



**ACOM POLICY 449, ATTACHMENT B,
DCS & ADOPTED CHILDREN SERVICES REPORTING: CALLS AND RECONCILIATION**

MONTHLY DELIVERABLE **RFP YH19-0001**

Contractor: _____
Line of Business: _____
Date: _____
Reporting Period: _____

Report Month	10/2016	11/2016	12/2016	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	08/2017	09/2017	Total
Total Number of Calls and emails Received by DCS Liaison related to foster and adopted children													0
Reason for Communication													
Request for general information/education related to Behavioral Health													0
Request for general information/education related to DCS, CMDP, or licensing agency													0
Request for insurance coverage information													
Request for crisis services because a crisis service provider was unresponsive within 72 hours													0

Effective Dates: 03/24/16, 03/15/17, 10/09/13/17, **10/01/18**
Revision Date: 01/05/17, 06/28/17, 09/07/17, **11/02/17**

Other issues related to crisis or rapid response services														0
Notification of initial behavioral health services not provided within 21 calendar days after identified need														0
Request for behavioral health out-of-home treatment due to the member displaying dangerous or threatening behaviors														0
General issue with coordination of care or request for coordination														0
Issue with accessing physical health services														
Issue with receiving prescriptions														0

Service types members are having difficulty receiving:

Text Box for Additional Explanation:

Effective Dates: 03/24/16, 03/15/17, 10/09/13/17, **10/01/18**

Revision Date: 01/05/17, 06/28/17, 09/07/17, **11/02/17**

ACOM Policy 449, Attachment B



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Report Month	10/2016	11/2016	12/2016	1/2017	2/2017	3/2017	4/2017	5/2017	6/2017	7/2017	8/2017	9/2017	Total
Total number calls and emails received by the After Hours Line related to foster care and adopted children													
Reason for Communication													
Request for General information/education related to Behavioral Health													
Request for general information/education related to DCS, CMDP, or licensing agency													
Request for insurance coverage information													
Request for crisis services because a crisis service provider was unresponsive within 72 hours													
Other issues related to crisis or rapid response services													
Notification of initial behavioral health services not provided within 21 calendar days after identified need													
Request for behavioral health out-of-home treatment due to the member displaying dangerous or threatening behaviors													
General issue with coordination of care issue or request for coordination													
Issue with accessing physical health services													
Issue with receiving prescriptions													
Service types members are having difficulty receiving:													
Text Box for Additional Explanation:													

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Report Month	10/2016	11/2016	12/2016	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	08/2017	09/2017	Total
Removal Month	08/2016	09/2016	10/2016	11/2016	12/2016	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	
Initial Removal List Process													
Total number of children on DCS Removal List													
Total number of children referred by DCS for a Rapid Response													
Number of children who received Rapid Response within 72 hours after referral													
Number of children who received Rapid Response outside the 72 hours after referral													
Reconciliation Process													

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Number of children removed who were not referred by DCS for a Rapid Response													
Number of children retruned home within 72 hours - No Rapid Response													
Number of children already engaged in behavioral health care - No Rapid Response													
Number of children sent to DCS/CMDP requesting efforts to enroll in behavioral health after reconciliation of the list													
Number of children who received Rapid Response following Reconciliation Process													
Total number of children on Removal List and those identified as removed with no referral to rapid response, receiving a behavioral health service													
Calculations													
Initially Referrals/Removal List	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Receiving BH Service/All removed	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Effective Dates: 03/24/16, 03/15/17,1009/13/17, 10/01/18

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RR Completed in 72 hours/Initially Referred	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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Text Box for Additional Explanation: