449 - BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN DEPARTMENT OF CHILD SAFETY CUSTODY AND ADOPTED CHILDREN

EFFECTIVE DATE: 03/24/16

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to CRS, and RBHA Contractors. The purpose of this Policy is to ensure the timely provision of medically necessary behavioral health services to children eligible for Title XIX and XXI services who are in out-of-home placement and in the legal custody of the Department of Child Safety (DCS) and to adopted children in accordance with A.R.S. §8-512.01.

II. DEFINITIONS

ADOPTIVE PARENT — Any adult or adults who are residents of Arizona, whether married, unmarried or legally separated, who have adopted a child. For purposes of this policy, the Adoptive Parent is that of a child who is eligible under Title XIX or Title XXI of the social security act.

ARIZONA DEPARTMENT OF CHILD SAFETY (DCS) — The department established pursuant to A.R.S. §8-451 to protect children and to perform the following:

1. Investigate reports of abuse and neglect.
2. Assess, promote and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.

CRISIS — An acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

CRISIS SERVICES — Services provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

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INITIAL EVALUATION (INTAKE)	The collection by appropriately trained staff of basic demographic information and preliminary determination of the member's needs.
OUT-OF-HOME PLACEMENT	For the purposes of this Policy out-of-home-placement means a foster home, kinship foster care, a shelter care provider, a receiving home or a group foster home.
URGENT NEED RESPONSE	A response which must be initiated within two hours of notification that a member has an urgent need.
72-HOUR RAPID RESPONSE	A response which must be initiated within 72 hours of notification that a member has been, or will be, removed from their home.

III. POLICY

The Contractor shall ensure timely provision of all behavioral health services including, crisis services, 72-hour rapid response, Urgent Need Response, and ongoing behavioral services, including screening and evaluation, for adopted children and children in out-of-home placement. The Contractor shall provide coordinated care between the out-of-home placement or adoptive parent(s), all providers, and DCS, as appropriate.

A. CRISIS SERVICES

Crisis services shall be community based and individually focused. Services must provide solution-focused and recovery-oriented interventions designed to stabilize individuals as quickly as possible to assist them in returning to their baseline level of functioning.

In order to meet the needs of adopted children and children in out-of-home placement who are in crisis, in or outside the home, the Contractor shall:

1. Dispatch an assessment team within two hours of notification that a member has an urgent need, and:

   Provide a point of contact (Children Services Liaison) who is available to, and works collaboratively with, the out-of-home placement and adoptive parents to coordinate needed crisis services and address barriers to services such as unresponsiveness by a crisis services provider. See Section F.

   The Children Services Liaison is to be the first point of contact for out-of-home placement or adoptive parents who recognize a member is in need of crisis services and the provider does not respond within the designated two hour time frame.

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The Contractor shall ensure contact information for the Children Services Liaison is made available as indicated in this Policy.

2. Ensure the availability of a telephone line, with designated staff, that is responsible for handling incoming calls after business hours related to delivery of crisis services, including failure of the Crisis Team to respond within two hours. Designated staff shall be adequately trained on the provisions of this Policy and the procedures in place to address calls prior to actively answering calls. There shall be processes in place for staff to:
   a. Address barriers to care,
   b. Directly contact the crisis services vendor and/or provider,
   c. Track and report calls as indicated in Section I of this Policy, and
   d. Report the above information to the Children Services Liaison.

B. 72-HOUR RAPID RESPONSE

1. Notification of the need for 72-hour rapid response may be requested by DCS, law enforcement or other individuals including the out-of-home placement or adoptive parent.

2. The Contractor shall dispatch an assessment team to complete a rapid assessment within 72 hours after being notified that a member has entered care in an out-of-home placement.

C. ASSESSMENT FOR RESIDENTIAL TREATMENT

The Contractor shall ensure an assessment is completed within 72 hours after a request is made by the out-of-home placement or adoptive parent for placement of the member in residential treatment due to the child displaying dangerous or threatening behaviors.

1. If the member is hospitalized prior to the dispatch of the assessment team, the Contractor shall coordinate with the hospital for an appropriate and safe discharge plan. The plan must ensure appropriate alternative placements when:
   a. It is unsafe for the member to return to the out-of-home placement or adoptive family, and/or
   b. It is unsafe for the out-of-home placement or adoptive family for the member to return.

2. The Contractor must provide a Notice of Action (NOA) in accordance with ACOM Policy 414 for any action issued related to the request for placement of the member in residential treatment.

The Contractor is responsible for reimbursement to the hospital for all medically necessary care including days where inpatient criteria was not met but there was not a safe discharge

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plan in effect to meet the needs and safety of the member and the out-of-home placement or adoptive family. In these cases the Contractor may negotiate with the hospital for an appropriate rate.

D. INITIAL EVALUATION AND BEHAVIORAL HEALTH APPOINTMENT

1. The Contractor shall ensure an initial evaluation of the member is completed within seven calendar days after a referral or request for behavioral health services has been received.

2. If the results of the initial evaluation determine, based on medical necessity, that the member is in need of behavioral health services, the Contractor shall ensure behavioral health services are initiated within 21 calendar days after the initial evaluation.

3. In the event initial behavioral health services are not provided to a member within 21 calendar days from the initial evaluation:
   a. Upon receipt of a call from an out-of-home placement or adoptive parent, the Contractor shall:
      i. Ensure that the caller is aware of the requirement to contact the AHCCCS Customer Service line at 602-364-4558 to provide notification of the failure to receive behavioral health services,
      ii. Recognize that the member may receive services directly from any AHCCCS-registered provider, regardless of whether the provider is contracted with the Contractor, and
      iii. Obtain the name and contact information of the non-contracted provider of service, if applicable.
   b. For services provided by a non-contracted provider, the Contractor shall:
      i. Not deny claims submitted based solely on the billing provider being out of the Contractor's network, and
      ii. Reimburse clean claims at the lesser of 130% of the AHCCCS FFS Rate or the provider standard rate.

4. Refer to ACOM Policy 417 for behavioral health appointments standards for persons in legal custody of the DCS and adopted children in accordance with A.R.S. §8-512.01.

E. CONTINUITY OF SERVICES

The Contractor is responsible for continuation and coordination of services the member is currently receiving. If a member moves into a different county because of the location of the out-of-home placement, the Contractor shall allow the member to continue any current treatment in the previous county and/or seek any new or additional treatment in the out-of-home placement's county of residence.

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F. CHILDREN SERVICES LIAISON

1. The Contractor shall designate a key staff person whose primary role is to:
    a. Serve as the members point of contact
    b. Accept and respond to:
        i. Inquiries from the out-of-home placement, adoptive parent, or providers,
        ii. Issues and concerns related to the delivery of and access to behavioral health services for members in out-of-home placements or with adoptive parents,
    c. Collaborate with the out-of-home placement and adoptive parents to coordinate needed crisis services and address barriers to services, and
    d. Resolve concerns received in accordance with grievance system requirements.

2. The Children Services Liaison shall:
    a. Provide the number for crisis services and after hour's telephone line in their outgoing voicemail message and email,
    b. Provide an expected timeframe for return calls in their outgoing voicemail message and email,
    c. Respond to all inquiries as indicated by need or safety but no later than one business day, and
    d. Follow up on all calls received by the after hour telephone line.

3. The Contactor shall ensure the Children Services Liaison's contact information is:
    a. Provided to DCS for distribution,
    b. Prominently placed on the member page of the Contractor's website, and
    c. Included in the Contractor's Member Handbook.

4. The Contractor shall ensure calls received by the Children Services Liaison that meet the definition of a grievance are reported in accordance with the Grievance System Reporting requirements as outlined in Contract.

G. MEMBER ADVISORY COUNCIL

1. To promote a collaborative effort to enhance the service delivery system for members in out-of-home placement and adoptive care, the Contractor shall establish a Member Advisory Council to provide input and feedback on Policy and Programs focused on addressing the needs of members in out-of-home placement and adopted members.

2. The Council membership shall:
    a. Be chaired by the Contractor's Administrator/CEO or designee,
    b. Include a cross representation of out-of-home placement, adoptive, and kinship families, advocacy groups, and providers who reflect the population and community served and shall make up at least 50% of the membership,
    c. Consist of at least 10 Council members, and

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d. Meet at least quarterly. The Contractor shall provide Council members with orientation and ongoing training that includes sufficient information and ensures understanding of Council member responsibilities.

H. EDUCATION

The Contractor shall be responsible for ongoing education to providers, members, families, and other parties involved with the member's care, including but not limited to the following:

1. Rights and responsibilities as delineated in A.R.S. §8-512.01,
2. Trauma-informed care,
3. Navigating the behavioral health system,
4. The role of the Contractor,
5. The role of DCS,
6. Referral process,
7. Coping skills, and
8. Additional trainings identified by the Member Advisory Council.

All Contractor member information must be in accordance with ACOM Policy 404.

I. TRACKING AND REPORTING

1. Monitor on a monthly basis and submit quarterly, or upon request by AHCCCS, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables, the Contractor shall submit Attachment A, DCS & Adopted Children Services Reporting: Access to Services, which includes the following:
   a. Number of times the Contractor coordinated crisis services because a crisis service provider was unresponsive as specified above,
   b. Number of times initial behavioral health services were not provided within the 21 calendar days after the initial evaluation as specified above,
   c. Number of times initial behavioral health services were accessed directly by an out-of-home or adoptive parent that were provided by a non-contracted provider, and

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d. List of providers that were formerly contracted with the Contractor but terminated their contract and provided services at 130% of the AHCCCS FFS Rate or the Provider's standard rate, and the amount spent on those services.

2. On a monthly basis, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables, the Contractor shall submit a report using Attachment B, DCS & Adopted Children Services Reporting: Calls and Reconciliation on the 30th day after the reporting month which includes the following:
   a. Calls received by the Children Services Liaison
      i. Number of calls,
      ii. Types of calls including but not limited to:
         1) General information and education,
         2) Request for crisis services because a crisis service provider was unresponsive,
         3) Calls received due to no crisis services provider available in area,
         4) Notification of initial behavioral health services not provided within 21 calendar days after the initial evaluation,
         5) Request for residential treatment placement due to the member displaying dangerous or threatening behaviors, and
         6) Continuation of care if moving to a different County.
      iii. Number of calls responded to within one business day.
   b. Calls received by the after-hour line:
      i. Number of calls,
      ii. Types of calls including but not limited to:
         1) General information and education,
         2) Request for crisis services because a crisis service provider was unresponsive,
         3) Calls received due to no crisis services provider available in area,
         4) Notification of initial behavioral health services not provided within 21 calendar days after the initial evaluation,
         5) Request for residential treatment placement due to the member displaying dangerous or threatening behaviors, and
         6) Continuation of care if moving to a different County.
   c. DCS will provide a monthly listing to the Contractor of children placed in DCS custody. The Contractor shall report to AHCCCS information regarding members in DCS custody who have not received rapid response services. The Contractor shall perform a reconciliation of members placed within DCS custody against those who have received a rapid response service. For any identified members in DCS custody who have not been engaged in behavioral health services, the Contractor shall ensure a rapid response service is delivered. The Contractor shall submit a DCS Rapid Response Monthly Reconciliation Report which includes:
      i. The number of members removed by DCS,
      ii. The number of members referred by DCS for a rapid response service,

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iii. The number of members who received a rapid response service,
iv. The number of members placed in DCS custody who were not initially referred by DCS for a rapid response service, and
v. The number of members receiving a behavioral health service following reconciliation of the monthly list.

3. Member Advisory Council Plan

On an annual basis, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables, the Contractor shall submit on December 15th a Member Advisory Council Plan to AHCCCS, Division of Health Care Management. The Plan shall outline the schedule of Council meetings, membership, trainings, goals and objectives, including an evaluation of the previous year.

IV. REFERENCES

- CRS Contract, Section D
- Contract, Section F, Attachment F3, Contractor Chart of Deliverables
- RBHA Contract, Scope of Work
- RBHA Contract, Exhibit-9, Deliverables
- Attachment A, DCS & Adopted Children Services Reporting: Access to Services
- Attachment B, DCS & Adopted Children Services Reporting: Calls and Reconciliation
- ACOM Policy 404
- ACOM Policy 414
- ACOM Policy 417
- A.R.S. §8-451
- A.R.S. §8-512.01

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ATTACHMENT A, DCS & ADOPTED CHILDREN SERVICES REPORTING: ACCESS TO SERVICES

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY

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ATTACHMENT B, DCS & ADOPTED CHILDREN SERVICES REPORTING: CALLS AND RECONCILIATION

SEE THE ACOM WEBPAGE FOR ATTACHMENT B OF THIS POLICY

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