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

EFFECTIVE DATES: 03/24/16, 10/01/16 , 03/15/17, 09/20/17, 10/01/18, 07/03/19, 03/12/20, 10/01/20, 10/01/21, 10/01/23

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, and DES/DDD (DDD) Contractors with regard to adopted children in accordance with A.R.S. § 8-512.01. This Policy also applies to DDD and DCS/CHP (CHP) Contractors with regard to children residing with an out-of-home caregiver or children in out-of-home dependency with DCS in accordance with A.R.S. § 8-512.01. The purpose of this Policy is to ensure the timely provision of behavioral health services to children eligible for Title XIX and Title XXI services who are residing with an out-of-home caregiver or children in out-of-home dependency with DCS, as specified throughout this Policy, and to adopted children as specified in A.R.S. § 8-512.01.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

ADOPTIVE PARENTS	**ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)**	**CHILD AND FAMILY TEAM (CFT)**
CRISIS	**CRISIS MOBILE TEAM (CMT)**	**CRISIS SERVICES**
NOTICE OF ADVERSE BENEFIT DETERMINATION (NOA)		

For purposes of this Policy, the following terms are defined as:

BEHAVIORAL HEALTH OUT-OF-HOME TREATMENT Highly individualized treatment services and support interventions to meet the needs of each child and their family. When community-based services are not effective in maintaining the child in their home setting, or safety concerns become critical, the use of out-of-home treatment services can provide essential behavioral health interventions to stabilize the situation. The primary goal of out-of-home treatment intervention is to prepare the child and family, as quickly as possible, for the child's safe return to their home and community settings.

INTEGRATED RAPID RESPONSE (IRR) A process that occurs when a child enters into DCS custody. When this occurs, a behavioral health service provider is referred and then dispatched within 72 hours to assess a child's immediate physical and behavioral health needs and to refer the child for additional assessments through the behavioral health system.

MEMBER	Member includes children residing with out-of-home caregiver, children in out-of-home dependency with DCS and adopted children.
OUT-OF-HOME CAREGIVER	Where a child in DCS Custody resides (i.e., kinship care, foster care, a shelter care provider, a receiving home, independent living program, or group foster home).

III. POLICY

The Contractor shall ensure timely provision of all behavioral health services for members. The Contractor shall provide coordinated care between the out-of-home caregiver or adoptive parent(s), all providers, and DCS, as appropriate.

A. GENERAL REQUIREMENTS

In order to meet the needs of members, the Contractor shall:

1. Ensure services delivered are provided as specified in ACOM Policy 417.

2. Ensure the availability of a telephone line, with designated staff adequately trained on the provisions of this Policy and the procedures in place to address calls.

B. REQUEST FOR BEHAVIORAL HEALTH OUT-OF-HOME TREATMENT

1. The Contractor shall issue a determination for a request to place a member in behavioral health out-of-home treatment, no later than 72 hours after the request. The request shall be expedited in less than 72 hours, if warranted by the member's health condition due to the member displaying dangerous or threatening behaviors directed towards themselves or others. These settings include, but are not limited to, Behavioral Health Facilities as specified in A.A.C. R9-10-101. In the event the Contractor determines there is insufficient information to make a determination, the Contractor shall document all substantive efforts to obtain required information within the 72-hour timeframe. In the event the request for a behavioral out-of-home treatment is denied, the Contractor shall ensure medically necessary alternative services are communicated to the Child and Family Team (CFT) and provided to the member in the timeline specified in ACOM Policy 417.

2. If the member is hospitalized due to threatening behaviors prior to a determination on the request for behavioral health out-of-home treatment, the Contractor shall coordinate with the hospital to ensure an appropriate and safe discharge plan. The discharge plan shall include recommended follow-up services, including recommendations made by the Child and Family Team (CFT). For additional requirements regarding discharge planning refer to AMPM Policy 1020.

3. The Contractor shall issue a Notice of Adverse Benefit Determination (NOA) as specified in ACOM Policy 414 for any adverse action related to the request for behavioral health out-of-home treatment.

4. The Contractor is responsible for reimbursement to the inpatient psychiatric hospital for all medically necessary care including days where inpatient criteria was not met, but there was not a safe discharge plan in effect to meet the needs and safety of the member and the out-of-home caregiver or adoptive parent(s). In these cases, the Contractor is responsible for payment regardless of principal diagnosis on the claim and may negotiate with the hospital for an appropriate rate.

C. BEHAVIORAL HEALTH APPOINTMENT STANDARD

1. Upon notification from an out-of-home caregiver or adoptive parent(s) that a behavioral health service is not provided to a member (as specified in ACOM Policy 417), the Contractor shall:
   a. Notify the caller of the requirement to also report the failure to receive the behavioral health services to the AHCCCS Clinical Resolution Unit at 602-364-4558 or 1-800-867-5808, or by email at DCS@azahcccs.gov. Contact information is available on the AHCCCS website at: www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster,
   b. Notify the caller that the member may receive services directly from any AHCCCS-registered provider, regardless of whether the provider is contracted with the Contractor,
   c. Obtain the name and contact information of the identified non-contracted provider of service, if applicable to verify their AHCCCS registration, and
   d. Obtain information needed to determine medical necessity of requested services not received.

2. For services provided by a non-contracted provider, the Contractor shall:
   a. Not deny claims submitted based solely on the billing provider being out of the Contractor's network,
   b. Reimburse clean claims at the lesser of 130% of the AHCCCS Fee-For-Service (FFS) Rate or the provider's standard rate and as specified in ACOM Policy 203, and
   c. Ensure that the member may continue to receive services from the non-contracted provider regardless of the availability of an in-network provider.

D. EDUCATION

The Contractor shall be responsible for providing education to providers, members, families, and other parties involved with the member's care, on an ongoing basis. This includes but is not limited to, the following areas:

1. Rights and responsibilities as delineated in A.R.S. § 8-512.01.
2. Trauma-informed care.
3. Navigating the behavioral health system.
4. Coordination of care as specified in this Policy.
5. Covered services.
6. Referral process including Arizona Families First (Family in Recovery Succeeding Together, AFF).
7. The role of the Contractor.

8. The role of DCS, as applicable.

9. Additional training identified by the Member Advisory Council (Council) or obtained via stakeholder input.

All Contractor member information shall meet the requirements of ACOM Policy 404.

AHCCCS reserves the right to verify education programs when performing operational reviews of the Contractor.

E. DDD AND CHP CONTRACTOR REQUIREMENTS FOR CHILDREN IN THE CUSTODY OF DCS

In addition to the above requirements, DDD and CHP Contractors shall also adhere to the additional requirements included in this section.

1. Telephone line
   a. Ensure the availability of a telephone line, with designated staff, that is responsible for handling incoming calls after business hours related to delivery of services, including failure of an assessment team to respond within two hours, and
   b. Designated staff shall be adequately trained in 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:
      i. Address barriers to care,
      ii. Directly contact the crisis services vendor and/or provider,
      iii. Track and report calls as specified throughout Policy, and
      iv. Report the above information to the Children Services Liaison.

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

3. Children Services Liaison
   The Contractor shall designate an individual as the Children Services Liaison whose role is to:
   a. Serve as the designated point of contact for accepting and responding to:
      i. Inquiries from the out-of-home caregiver, Adoptive Parent(s), or providers,
      ii. Issues and concerns related to the delivery of and access to behavioral health services for members,
      iii. Collaborate with the out-of-home caregiver and Adoptive Parent(s) to address barriers to services, including nonresponsive crisis providers , and
      iv. Resolve concerns received in accordance with grievance system requirements.
   b. The Children Services Liaison shall:
      i. Provide the number for crisis services and after hour's telephone line in their outgoing voicemail message and email,
      ii. Provide an expected timeframe for return calls in their outgoing voicemail message and email,
      iii. Respond to all inquiries as indicated by need or safety but no later than one business day, and

iv. Follow up on all calls received by the after-hour telephone line.

c. The Contactor shall ensure the Children Services Liaison's contact information is:
   i. Provided to AHCCCS and DCS for distribution,
   ii. Prominently placed on the member page of the Contractor's website, and
   iii. Included in the Contractor's member handbook.

d. The Contractor shall ensure calls received by the Children Services Liaison that meets the definition of a grievance are reported in accordance with the grievance system reporting requirements as specified in Contract.

4. Tracking and Reporting
   The Contractor shall:
   a. Monitor, as specified in Contract, an access to services report using Attachment A,
   b. Monitor on a monthly basis, and submit as specified in Contract, the number of calls and emails received by the Children Service Liaison and the after-hours line related to children residing with out-of-home caregiver or children in out-of-home dependency with DCS specific to this Policy (Attachment B),
   c. Monitor on a monthly basis, and submit as specified in Contract, a Rapid Response reconciliation reporting all Integrated Rapid Response (IRR) information for children in DCS custody (Attachment B). The Contractor shall perform a reconciliation of members placed in DCS custody in contrast to those who have received an IRR assessment. For any identified members in DCS custody who have not received an IRR assessment, the Contractor shall ensure an IRR assessment is completed. For any identified members in DCS custody who are already receiving or otherwise are engaged in behavioral health services, the Contractor shall ensure the assigned service provider conducts an IRR assessment, and
   d. The Contractor shall submit the Behavioral Health Utilization and Timeframe Deliverable for Members in the Custody of DCS, as specified in Contract. The Contractor shall submit a cover letter that includes a narrative that specifically addresses successes and barriers associated with behavioral health service delivery to members in custody of DCS. The Contractor shall submit the data required in Attachment C and shall provide a narrative analysis of the data within their cover letter. Included within the narrative should be the efforts made to mitigate and resolve any issues, as well as activities for reunification services, communication, and community involvement. The Contractor shall report each time that a member in out-of-home placement did not receive medically necessary services within 21 days, as outlined in ACOM Policy 417.

F. CHP CONTRACTOR REQUIREMENTS

CHP shall adhere to the requirements above in addition to those included in this section.

1. Member Advisory Council (Council):
   a. CHP shall establish a Council to provide input and feedback on policy and programs that address the needs of children residing with out-of-home caregiver or children in out-of-home dependency with DCS. The purpose of the Council is to promote a collaborative effort to enhance the service delivery system in areas covered under this Policy for members in CHP. The Council shall allow members to provide input and feedback on policy and programs covered in this Policy,
   b. The Council Membership shall:
      i. Be chaired by the Contractor's administrator/Chief Executive Officers (CEO) or designee,

ii. Include a cross representation of out-of-home caregivers and members, who reflect the population and community served and shall make up at least 50% of the membership,
iii. Include advocacy groups, providers, and Adoptive Parent(s),
iv. Consist of at least 10 council members, and
v. Meet at least quarterly.

c. CHP shall provide council members with orientation and ongoing training that includes sufficient information and ensures understanding of council member responsibilities, and
d. CHP shall develop goals and objectives to include timelines for implementation of approved action items.