

June 29, 2018

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

Re: Arizona Health Care Cost Containment System Report on Jacob's Law – SFY 2019

Dear Governor Ducey:

Pursuant to A.R.S. 8-512.01(G), please find enclosed the 2018 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
Christina Corieri, Senior Policy Advisor, Office of the Governor
Matthew Gress, Director, Governor's Office of Strategic Planning and Budgeting
Richard Stavneak, Director, Joint Legislative Budget Committee



2018 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, House Bill (HB) 2442 was enacted (Laws 2016, Chapter 71). 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 Arizona Health Care Cost Containment (AHCCCS) 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 Healthcare Authority (RBHA) in their geographical area. AHCCCS holds contracts with three RBHAs for the provision of behavioral health services throughout the state of Arizona. Mercy Maricopa Integrated Care (MMIC), Health Choice Integrated Care (HCIC), and Cenpatico Integrated Care (CIC). 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, UnitedHealthcare Community Plan CRS (UHCCP CRS).

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

*Based upon October 2017 Enrollment Data

Laws 2016, Chapter 71 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 meet the legislative requirements of Jacob's Law contained in AHCCCS Contract and Operations Manual (ACOM) Policy 449, Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children, the RBHA and CRS Contractors are required to submit standardized reporting metrics on a monthly basis.

AHCCCS submits the following Annual Report in response to this legislation. This report contains information and reporting data on the following elements:

- Number of times the RBHA coordinated crisis services because a crisis service provider was unresponsive within 2 hours.
- Number of times behavioral health services were not provided within the 21 calendar days after identified need.

- 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 related to this section.

Crisis Services

The RBHA Contractors are responsible for the provision of crisis services throughout their geographical service area. CRS is the only statewide contractor and contracts with the RBHA contracted crisis providers throughout the state. Crisis services include a 24 hour/seven days per week toll-free crisis telephone number, mobile crisis teams and crisis stabilization services. Laws 2016, Chapter 71 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 in need of crisis services, and the crisis provider is not being responsive.

ACOM Policy 449 outlines requirements for the RBHA and CRS Contractors to identify a Children Services Liaison within the Contractor’s health plan. The primary role of the Children Services Liaison is to:

- Serve as the RBHA’s 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.

RBHA and CRS Contractors report calls received by the Children Services Liaison. Monthly call reporting includes the number of calls and types of calls received. As of April 2018, no calls were received by the RBHAs or CRS for assistance with coordinating crisis services because a crisis services provider was unresponsive. Refer to Table I.

Table I - Crisis Services Coordinated by the Plan due to Unresponsive Crisis Provider

Health Plan	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
CIC	0	0	0	0	0	0	0
HCIC	0	0	0	0	0	0	0
MMIC	0	0	0	0	0	0	0
UHCCP							
CRS	0	0	0	0	0	0	0

Behavioral Health Assessment

All contracted AHCCCS health plans are required to maintain compliance with appointment availability standards outlined in contract and ACOM Policy 417, Appointment Availability, Monitoring and Reporting. This policy establishes a common process for AHCCCS health plans to monitor and report appointment availability to ensure compliance with AHCCCS network sufficiency standards. A lack of available appointments at a provider’s office might require a plan to look to expand its contracted network of providers.

AHCCCS ACOM Policy 417 includes Behavioral Health Appointment Standards for the RBHA and CRS Contractors. Behavioral Health appointment standards for children in legal custody of DCS and adopted children are as follows:

- 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.

RBHA and CRS Contractors track and report the number of times initial behavioral health services were not provided within 21 calendar days from the initial assessment. From October 2017 through April 2018, it was identified that services were not provided within 21 calendar days for a total of 31 members. Refer to Table II below. The RBHAs and CRS have worked diligently to address the barriers identified in 2017 by expanding their provider networks, available resources and creating more informational opportunities for providers, community advocates and families to learn and better understand the requirements of Jacob’s Law regarding for timely service delivery.

In 2018, a variety of factors contributed to the members who did not receive service within 21 calendar days, including foster family requests, member comfort, member hospitalization upon removal from home, multiple siblings removed with differing needs and appointment conflicts with previously scheduled appointments.

Table II - Services Not Provided within 21 Calendar Days

Health Plan	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
CIC	3	0	6	3	0	0	0
HCIC	0	0	0	0	0	0	0
MMIC	3	1	0	4	4	6	1
UHCCP CRS	0	0	0	0	0	0	0

Non Contracted Provider

The enactment of Laws 2016, Chapter 71 allows members to access providers outside the AHCCCS health plan’s contracted network of providers. 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 or CRS contractor and AHCCCS customer service to document the failure. After contacting the health plan and AHCCCS, the member may receive services directly from any AHCCCS registered provider, irrespective of the provider’s contracted status with the health plan. The provider would then submit the claim to the RBHA or CRS Contractor for payment, and accept the lesser of 130% of the AHCCCS negotiated rate or the provider’s standard rate.

Since the enactment of Laws 2016, Chapter 71, AHCCCS is not aware of any providers formerly contracted with the RBHA or CRS Contractors that decided to terminate their contract to provide services pursuant to this law at 130% of the AHCCCS negotiated rate. Additionally, the Administration has expended no funding on services to out of network providers pursuant to Laws 2016, Chapter 71, which, as stated directly above, allows out of network providers to be reimbursed the lesser of 130% of the AHCCCS FFS rate or the provider’s standard rate. The RBHA and CRS Contractors report that no funding has been spent on services to out of network providers pursuant to Laws 2016, Chapter 71. Mercy Maricopa Integrated Care reported establishing several single case agreements that subsequently became newly contracted providers.

From October 2017 through April 2018, no members were identified as accessing services by a non-contracted provider. Refer to Table III.

Table III - Services Accessed Out of the Contractor's Network

Health Plan	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
CIC	0	0	0	0	0	0	0
HCIC	0	0	0	0	0	0	0
MMIC	0	0	0	0	0	0	0
UHCCP							
CRS	0	0	0	0	0	0	0

Summary

This report demonstrates that children in foster care and their families were able to access behavioral health services more timely than in the previous report. The improvement is attributed in large part due to RBHA and CRS Contractor network expansion, member and provider education of behavioral health access and availability standards since implementation of Laws 2016, Chapter 71, and the availability of identified resources for foster parents if they encounter barriers when seeking care.