

541 - COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIES

EFFECTIVE DATES: 07/01/16, 04/01/17, 03/01/19, 10/01/19, 10/01/20, 07/15/21

APPROVAL DATES: 02/02/17, 12/06/18, 08/15/19, 05/21/20, 05/04/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/DP, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes the Contractor requirements for maintaining collaborative relationships with other government entities that deliver services to members and their families, ensuring access to services, and coordinating care with consistent quality. TRBHAs and Tribal ALTCS shall coordinate with government agencies as specified in their respective Intergovernmental Agreements (IGA)s.

II. DEFINITIONS**ADULT RECOVERY TEAM
(ART)**

A group of individuals that, following the Nine Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a member's assessment, service planning, and service delivery. At a minimum, the team consists of the member, member's health care decision maker (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include the member's family, physical health, behavioral health or social service providers, other agencies serving the member, professionals representing various areas of expertise related to the member's needs, or other individuals identified by the member.

**BEHAVIORAL HEALTH
ASSESSMENT**

The ongoing collection and analysis of an individual's medical, psychological, psychiatric, and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the individual's service plan is designed to meet the individual's (and family's) current needs and long-term goals.

**CHILD AND FAMILY TEAM
(CFT)**

A group of individuals that includes, at a minimum, the child, and their family or Health Care Decision Maker. A behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like the Arizona Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD) etc. The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan and can therefore expand and contract as necessary to be successful on behalf of the child.

**DESIGNATED
REPRESENTATIVE**

A parent, guardian, relative, advocate, friend, or other person, designated orally or in writing by a member or guardian who, upon the request of the member, assists the member in protecting the member's rights and voicing the member's service needs as specified in A.A.C. R9-21-101.

**HEALTH CARE DECISION
MAKER
(HCDM)**

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. §§ Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.

RAPID RESPONSE

An in-person assessment of a child's immediate physical and behavioral health needs by health care provider(s) including referral(s) for further assessments or ongoing care, as needed. The Rapid Response is initiated when a child enters Department of Child Safety (DCS) out of home care and is completed within 72 hours of notification.

**REHABILITATION
SERVICES
ADMINISTRATION/
VOCATIONAL
REHABILITATION
(RSA/VR)**

An administration within the Department of Economic Security (DES) that oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.

VR is a program under RSA that provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

SERVICE PLAN

A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

STATE PLACING AGENCY

The Department of Juvenile Corrections, Department of Economic Security, Arizona Department of Child Safety (DCS), the Arizona Health Care Cost Containment System (AHCCCS) or the Administrative Office of the Court as specified in A.R.S. § 15-1181(12).

TEAM DECISION MAKING (TDM)

A meeting process utilized to discuss a child's safety and where the child will live when an emergency removal of a child has occurred, or the removal of a child is being considered.

III. POLICY

The Contractor shall develop policies, protocols, and procedures that describe how member care will be coordinated and managed with other governmental entities, including tribal governmental agencies and entities. Contractors are responsible for ensuring collaboration with government agencies, including but not limited to involvement in the member's Child and Family Team (CFT) or Adult Recovery Team (ART).

The Contractor shall ensure that all required protocols and agreements with State agencies are specified in their provider manuals. The Contractor shall develop mechanisms and processes to identify barriers to timely services for members served by other governmental entities and work collaboratively to remove barriers to care and to resolve quality of care concerns. Appropriate authorizations to release information shall be obtained prior to releasing information.

A. ARIZONA DEPARTMENT OF CHILD SAFETY

The Contractor is required to work in collaboration with Arizona Department of Child Safety (DCS) as specified below:

1. General Requirements

- a. Coordination by any Contractor may be necessary for children in the care and custody of DCS or children receiving in-home services (that are not under the legal custody of DCS), either of which meet high needs criteria as specified in contract,
- b. Coordinate necessary services to stabilize in-home and out-of-home dependency provided by DCS, including support to providers for awareness and adherence to A.R.S. § 8-271-273. This may include provision of information or in-person support for court hearings and related activities,
- c. Coordination of the development of the Service Plan with the DCS case plan to avoid redundancies and/or inconsistencies,

- d. Provide the DCS Specialist with preliminary findings and recommendations on behavioral health risk factors, symptoms, and service needs for court hearings,
 - e. Ensure a behavioral health assessment is performed that identifies the behavioral health needs of the child, and the child’s parents and family or caregivers, that is based on the Arizona Vision – 12 Principles as specified in AMPM Policy 100,
 - f. Based on needs identified within the behavioral health assessment and service plan, provide necessary behavioral health services, including support services to caregivers,
 - g. As appropriate, engage the child’s parents, family, caregivers, (e.g., legal guardian, foster/kinship family), and DCS specialist in the behavioral health assessment and service planning process as members of the CFT,
 - h. Attend team meetings, such as Team Decision Making (TDM) for providing input about the child and family’s behavioral health needs. When possible, TDM and CFT meetings should be combined,
 - i. Coordinate behavioral health services in support of family reunification and/or other permanency plans identified by DCS,
 - j. Coordinate activities and service delivery that support the CFT service plan and facilitate adherence to established timeframes as identified within:
 - i. ACOM Policy 417,
 - ii. ACOM Policy 449,
 - iii. AMPM Policy 580, and
 - iv. AHCCCS Behavioral Health System Practice Tools: Transition to Adulthood, Unique Behavioral Health Services for Needs of Children, Youth and Families involved with DCS, and CFT, Working with the Birth Through Five Population and Psychiatric and Psychotherapeutic Best Practices for Children: Birth Through Five Years of Age,
 - k. Coordination activities shall include coordination with the adult service providers rendering services to adult family members.
 - l. Coordinate with a Tribal Regional Behavioral Health Authority (TRBHA) for members receiving behavioral health services through a TRBHA.
2. Rapid Response Process:
- a. AHCCCS considers the removal of a child from his/her home to the protective custody of the DCS to be an urgent behavioral or physical health need. Any child who has experienced a removal by DCS is at risk for negative emotional consequences and future physical and behavioral health disorders. The rapid response process is used help identify the immediate physical and behavioral health needs of children and address the trauma of the removal itself.
 - i. In all cases where DCS notifies the rapid response provider of the child’s entry into DCS out of home care, CHP shall implement the rapid response process within 72 hours from initial contact by DCS, unless the rapid response provider and DCS have mutually arranged an alternative timeframe for coordinating a response based on the best interests of the child,
 - ii. If notification is received after 72 hours of the child’s entry to DCS out of home care, the rapid response provider, in collaboration with the DCS specialist, shall initiate the rapid response process. In these instances, the child may also be scheduled for an initial physical and behavioral health assessment as specified in ACOM Policy 417, depending on the specific

circumstances surrounding the child and referral. If the DCS specialist or caregiver has initiated physical and behavioral health services, the rapid response provider may authorize continued services with the physical and behavioral health provider that has established a treatment relationship with the child, and

- iii. CHP shall assist in identifying AHCCCS members already receiving physical and behavioral health services.
- b. The rapid response provider shall ensure the rapid response process includes:
 - i. Contacting the DCS specialist to gather relevant information such as the outcome of the DCS Safety Assessment, the reason for the removal, how, when, where the removal occurred, any known medical, behavioral, and/or special needs of the child, any known medications, any known supports for the child, current disposition of siblings, any known needs of the new caregiver and any other information impacting the health of the child or caregiver's ability to support the child,
 - ii. Conducting a comprehensive assessment identifying immediate safety needs and clinical presentations of the child within timelines as specified in ACOM Policy 417 and 449. At this time, trauma issues, such as grief and loss should be addressed. In addition, the assessment process is expected to consider an extended assessment period to identify more accurately any emerging/developing behavioral health needs that are not immediately apparent following the child's removal,
 - iii. Stabilization of physical and behavioral health crises and offering of immediate services,
 - iv. CHP shall require its rapid response providers to distribute the most recent Foster and Kinship Care Resources Packet to care givers of children in DCS out-of-home dependencies during the rapid response visit. The Resource Packet is available on the AHCCCS website:
<https://www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster/>,
 - v. The provision of physical and behavioral health services to the child with the intention of reducing the stress and anxiety that the child may be experiencing, and offering a coherent explanation to the child about what is happening and what can be expected to happen in the near-term, including need for and information to support initiation of the Intake Assessment and CFT process,
 - vi. The provision of needed physical and behavioral health services to the child's caregiver, including:
 - 1) Guidance about how to respond to the child's immediate needs for adjustment to foster care,
 - 2) Physical and behavioral health symptoms to watch for and report,
 - 3) Assistance in responding to any physical and behavioral health symptoms the child may exhibit, and
 - 4) Identification of contacts within the behavioral health system.
 - vii. Provision to the DCS Specialist of findings and recommendations for medically necessary covered physical and behavioral health services for the initial preliminary protective hearing, which occurs within five to seven days of the child's removal, and

- viii. If the child is placed with temporary caregivers, services shall support the child's stability by addressing the child's physical and behavioral health needs, identifying any risk factors for disruption of in-home and out-of-home dependency, and anticipating crisis that might develop. Physical and behavioral health provider shall proactively plan for transitions in the child's life. Transitions may include changes in in-home and out-of-home dependency, educational setting, and/or reaching the age of majority.

B. ARIZONA DEPARTMENT OF CHILD SAFETY ARIZONA FAMILIES F.I.R.S.T. (FAMILIES IN RECOVERY SUCCEEDING TOGETHER) PROGRAM

For general information, refer to Arizona Families F.I.R.S.T at www.dcs.az.gov for guidelines, policies, and procedures.

1. The Contractor shall ensure that behavioral health providers coordinate with parents/families/caregivers referred through the Arizona Families F.I.R.S.T-AFF Program (hereafter referred to as the AFF Program) and that providers participate in the CFT to coordinate services for the family and temporary caregivers.
2. The AFF Program provides expedited access to substance use treatment for parents/families/caregivers referred by DCS and the ADES/Family Assistance Administration (FAA) Jobs Program. The Contractor shall ensure behavioral health providers coordinate with DCS for the following:
 - a. Accept referrals for Title XIX/XXI members and families referred through the AFF Program, Non-Title XIX/XXI members and families referred through the AFF Program if eligible,
 - b. Ensure that services made available to Non-Title XIX/XXI members and families are provided by maximizing available federal funds before expending state funding as required in the Governor's Executive Order 2008-01,
 - c. Collaborate with DCS, the ADES/FAA Jobs Program, and substance use disorder treatment providers to minimize duplication of behavioral health assessments, and
 - d. Develop procedures for collaboration in the referral process to ensure effective service delivery through the behavioral health system. Appropriate authorizations to release information shall be obtained prior to release.
3. Substance use disorder treatment for families involved with DCS shall be family centered, provide for sufficient support services, and shall be provided in a timely manner to promote permanency for children, stability for families, to protect the health and safety of abused and/or neglected children and promote economic security for families.

C. ARIZONA DEPARTMENT OF EDUCATION, SCHOOLS, OR OTHER LOCAL EDUCATIONAL AUTHORITIES

The Contractor is required to work in collaboration with the Arizona Department of Education (ADE) and assist with resources and referral linkages for children with behavioral health needs. For children receiving services through Contractors, AHCCCS has delegated to Contractors its authority as a State Placing Agency as specified in

A.R.S. § 15-1181 for children receiving special education services as specified in A.R.S. § 15-761 et seq., this includes the authority to place a student at a behavioral health inpatient facility which provides care, safety, and treatment.

1. The Contractor shall ensure that behavioral health providers collaborate with schools and help a child achieve success in school as follows:
 - a. Work with the school and share information to the extent permitted by law and authorized by the member or Health Care Decision Maker (HCDM) as specified in AMPM Policy 940,
 - b. For children who receive special education services, include information and recommendations contained in the Individualized Education Program (IEP) during the assessment and service planning process (refer to AMPM Policy 320-O). Behavioral health providers shall participate with the school in developing the child's IEP and partner in the implementation of behavioral health interventions, ensuring appropriate coordination of care occurs,
 - c. For children in the custody of DCS, the behavioral health provider shall communicate and involve the DCS Specialist with the development of the IEP,
 - d. Invite teachers and other school staff to participate in the CFT if agreed to by the child and HCDM,
 - e. Understand the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA),
 - f. Support accommodations for students with disabilities who qualify under Section 504 of the Rehabilitation Act of 1973, and
 - g. Ensure that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.
2. The Contractor shall ensure that behavioral health providers collaborate with schools to provide appropriate behavioral health services in school settings, identified as Place of Service (POS) 03 and submit reports as specified in Contract.
3. The Contractor is not financially responsible for services provided by Local Educational Authorities (LEAs), as specified in AMPM Policy 710, for members receiving special education services.

D. ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1. Arizona Early Intervention Program
The Contractor shall ensure that behavioral health providers coordinate member care with Arizona Early Intervention Program (AzEIP) as follows:
 - a. Ensure that children birth to three years of age are referred to AzEIP in a timely manner when information obtained in the child's behavioral health assessment reflects developmental concerns,
 - b. Ensure that children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery, and
 - c. Ensure that, if an AzEIP team has been formed for the child, the behavioral health provider coordinates team functions to avoid duplicative processes between systems.

E. ARIZONA DEPARTMENT OF ECONOMIC SECURITY/REHABILITATION SERVICES ADMINISTRATION

AHCCCS and the Arizona Department of Economic Security/Rehabilitation Services Administrator (DES/RSA) have an Interagency Service Agreement (ISA) in place to provide specialty employment supports for members determined to have a SMI. Through this ISA, Contractors and RSA's Vocational Rehabilitation program (RSA/VR) work collaboratively with the ultimate goal of increasing the number of employed members who are successful and satisfied with their vocational roles.

For further information, refer to ACOM Policy 447. To review the ISA, visit the AHCCCS Website.

F. COURTS AND CORRECTIONS

The Contractor shall collaborate and coordinate care, and ensure that behavioral health providers collaborate and coordinate care for members with behavioral health needs and for members involved with:

1. Arizona Department of Corrections (ADOC).
2. Arizona Department of Juvenile Corrections (ADJC).
3. Administrative Office of the Court (AOC).
4. County Jail System.

The Contractor shall collaborate with courts and/or correctional agencies to coordinate member care as specified in AMPM Policy 1021, 1022 and as follows:

1. Work in collaboration with the appropriate staff involved with the member. Invite probation or parole representatives to participate in the development of the Service Plan and all subsequent planning meetings for the CFT and ART with the member's/HCDM's approval.
2. Actively consider information and recommendations contained in probation or parole case plans when developing the service plan.
3. Ensure that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible members. The behavioral health provider shall also arrange and coordinate enrolled member care upon the member's release.