



Regional Behavioral Health Authority (RBHA)
Instructions for Completing the
Home Care Training to Home Care Clients (HCTC) Review Tool

The *HCTC Review Tool* is designed to determine if HCTC Licensing Agencies are providing services consistent with the service expectations outlined in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Practice Protocol *Children's Out of Home Services*.

Reviews of each HCTC Licensing Agency should be conducted at a minimum of once annually. The RBHA should have a minimum of one Quality Management and one Clinical Operations representative conduct these reviews.

The review tool is comprised of two parts, a chart review and an interview of the HCTC Licensing Agency staff. Only one interview with an HCTC Licensing Agency staff person needs to be conducted for each agency. The number of chart reviews to be completed is based on the number of children/youth currently being served by the agency:

- 5 or less children/youth = 2 reviews
- 5-10 children/youth = 4 reviews
- 10-15 children/youth = 6 reviews
- 15-20 children/youth = 8 reviews
- Over 20 children/youth = 10 reviews

For example, if there are a total of 12 children/youth in the HCTC Licensing Agency being reviewed, there should be six files reviewed and one interview with the HCTC Licensing Agency staff person.

At the beginning of the *HCTC Review Tool* is a demographic section the reviewer must complete. The Child and Adolescent Service Intensity Instrument (CASII) score recorded should be the most recent one entered in the file.

Part 1 of the *HCTC Review Tool* is a chart review which evaluates five components related to providing quality care for children and youth receiving HCTC services:

- Assessment and Evaluation
- Active Treatment
- Family Involvement
- Cultural Competence
- Discharge Planning

Most questions in this section can be answered with a Yes or No response; Not Applicable (N/A) is available for some questions. Most of the questions also provide an opportunity for the reviewer to add comments to

their answers. The comment section can be used to clarify answers or note any unusual factors or circumstances associated with the questions.

Part 2 of the *HCTC Review Tool* involves an interview with an HCTC Licensing Agency staff person. Only one of these interviews needs to be completed per agency review. This interview consists of eight open ended questions providing an opportunity for a more detailed response.

Completing the RBHA Quarterly Protocol Monitoring Report

Results from each HCTC Licensing Agency reviewed during a quarter must be compiled using the *RBHA Quarterly Protocol Monitoring Report: Children’s Out of Home Services—HCTC Review Tool* and submitted to ADHS/DBHS on a quarterly basis. These quarterly reports will be utilized to monitor each agency’s adherence to the required elements in the ADHS/DBHS Practice Protocol *Children’s Out of Home Services*.

Each agency reviewed should be listed along with the date of the review and the number of clinical files reviewed. Quantitative results are tabulated as the percentage of total “yes” responses for all of the questions under each of the five components. For example, under the first component *Assessment and Evaluation*, there is a potential of 2 total “yes” responses. Therefore, the percentage of total “yes” responses under this component would be calculated as:

$$\frac{\text{Total number of “yes” responses on all clinical files reviewed} \times 100}{\text{Total number of charts reviewed} \times 2}$$

Qualitative results should be listed as strengths and areas identified for improvement by agency.

Finally, RBHA-level trends, barriers, and improvement efforts for HCTC Licensing Agencies should be documented in the table provided.

Completed monitoring reports should be submitted by the 15th day after the end of the quarter to the following:

ADHS/DBHS
Attn. Karla Schaff
150 N 18th Avenue, Suite 220
Phoenix AZ 85007-3228
(or electronically to: SCHAFFK@azdhs.gov)

Please attach copies of the review tools completed during the quarter. This information will be provided to the ADHS/DBHS Utilization Management Department.

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Provider: _____

CASII Score: _____

Review Date: _____

Date of Admission: _____

Reviewers: _____

PART 1: Chart Review (complete one form for each child)

I. Assessment and Evaluation	Yes	No	N/A	Comments:
1. The clinical record contains a current Assessment completed within the last year by the intake agency				
2. The clinical record contains a current Strengths, Needs, and Culture Discovery (SNCD) completed by the Child and Family Team (CFT)				
II. Active Treatment	Yes	No	N/A	Comments:
Date most recent treatment/service plan was completed: _____				
1. The treatment/service plan is comprehensive and at a minimum contains the following:				
<i>a) The child's individualized needs</i>				
<i>b) Specific goals/objectives that address the child's individualized needs</i>				
<i>c) Specific treatment interventions that address the child's goals/objectives, including those that prepare the child and family for the child's return to home or alternate permanent community placement as quickly as possible</i>				
2. There is documentation related to the child's progress in achieving his or her treatment goals in the following areas:				
<i>a) Personal care services</i>				
<i>b) Skills training & development</i>				
<i>c) Transportation</i>				
<i>d) School/education</i>				
<i>e) Involvement of natural/ community supports</i>				
3. The HCTC provider's documentation is in alignment with the CFT's Service Plan				
4. The HCTC provider participates in the CFT				
5. The HCTC provider participates in the Individualized Education Program (IEP), and other planning processes such as Juvenile Court hearings and Child Protective Services Case Plan Staffings				

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6. The record contains a current crisis plan				
7. Documentation requirements are met:				
<i>a) Progress notes are signed by the "Licensed Parents" facilitating the HCTC interventions</i>				
<i>b) There is evidence that the HCTC provider sends monthly summaries to the HCTC licensing agency</i>				
<i>c) The progress notes are dated and written no less than one per day by the HCTC provider</i>				
8. There is evidence the HCTC licensing agency provides ongoing training, supervision, and support to the HCTC provider				
III. Family Involvement	Yes	No	N/A	Comments:
1. There is evidence that the family/guardian were actively engaged to participate and involved in decisions in the following aspects of the child's care:				
<i>a) Treatment Development</i>				
<i>b) Treatment Service Provision</i>				
<i>c) Discharge Planning</i>				
2. There is evidence that CFT meetings are scheduled according to the family's availability				
3. There is evidence that the child and family have regular communication with each other outside of treatment sessions				
IV. Cultural Competence	Yes	No	N/A	Comments:
1. Services appear to be culturally responsive to the needs of the child and family				
2. Discharge and transition plans reflect identified community services and supports that are aligned with the child's strengths, needs, and cultural preferences				
V. Discharge Planning	Yes	No	N/A	Comments:
1. The discharge/transition plan includes:				
<i>a) Specific skills and supports that the child needs to be successful upon return to home, regular foster care, or relative placement</i>				
<i>b) Realistic/quantifiable/measurable goals and objectives to inform when the child is discharge ready</i>				
<i>c) Evidence that the CFT is actively reviewing progress and discharge options</i>				

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PART 2: Interview with Licensing Agency Program Staff (conduct one interview for each agency)

Program Review Comments:

1. How do you ensure that the HCTC providers successfully complete the Arizona Home Care Training Curriculum prior to providing services?

2. How often do you offer the HCTC Curriculum training?

3. How does the HCTC Licensing Agency verify the HCTC providers' credentials and work history?

4. How does the HCTC Licensing Agency support HCTC providers?

5. Which services does the HCTC Licensing Agency provide to HCTC providers?

6. How does the HCTC Licensing Agency support child/family communication and involvement?

7. Describe areas of strength within the program:

8. Describe any barriers within the program:

RBHA Quarterly Protocol Monitoring Report: *Children's Out of Home Services*—HCTC Review Tool
RBHA Performance Improvement Actions

What trends were identified for HCTC Licensing Agencies reviewed?

What barriers were identified for the HCTC Licensing Agencies reviewed?

What has the RBHA implemented to target areas that were identified for improvement for the HCTC Licensing Agencies?