

Home Care Training to Home Care Client (HCTC) services are delivered to children and youth whose behavioral health needs are of such a critical nature that in the absence of such services the child or youth would be at risk of transitioning into a more restrictive residential setting such as a hospital, psychiatric center, correctional facility, residential treatment program or a therapeutic group home. AHCCCS requires that every child is served within the context of a Child and Family Team (CFT) and that HCTC services are delivered when this recommendation/decision has been made by the team and approved through the prior authorization process. However, CFTs should strive to serve children within their current homes (e.g. biological, foster, adoptive family, kinship) by providing in-home support services rather than seeking out of home treatment services. The needs of the child and family, the child's local community, existing family resources and supports, and additional supportive and therapeutic services the family may require to successfully provide for the child at home should be thoroughly identified, assessed, and documented on an ongoing basis.

Homes providing HCTC services are licensed by the Arizona Department of Child Safety (DCS) Office of Licensing and Regulation (OLR) as professional foster homes or are licensed by federally recognized Indian Tribes that attest to the Centers for Medicare and Medicaid services via AHCCCS that they meet equivalent requirements. In addition to the licensing requirements from OLR, HCTC providers must then receive additional training, including completion of the Arizona Home Care Training Curriculum prior to providing services.

Individual HCTC service capacity should be determined based on the needs of the children being served in the setting and the intensity of the services needed. A.A.C. state that no more than three children be placed in a home at a given time when HCTC services are being delivered.

The clinical rationale for providing additional services such as personal care services, skills training and development, and home care training family services (family support) must be specifically documented in the Service Plan and Progress Note and is typically only provided for a short period of time (e.g. during transition to home). Refer to the AHCCCS Covered Behavioral Health Services Guide for more information.

ALL HCTC HOMES DELIVERING HCTC SERVICES ARE EXPECTED TO:

1. Abide by all licensing regulations as outlined in Article 58 Family Foster Parent Licensing Requirements.
2. Provide basic parenting functions (e.g. food, clothing, shelter, educational support, meet medical needs, provide transportation, teach daily living skills, social skills, the development of community activities, and support spiritual/religious beliefs)

3. Provide therapeutic interventions (e.g. anger management, crisis de-escalation, psychosocial rehabilitation, living skills training and behavioral intervention) that will aid the child in making progress on Service Plan goals.
4. Provide a family environment that includes opportunities for:
 - a. Familial and social interactions and activities,
 - b. Use of therapeutic interventions,
 - c. Development of age appropriate living and self-sufficiency skills,
 - d. Integration into a family and community-based setting.
5. Meet the needs of the child/youth in their home as defined in the child's Service Plan. The HCTC provider must be available to directly supervise the child/youth 24 hours per day, seven days a week for the entire duration that the child is receiving out of home treatment services.
6. Receive ongoing training, supervision, and support, from the Professional Foster Care licensing agency and the behavioral health provider to ensure that professional foster homes delivering HCTC services understand and commit to meeting each child's unique needs.
7. Participate in planning processes such as CFTs, HCTC discharge planning, Individualized Education Programs (IEPs), Team Decision Making, Juvenile Court hearings, and DCS Case Plan Staffing's.
8. Keep documentation, per expectations of the Contractor or RBHA and licensing agency, of the child's behavior and progress toward specific outcomes as outlined in the Service Plan.
9. Assist the child in maintaining contact with his/her family, including siblings in regular foster care and community settings, and work actively to enhance these relationships, unless contraindicated by the DCS case plan.
10. Assist in meeting the child's permanency planning or HCTC discharge planning goals.
11. Advocate for the child in order to achieve goals within the Service Plan, obtain educational, vocational, medical, and other services needed to implement the plan, and ensure timely access to therapeutically indicated services and supports.

IN AN EFFORT TO PROMOTE STABILITY, THE FOLLOWING SHOULD BE CONSIDERED AND DISCUSSED PRIOR TO DELIVERING HCTC SERVICES:

1. At all possible times, the child's family and guardians should be included in all aspects of planning and treatment in accordance with legal requirements.

2. When siblings require HCTC services, the siblings should be served together unless precluded by safety, Juvenile Court orders, or other overriding clinical issues. If siblings must be placed separately, the Service Plan should provide opportunities that support, foster and encourage family ties through collaborative efforts between the respective professional foster home delivering HCTC services, kinship or other caregivers by telephone, written and electronic communication, visitation arrangements, and social activities managed by the caregivers.
3. HCTC services should be delivered by a professional foster home most willing and able to meet the child's cultural and language needs.
4. The child's past experiences with abuse, neglect, family and significant others, or environmental stressors can affect the child's success in treatment. The CFT needs to take into consideration the number, age, and gender of other children living in the professional foster family's home, other family members or adults who live in or frequent the professional foster family's home, and the likelihood that the makeup of the family will support the strengths and meet the needs of the child.
5. Many children thrive in the presence of pets while others are fearful. Some children are aggressive towards vulnerable animals. The presence of pets in the professional foster home should be considered in the context of the safety of the child, the safety of the pets living in the home, and the professional foster home's willingness to accommodate the child's needs and desires relative to pets.
6. The geographic location of the professional foster home delivering HCTC services should be considered from multiple perspectives. The professional foster home's proximity to the child's current school and family home can affect the child's level of comfort, the accessibility of supportive and anchoring relationships, the reassurance that often accompanies familiarity, and the child's feelings of safety.
7. Carefully assess the ability of the professional foster home to implement the Service Plan in the area in which they live, in proximity to the child's family, and in proximity to both positive and negative peer influences.
8. The intensity of needs of every child and his/her presenting behavior challenges should be coordinated with the capabilities of the professional foster family's skills and experience.
9. The medical needs of the child and the professional foster home's ability to respond to them on an ongoing basis and in crisis should be considered.

10. Appropriate information is available from the professional foster home's OCLR home study that may provide additional information to the CFT about the professional foster home's ability to meet the individual needs of the child.
11. If an acute hospital admission, arrest, or other occurrence (e.g. running away from the home providing HCTC services) temporarily results in the child's removal from the professional foster home, the CFT should review the situation and implement appropriate interventions and services to ensure that the child can return to the same professional foster home if clinically appropriate.
12. The event of a young person reaching his/her 18th birthday should not, by itself, require an end to needed and beneficial HCTC service delivery. The CFT should address available options to Continue HCTC services prior to the child's 18th birthday.