

586 – CHILDREN’S OUT OF HOME SERVICES

EFFECTIVE DATE: 04/29/24

APPROVAL DATE: 02/08/24

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service programs and is not a requirement for FFS providers. This Policy operationalizes the use of Child and Family Team (CFT) Practice in Behavioral Health Inpatient Facilities (BHIFs), Behavioral Health Residential Facilities (BHRFs), and Therapeutic Foster Care (TFC) provider settings to ensure that children, youth, and family receive treatment interventions that are consistent with the Arizona Vision and the 12 Principles for Children’s Service Delivery.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

BEHAVIORAL HEALTH INPATIENT FACILITY (BHIF)	BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)	CHILD AND FAMILY TEAM (CFT)
CONTRACTOR	MANAGED CARE ORGANIZATION (MCO)	MEMBER
SERVICE PLAN	THERAPEUTIC FOSTER CARE (TFC)	

III. POLICY

The Arizona Vision and the 12 Principles for Children’s Service Delivery clearly articulate core values guiding services to be provided in the most appropriate, integrated setting responsive to the child’s needs. If community-based services are not effective in maintaining the child in home, or safety concerns become critical, the use of out of home treatment services provides essential behavioral health interventions to stabilize the child. The primary goal of out of home treatment is to prepare the child and family for the child’s safe return home. Service programming, therapeutic interventions, and discharge planning shall reflect this goal and target symptoms that have impacted the child’s ability to live successfully in the home. Behaviors and symptoms do not need to be fully resolved before a child can successfully transition back home or to a less restrictive community setting.

A. CONTRACTOR RESPONSIBILITIES

The Contractor shall ensure that prior authorization and utilization review processes evaluate the needs and goals identified by the Child and Family Team (CFT). The Contractor shall follow all prior authorization requirements outlined in Contract and ACOM Policy 414. Prior authorization and utilization reviews shall function as a supportive resource to the CFT and provide recommendations of alternative services, congruent with the current needs, to the CFT when out-of-home treatment is denied.

The Contractor shall ensure:

1. All children and youth placed in out-of-home treatment are served by a CFT.
2. Risks and benefits are explored in all discussions about utilization of out-of-home treatment as an intervention.
3. Out-of-home service providers provide care consistent with the Arizona Vision and the 12 Principles. Refer to AMPM Policy 580.
4. Adherence to the requirements outlined in AMPM Policy 320-V and AMPM Policy 320-W.
5. The out-of-home service provider joins the team, attends CFT meetings, and works collaboratively with CFT members in addressing the needs of the child and family.
6. The CFT shares information with the out-of-home provider about services, activities, and treatment interventions that have worked in the past for the child and family, as well as information about treatment interventions which were not successful.
7. The treatment plan of the out-of-home service provider aligns with the strengths, needs and goals identified in the CFT's service plan.
8. Meetings are scheduled at times and places that are convenient for the family.
9. Out-of-home service providers encourage and support the family to be an active partner involved in all aspects of the child's out of home treatment. The child and family shall be included in setting and the prioritizing of treatment goals, review of ongoing care, and discharge planning.
10. Family support and/or other supportive services are provided to help the family to gain skills needed for the child to return home.
11. Out-of-home service providers collaborate with community providers to ensure the child does not experience any disruption in care while transitioning into and out of residential treatment services.
12. Discharge planning begins upon admission to the out-of-home setting.

13. Discharge planning includes the family being provided the resources and skills necessary for the child's safe return to the home.
14. Out-of-home service providers' workforce is well educated about the System of Care approach outline in AMPM Policy 580, CFT practice and service planning expectations.
15. Out-of-home service providers have policies and procedures for collaborating with outpatient providers, child welfare, education, law enforcement, primary care providers and any other child-serving system partners who are involved with the child and family, refer to AMPM Policy 541.
16. Strength-based, and culturally competent approach is used in all aspects of out of home treatment.
17. Programming and treatment interventions within out of home settings are highly individualized in addressing each child's and family's specific needs.
18. Transition back to the home is well-coordinated between the out-of-home and community behavioral health providers, to the extent that it is possible for the outpatient providers and out-of-home service providers shall work to keep therapeutic relationships intact.
19. As determined by the CFT, intensive home and community-based supports are provided when a child returns home to provide stabilization and monitor progress toward service plan goals.
20. Out-of-home service providers shall be well-trained as documented by education, experience, training, and certification/licensure, refer to ACOM Policy 407. Clinical supervision shall be provided as required by licensure, as outlined in A.A.C Title 9 Chapter 10.
21. Out-of-home service providers shall work collaboratively with the CFT to identify and address the changing needs of the child and family while the child is receiving out-of-home treatment. Assessments, service plans, safety plans and discharge plans shall be updated to reflect any changing needs.
22. Out-of-home service providers policies and procedures, and staff development shall be aligned to minimize coercive and/or law enforcement intervention. Effective safety plans shall address alternatives to law enforcement involvement (when appropriate) and the use of de-escalation techniques have failed.
23. Out-of-home treatment shall support the ability of the child to sustain existing positive relationships with family, friends, teachers, neighbors, and/or members of the faith-based community.
24. When possible, continued participation shall be arranged for activities (e.g., school, recreation, church) that the child was involved in prior to receiving out of home treatment to allow the child to practice the skills they are learning in treatment.

25. Out-of-home service providers and outpatient providers shall work collaboratively to ensure additional support and detailed transition planning for youth simultaneously transitioning from out-of-home treatment into the Adult System of Care. Refer to AMPM Policy 587 for additional information.

B. TRAINING AND SUPERVISION EXPECTATIONS

The Contractor shall establish their own process for ensuring that all behavioral health provider and out-of-home service provider staff working with children and youth understand the expectations outlined in this Policy. Whenever this Policy is updated or revised, the Contractor shall ensure their subcontracted network of outpatient providers, BHIF, BHRF, and TFC agencies are notified, and that provider agency staff are retrained as necessary.

Supervision regarding implementation of this Policy should be incorporated into other supervision processes that the Contractor, and their subcontracted providers have in place for direct care staff.

All agencies providing out of home treatment services to children shall ensure that required trainings are completed and documented, according to AMPM Policy 320-W, and 9 A.A.C. 10 as applicable based on licensure setting.