/her service plan goals and objectives and also helps the participant remain in the community setting, thereby avoiding residential, inpatient or institutional care. These services 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

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

1. An alternative to preventative incarceration, or as a means to ensure community safety in an individual exhibiting primarily antisocial disordered behavior; **or**



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2. Behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs;
or
3. The equivalent of safe housing, or alternative to other agencies' capacity to provide for the adult;

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 Adult Clinical 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 criteria)*

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 members condition is anticipated without continuity at this level of care, or without wrap-around services in a home setting; **or**
3. The above criteria are not met, but efforts to secure a less restrictive placement suitable to the behavioral health needs of the member have been exhausted and none are available.

B. EXPECTED RESPONSE TO HCTC OF INTENSITY OF SERVICE:



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There is documented evidence that:

- a. 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**
- b. The treatment is empowering the member to gain skills to successfully function in his/her family and community; **and**
- c. The Adult Clinical Team is meeting at least monthly or more frequently, as clinically indicated, to review progress, and has revised the service plan to respond to a lack of progress; **and**
- d. There is an expectation that continued treatment can reasonably be expected to improve or stabilize the member'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 Adult Clinical 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.