

November 7, 2017

Governor Douglas A. Ducey
Office of the Governor
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Ducey:

Pursuant to A.R.S. 8-512.01(G), please find enclosed the 2017 AHCCCS Report on Behavioral Health Services for Children in Legal Custody of the Department of Child Safety. Please do not hesitate to contact me if I can answer any questions or provide additional information.

Sincerely,



Thomas J. Betlach
Director

cc: The Honorable Steve Yarbrough, President, Arizona State Senate
The Honorable J.D. Mesnard, Speaker, Arizona House of Representatives
Richard Stavneak, Director, Joint Legislative Budget Committee
Matthew Gress, Director, Governor's Office of Strategic Planning and Budgeting
Christina Corieri, Senior Policy Advisor, Office of the Governor



2017 ANNUAL REPORT

BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN LEGAL CUSTODY OF THE DEPARTMENT OF CHILD SAFETY

**PREPARED BY
DIVISION OF HEALTH CARE MANAGEMENT**



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Overview

On March 24, 2016, Laws 2016, Chapter 71 (House Bill (HB) 2442) was enacted. Also known as Jacob’s Law, this legislation mandates a number of requirements for purposes of ensuring easier access to behavioral health services for children in the legal custody of the Department of Child Safety (DCS) and adopted children who are Medicaid eligible under Title XIX or XXI.

Children in the legal custody of DCS are enrolled with the Comprehensive Medical and Dental Care Program (CMDP) for the provision of physical health care services. Medicaid eligible adopted children are enrolled with an Acute Care Contractor in their geographical area for the provision of physical health care services.

The majority of these children receive their behavioral health care services through the Regional Behavioral Health Authority (RBHA) in their geographical area. The Arizona State Health Care Cost Containment System (AHCCCS) holds Contracts with three RBHAs for the provision of behavioral health services throughout the state of Arizona. For those children enrolled with CMDP who have a Children’s Rehabilitative Services (CRS) eligible condition, behavioral health services are provided through AHCCCS’ statewide CRS Contractor. Refer to the below table for CMDP enrollment by geographic service area and corresponding behavioral health services Contractor.

Contractor	Geographic Service Area/County	Enrollment*
Mercy Maricopa Integrated Care (MMIC)	Maricopa	8,850
Health Choice Integrated Care (HCIC)	Coconino, Mohave, Yavapai, Navajo, Apache, Gila	1,272
Cenpatico Integrated Care (CIC)	La Paz, Pinal, Pima, Santa Cruz, Graham, Greenlee, Cochise	4,094
UnitedHealthcare Community Plan CRS (UHCCP CRS)	Statewide	329
Total Enrollment		14,545

* Based upon October 2017 Enrollment data

Jacob’s Law outlines the following requirements:

- The out-of-home placement or adoptive parent may directly contact the RBHA for a screening and evaluation of the child if it is identified a child is in urgent need of behavioral health services.
- An assessment team must be dispatched within 72 hours of a child entering into out-of-home care
- An assessment team must be dispatched within 2 hours after being notified that the child has an urgent need.

- An initial evaluation should be provided within seven calendar days after a referral or request for services
- If it is determined the child is in need of behavioral health services, an initial behavioral appointment should be provided within 21 calendar days after the initial evaluation.
- If services are not received within 21 days, the out-of-home placement or adoptive parent shall contact the RBHA and AHCCCS customer services to document the failure and the child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA. In these situations the provider must submit the claim to the RBHA and accept the lesser of 130% of the AHCCCS FFS rate or the provider's standard rate.
- If the child is in need of crisis services and the crisis services provider in the county is not being responsive to the situation, the out-of-home placement or adoptive parent may contact the RBHA to coordinate crisis services for the child.
- The RBHA shall respond within 72 hours to a request to place a child in residential treatment due to displaying threatening behavior. If the child is hospitalized due to the threatening behavior before the RBHA responds, the RBHA shall reimburse the hospital for all medically necessary services, including any days of the hospital stay during which the child did not meet inpatient criteria but there was not safe and appropriate place to discharge the child.

To comply with these legislative requirements, AHCCCS revised Contract and Policy language; developed specific reporting requirements for the Contractors; and conducted meetings to discuss Jacob's Law and policy requirements. The AHCCCS Contractor Operations Manual (ACOM) Policy 449, Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children, was developed specifically to meet the requirements of Jacob's Law. ACOM Policy 449 also establishes a number of requirements for RBHA and CRS Contractors including standardized reporting metrics corresponding to the requirements outlined in Jacob's Law.

In addition, ACOM Policy 449 requires RBHA and CRS Contractors to designate a Children Services Liaison, establish a Member Advisory Council, and provide ongoing education.

- The Children Services Liaison serves as the single point of contact, receiving inquires and resolving concerns from foster families, kinship families, adoptive parents and providers. Contact information for the Children Services Liaison is provided to DCS for distribution, placed on the member page of the Contractor's website, and included in the member handbook.
- The Member Advisory Council includes a cross representation of foster, adoptive and kinship families reflecting the population and community served by the Contractor, making up at least 50% of the membership. Member Advisory Councils meet quarterly and allows families to provide input and feedback on policy and programs with a focus on addressing the needs of members.
- Ongoing education includes education to providers, members, families and other parties involved with a member's care. Education topics include but are not limited to; Jacob's Law, navigating the behavioral health system, coordination of care, referral

process, trauma-informed care, and any additional trainings identified by the Member Advisory Council.

Additionally, AHCCCS revised ACOM Policy 417, Appointment Availability, Monitoring and Reporting, to include Behavioral Health Appointment Standards for RBHA and CRS Contractors pursuant to requirements outlined in Jacob’s Law.

The legislation requires AHCCCS to annually report on the following information:

- Number of times the RBHA coordinated crisis services because a crisis services provider was unresponsive
- Number of times services were not provided within the 21-day timeframe
- Amount of services accessed directly by an out-of-home placement or adoptive parent that were provided by non-contracted providers
- List of providers that were formerly contracted with the RBHA but that terminated their contract and provided services pursuant to this section for 130% of the AHCCCS negotiated rate
- The amount the Administration spent on services pursuant to this section

The information in this report reflects the above requirements. Data provided is for the time period of October 2016 through June 2017.

Crisis Services

The RBHA Contractors are responsible for the provision of crisis services throughout their geographical service area. Crisis services include a 24-hour, seven days per week, toll-free crisis telephone number; mobile crisis teams; and crisis stabilization services.

Jacob’s Law outlines the requirement that a RBHA should coordinate crisis services for a child if an out-of-home placement or adoptive parent identifies a child is in need of crisis services, and the crisis provider in the county is not responsive to the request for services.

ACOM Policy 449, Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children, outlines requirements for the RBHA and CRS Contractors to identify a Children Services Liaison. The primary role of the Children Services Liaison is to:

- Serve as the single point of contact,
- Respond to inquiries from out-of-home placements and adoptive parents,
- Respond to issues and concerns related to the delivery of and access to behavioral health services,
- Collaborate with out-of-home placement and adoptive parents,
- Address barriers to services, including nonresponsive crisis providers, and
- Resolve concerns received in accordance with grievance system requirements.

In October 2016, RBHA and CRS Contractors began reporting calls received by the Children Services Liaison. Monthly call reporting reflects the number and types of calls received, including after hours calls. As of June 2017, no calls were received for assistance with coordinating crisis services because a crisis service provider was unresponsive.

Crisis Services Coordinated by the Plan due to Unresponsive Crisis Provider

Contractor	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
CIC	0	0	0	0	0	0	0	0	0
HCIC	0	0	0	0	0	0	0	0	0
MMIC	0	0	0	0	0	0	0	0	0
UHCCP CRS	0	0	0	0	0	0	0	0	0

Behavioral Health Assessment

All AHCCCS Contractors are required to maintain compliance with appointment availability standards outlined in Contracts and ACOM Policy 417, Appointment Availability, Monitoring and Reporting. This policy establishes a standard process for Contractors to monitor and report appointment availability to comply with AHCCCS network sufficiency standards and address any network insufficiencies.

Upon the enactment of Jacob’s Law, AHCCCS revised ACOM Policy 417 to include Behavioral Health Appointment Standards for children in legal custody of DCS and adopted children for RBHA and CRS Contractors. Behavioral Health appointment standards for children in legal custody of DCS and adopted children are:

- a. Rapid Response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home,
- b. Initial Assessment within seven calendar days after referral or request for behavioral health services,
- c. Initial Appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation, and
- d. Subsequent Behavioral Health Services within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of need

Beginning October 2016, RBHA and CRS Contractors began reporting the number of times initial behavioral health services were not provided within 21 calendar days from the initial assessment. These contractor-reported numbers are calculated by reviewing claims received for payment, and determining the time from the initial assessment to the next appointment. This measure is currently calculated by identifying any behavioral health service delivered within 21 days of an assessment code. The measure assumes all children who have had an assessment will require a behavioral health service within 21 days, which may not be accurate. To complement this claims-based measure calculation, AHCCCS is standardizing a medical record review tool for use by all RBHA and CRS Contractors, which will require a clinical chart review of assessment and services plans for a statistically-representative sample of members.

From October 2016 through June 2017, it was identified that services were not provided within 21 calendar days from the initial assessment a total of 249 times across all 4 Contractors. Refer to the Table below.

Services Not Provided within 21 Calendar Days

Contractor	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
CIC	5	14	17	38	10	9	12	18	11	134
HCIC	1	6	8	4	7	6	10	10	6	58
MMIC	1	1	3	2	2	10	4	3	2	28
UHCCP CRS	3	4	0	3	2	5	5	2	5	29
TOTAL										249

Claims data does not provide information about appointment availability or scheduling. However, services may not have been provided within 21 calendar days of initial assessment due to other factors besides appointment availability, such as scheduling conflicts within the foster/adoptive family or unexpected factors requiring rescheduling of appointments.

The data indicates a higher number of times services were not provided within 21 days of initial assessment for CIC. CIC is working to further develop its network for foster care stabilization programs as well as additional Behavioral Health Professionals and Board Certified Behavior Analysts in rural areas.

Non-Contracted Providers

Jacob’s Law also specifically allowed members to access providers outside the AHCCCS Contractor’s contracted network of providers under certain conditions. If an initial behavioral health service is not provided within 21 calendar days, the out-of-home placement or adoptive parent shall contact the RBHA/CRS Contractor and AHCCCS Customer Service to document the non-provision of service within the 21 day requirement. After contacting the Contractor and AHCCCS, the member may receive services directly from any AHCCCS registered provider, irrespective of the provider’s contracted status with the Contractor. The provider would then submit the claim to the RBHA or CRS Contractor for payment, and accept the lesser of 130% of the AHCCCS FFS rate or the provider’s standard rate.

From October 2016 through June 2017, the AHCCCS Customer Service unit received a total of 112 calls related to Jacob’s Law. Of these, 34 calls (or 30%) were regarding members having challenges accessing behavioral health services within the 21 day period. Upon their call to AHCCCS Customer Service, these members were connected to a contracted provider for services.

Since the enactment of Jacob’s Law, AHCCCS is not aware of any providers who were formerly contracted with the RBHA or CRS Contractors but terminated their contract to provide services pursuant to this law for 130% of the AHCCCS negotiated rate. Additionally, the Administration has spent \$0.00 on services to out of network providers pursuant to Jacob’s Law, which allows for reimbursement to out of network providers at the lesser of 130% of the AHCCCS FFS rate or the provider’s standard rate. Reporting received by the RBHA and CRS Contractors supports this information, with a total of zero providers formerly contracted with the RBHA or CRS Contractor but terminated its contract to provide services at 130% of the AHCCCS negotiated rate.

From October 2016 through June 2017, there was a total of one member identified as accessing services by a non-contracted provider. In this instance, the Contractor obtained a Single Case Agreement with the out of network provider to provide services for the member at the standard AHCCCS FFS rate.

Services Accessed Out of the Contractor’s Network

Contractor	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
CIC	0	0	0	0	0	0	0	0	0
HCIC	0	0	0	0	0	0	0	0	0
MMIC	0	0	0	0	0	0	0	0	1
UHCCP CRS	0	0	0	0	0	0	0	0	0