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, 10/09/24

APPROVAL DATES: 02/02/17, 12/06/18, 08/15/19, 05/21/20, 05/04/21, 07/17/24

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) 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.

For AIHP, Fee-For-Service (FFS) care management shall coordinate with the specified government agencies as needed in response to case management referrals.

The TRBHAs and Tribal ALTCS shall coordinate with government agencies as specified in their respective Intergovernmental Agreements (IGA)s.

II. DEFINITIONS

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

ADULT RECOVERY TEAM (ART)	**BEHAVIORAL HEALTH ASSESSMENT**	**CHILD AND FAMILY TEAM (CFT)**
DESIGNATED REPRESENTATIVE (DR)	**HEALTH CARE DECISION MAKER (HCDM)**	**MEMBER**
MEMORANDUM OF UNDERSTANDING (MOU)	**QUALITY OF CARE (QOC)**	**RAPID RESPONSE**
REHABILITATION SERVICES ADMINISTRATION/ VOCATIONAL REHABILITATION (RSA/VR)	**SERVICE PLAN**	**STATE PLACING AGENCY**
SUBSTANCE USE DISORDER (SUD)	**TEAM DECISION MAKING (TDM)**	

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. The Contractor is 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 linked in its provider manual. 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 (QOC) concerns. Appropriate authorizations to release information shall be obtained prior to releasing information as specified in AMPM Policy 320-Q.

At minimum, the following entities and care coordination requirements shall be included within joint collaborative protocols and/or a Memorandum of Understanding (MOU) established by the Contractor.

A. THE ARIZONA DEPARTMENT OF CHILD SAFETY

The Contractor shall work in collaboration with Arizona Department of Child Safety (DCS) for children under the care and legal custody of DCS and for children receiving in-home services (that are not under the legal custody of DCS), as specified below:

1. The General Requirements
    a. Identify point(s) of contact for each entity, for internal agency staff, as well as for external stakeholders (to be identified separately if these are not the same individuals) and for stakeholders, including the title(s) and contact information for each,
    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 ARS Title 8, Chapter 2, Article 6. 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 is provided 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 580,
    f. Provide necessary behavioral health services, including support services to caregivers, based on needs identified within the behavioral health assessment and service plan including:
        i. As appropriate, engagement of 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, and

ii. Ensure attendance of the behavioral health provider(s) in team meetings, including Team Decision Making (TDM), and coordination of CFT and TDM meetings to combine whenever possible.

g. Coordinate behavioral health services in support of family reunification and/or other permanency plans identified by DCS (i.e., to include family of origin, foster family, and/or others as appropriate),

h. Coordinate activities and service delivery that supports the CFT service plan and ensure adherence to established timeframes as identified within:
   i. ACOM Policy 417,
   ii. ACOM Policy 449,
   iii. AMPM Policy 580, and
   iv. AMPM Policy 585.

i. Joint coordination with any providers rendering services to adult family members, regardless of their health plan, who hold responsibility for the child member and/or who the child/family identifies as being a natural support.

2. The 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 to help identify the immediate physical and behavioral health needs of children and address the trauma of the removal experience:
      i. In all cases where DCS or a caregiver notifies the Contractor of the child's entry into DCS out of home care, the Contractor shall coordinate with DCS to implement the rapid response process within 72 hours of notification,
      ii. If the DCS specialist or caregiver has initiated physical and behavioral health services prior to notification of the child's entry to DCS out of home care, the assessment conducted in the rapid response process may authorize continued services with the physical and behavioral health provider that has established a treatment relationship with the child, and
      iii. The CHP shall assist in identifying AHCCCS members already receiving physical and behavioral health services.
   b. The Contractor 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 in accordance with AMPM Policy 320-O, 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 crisis and offering of immediate services,
Rapid response providers shall 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 at https://dcs.az.gov/foster/resources/gotoguide,

iv. 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,

v. 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.

vi. The 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

vii. 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 providers shall proactively plan for transitions in the child's life. Transitions may include changes with in-home and out-of-home dependency, educational setting, and/or reaching the age of majority.

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

The Arizona Families First (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. For general information, refer to Arizona Families First (AFF) Program (hereafter referred to as the AFF Program) at https://dcs.az.gov/services/prevention/arizona-families-first for guidelines, policies, and procedures.

1. The Contractor shall ensure that behavioral health providers coordinate with parents/families/caregivers referred through the AFF Program and that providers participate in the CFT to coordinate services for the family and temporary caregivers. Substance Use Disorder (SUD) 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.

2. The Contractor shall ensure behavioral health providers coordinate with DCS for the following:
   a. Point(s) of contact shall be identified for each entity (Contractor and DCS), for internal agency staff, as well as for external stakeholders (to be identified separately if these are not the same individuals) and for stakeholders, including the title(s) and contact information for each,
   b. How, and which providers will accept referrals for Title XIX/XXI members and families referred through the AFF Program and Non-Title XIX/XXI members and families referred through the AFF Program (if eligible),
   c. How they will ensure that services are made available to Non-Title XIX/XXI members and families and that services are provided by maximizing available federal funds before expending state funding as required in the State of Arizona's Governor's Executive Order 2008-01,
   d. How they collaborate with DCS, the ADES/FAA Jobs Program, and SUD treatment providers to minimize duplication of behavioral health assessments,
   e. How they will collaborate upon and outline the referral process to ensure effective service delivery through the behavioral health system, and
   f. How they will ensure appropriate authorizations to release information are obtained prior to release of information.

C. THE 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 a Contractor, AHCCCS has delegated to the Contractor its authority as a State Placing Agency as specified in ARS 15-1181 for children receiving special education services as specified in ARS 15-761 et seq., this includes the authority to place a student at a Behavioral Health Inpatient Facility (BHIF) 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, including those in the custody of DCS, include information and recommendations contained in the Individualized Education Program (IEP) during the assessment and service planning process (refer to AMPM Policy 320-O),
   c. 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,
   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), and residential special education placement as defined in ARS 15-761 et seq.,
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).

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. THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY/ARIZONA EARLY INTERVENTION PROGRAM

1. The 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. THE 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 with a Serious Mental Illness (SMI) designation. 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.

F. COURTS AND CORRECTIONS

1. 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:
   a. Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR),
   b. Arizona Department of Juvenile Corrections (ADJC),
   c. Administrative Office of the Court (AOC),
   d. County Jail System, and
   e. Probation and/or Parole Departments.

2. The Contractor shall collaborate with courts and/or correctional agencies to coordinate member care as specified in AMPM Policy 1020, AMPM Policy 1022 and as follows:
   a. Point(s) of contact shall be identified for each entity, for internal agency staff, as well as for external stakeholders (to be identified separately if these are not the same individuals) and for stakeholders, including the name(s) and contact information for each,
   b. 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,
   c. Actively consider information and recommendations contained in probation or parole case plans when developing the service plan,
   d. Ensure that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible members, and
   e. The behavioral health provider shall also arrange and coordinate enrolled member care upon the member's release.