

449 BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN DEPARTMENT OF CHILD SAFETY CUSTODY AND ADOPTED CHILDREN

EFFECTIVE DATE: October 1, 2018

REFERENCES: A.R.S. § 8-451, A.R.S. § 8-512.01; Section F3, Contractor Chart of Deliverables

DELIVERABLES: DCS & Adopted Children's Services Reporting: Access to Services; DCS & Adopted Children's Services Reporting: Calls and Reconciliation

This policy applies to the Division's Administrative Services Subcontractors (AdSS). The purpose of this policy is to ensure the timely provision of medically necessary behavioral health services to children eligible for Title XIX services who are in out-of-home placement and in the legal custody of the Department of Child Safety (DCS) and to adopted children in accordance with A.R.S. § 8-512.01.

Definitions

- A. Adoptive Parent - Any adult or adults who are residents of Arizona, whether married, unmarried or legally separated, who have adopted a child. For purposes of this policy, the Adoptive Parent is that of a child who is eligible under Title XIX of the social security act.
- B. Arizona Department of Child Safety (DCS) - The department established pursuant to A.R.S. § 8-451 to protect children and to perform the following:
 - 1. Investigate reports of abuse and neglect.
 - 2. Assess, promote and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
 - 3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
 - 4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.
- C. Crisis - An acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.
- D. Crisis Services - Services provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.
- E. Out-of-Home Placement - For the purposes of this Policy out-of-home-placement means a foster home, kinship foster care, a shelter care provider, a receiving home or a group foster home.

The AdSS must ensure timely provision of all behavioral health services including, crisis services, 72-hour rapid response, urgent need response, assessment, and ongoing behavioral services, including screening and evaluation, for adopted children and children in out-of-home placement. The AdSS must provide coordinated care between the out-of-home placement or adoptive parent(s), all providers, and DCS, as appropriate.

General Requirements

In order to meet the needs of adopted children and children in out-of-home placement, the AdSS must:

- A. Ensure services are provided in accordance with Policy 417 in this Policy Manual.
- B. Ensure the availability of a telephone line, with designated staff, that is responsible for handling incoming calls after business hours related to delivery of services, including failure of an assessment team to respond within two hours. Designated staff must be adequately trained on the provisions of this Policy and the procedures in place to address calls prior to actively answering calls. There must be processes in place for staff to:
 1. Address barriers to care.
 2. Directly contact the crisis services vendor and/or provider.
 3. Track and report calls as indicated in Section I of this Policy.
 4. Report the above information to the Behavioral Health Coordinator.

Request for Behavioral Health Out-of-Home Treatment

The AdSS must ensure a determination is made, as expeditiously as the member's health condition warrants but no later than, 72 hours after a request is made by the out-of-home placement or adoptive parent for placement of the member in a behavioral health out-of-home treatment setting due to the child displaying dangerous or threatening behaviors. These settings include, but are not limited to, Behavioral Health Residential Facilities, and Behavioral Health Therapeutic Homes. If the AdSS determines there is insufficient information to make a determination, the AdSS must document all concerted efforts to obtain required information within the 72-hour timeframe.

- A. If the member is hospitalized prior to a determination on the request for behavioral health out-of-home treatment setting, the AdSS must coordinate with the hospital to ensure an appropriate and safe discharge plan. The discharge plan must include recommended follow-up services, including recommendations made by the Child and Family Team. For additional requirements regarding discharge planning refer to Division Medical Policy Manual, Policy 1020.

- B. The AdSS must collaborate with DCS and the Support Coordinator to ensure an appropriate alternative placement for the member to be discharged when:
 - 1. It is unsafe for the member to return to the out-of-home placement or adoptive family, and/or
 - 2. It is unsafe for the out-of-home placement or adoptive family for the member to return.
- C. The AdSS must issue a Notice of Adverse Benefit Determination (NOA) in accordance with Policy 414 in this Policy Manual for any adverse action related to the request for placement of the member in a behavioral health out-of-home treatment setting.
- D. The AdSS is responsible for reimbursement to the inpatient psychiatric hospital for all medically necessary care including days where inpatient criteria was not met but there was not a safe discharge plan in effect to meet the needs and safety of the member and the out-of-home placement or adoptive family. In these cases the AdSS is responsible for payment regardless of principal diagnosis on the claim and may negotiate with the hospital for an appropriate rate.
- E. If the request for a behavioral health out-of-home treatment setting is denied, the AdSS must ensure medically necessary alternative services are provided.

Behavioral Health Appointment Standard

- A. The AdSS must ensure services are provided in accordance with Policy 417 in this Policy Manual.
- B. Upon notification from an out-of-home placement or adoptive parent that a recommended behavioral health service is not provided to a member per the Policy 417 in this Policy Manual, behavioral health appointment standards for children in DCS custody, the AdSS must:
 - 1. Notify the caller of the requirement to also report the failure to receive the approved behavioral health services to Division's Customer Service Center at 602-542-0419 or email at DDDCustomerServiceCenter@azdes.gov. Notify the caller that the member may receive services directly from any AHCCCS-registered provider, regardless of whether the provider is contracted with the AdSS.
 - 2. Obtain the name and contact information of the identified non-contracted provider of service, if applicable to verify their AHCCCS registration.
 - 3. Obtain information needed to determine medical necessity of requested services not received.

- C. For services provided by a non-contracted provider, the AdSS must:
1. Not deny claims submitted based solely on the billing provider being out of the AdSS's network
 2. Reimburse clean claims at the lesser of 130% of the AHCCCS FFS Rate or the provider's standard rate and in accordance with Policy 203 in this Policy Manual.
- D. The member may continue to receive services from the non-contracted provider regardless of the availability of an in-network provider.

Continuity of Services

The AdSS is responsible for continuation and coordination of services the member is currently receiving. If a member moves into a different county because of the location of the out-of-home placement, the AdSS must allow the member to continue any current treatment in the previous county and/or seek any new or additional treatment in the out-of-home placement's county of residence regardless of the AdSS's provider network.

Behavioral Health Coordinator

- A. The AdSS must designate a key staff person whose primary role is to:
1. Serve as the member's single point of contact,
 2. Accept and respond to:
 - a. Inquiries from the out-of-home placement, adoptive parent, or providers,
 - b. Issues and concerns related to the delivery of and access to behavioral health services for members in out-of-home placements or with adoptive parents.
 3. Collaborate with the out-of-home placement and adoptive parents to address barriers to services, including nonresponsive crisis providers, and
 4. Resolve concerns received in accordance with grievance system requirements.
- B. The Behavioral Health Coordinator must:
1. Provide the number for crisis services and after hour's telephone line in their outgoing voicemail message and email,
 2. Provide an expected timeframe for return calls in their outgoing voicemail message and email,
 3. Respond to all inquiries as indicated by need or safety but no later than one business day, and

4. Follow up on all calls received by the after hour telephone line.
- C. The AdSS must ensure the Behavioral Health Coordinator's contact information is:
1. Provided to DDD and DCS for distribution,
 2. Prominently placed on the member page of the AdSS's website
- D. The AdSS must ensure calls received by the Behavioral Health Coordinator that meet the definition of a grievance are reported in accordance with the Grievance System Reporting requirements as outlined in Contract.

Education

The AdSS is responsible for ongoing education to providers, members, families, and other parties involved with the member's care, including but not limited to the following:

- A. Rights and responsibilities as delineated in A.R.S. § 8-512.01
- B. Trauma-informed care
- C. Navigating the behavioral health system
- D. Coordination of Care as outlined in this Policy
- E. Covered services
- F. Referral process
- G. The role of the AdSS
- H. The role of DDD and DCS
- I. Additional trainings identified by the Member Advisory Council.

All AdSS member information must be in accordance with Division Administrative Services Subcontractor Policy 404.

The Division reserves the right to verify education programs when performing operational reviews of the AdSS.

Tracking and Reporting

- A. Monitor on a monthly basis and submit quarterly, or upon request by the Division, as specified in Section F3, Contractor Chart of Deliverables, the AdSS must submit ACOM, Chapter 449, Attachment A in the AHCCCS Operations Manual, Children in Out-of-Home Placement and in the Legal Custody of DCS and Adopted Children Services Reporting Access to Services, which includes the following:
 1. Access to Services as specified in the reporting template

2. Provider terminations

List of providers that were formerly contracted with the AdSS but terminated their contract and provided services at the lesser of 130% of the AHCCCS FFS Rate or the Provider's standard service rate, and the amount spent on those services.

- B. On a monthly basis, as specified in Section F3, Contractor Chart of Deliverables, the AdSS must submit a report using ACOM, Chapter 449, Attachment B in the AHCCCS Operations Manual, Children in Out-of-Home Placement and in the Legal Custody of DCS and Adopted Children Services Reporting-Calls and Emails, on the 30th day after the reporting month as specified in the reporting template. The Division will provide a monthly listing to the AdSS's Behavioral Health Coordinator of children placed in DCS custody. The AdSS must report to the Division information on a monthly basis regarding members in DCS custody who have not received rapid response services. The AdSS must perform a reconciliation of members placed within DCS custody against those who have received a rapid response service. For any identified members in DCS custody who have not been engaged in behavioral health services, the AdSS must ensure a rapid response service is delivered. The AdSS must submit a DCS Rapid Response Monthly Reconciliation Report as specified in the reporting template.

C. Member Advisory Council Plan

On an annual basis, as specified in Section F3, Contractor Chart of Deliverables, the AdSS must submit on December 15th a Member Advisory Council Plan to the Division. The Plan must outline the schedule of Council meetings, membership, trainings, goals and objectives, including an evaluation of the previous year.