

541 COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIES

REVISION DATE: 9/6/2023

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REFERENCES: A.R.S. §§ 15-761 et seq, A.R.S. § 15-1181, A.R.S. § 8-271-273, Division Medical Policy 541

PURPOSE

This policy outlines how the Division's Administrative Services Subcontractors (AdSS) develop and maintain collaborative relationships with other government entities that deliver services to Members and their families, ensuring access to services, and coordinating care with consistent quality.

DEFINITIONS

1. "Adult Recovery Team" or "ART" means a group of individuals that, following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a Member's assessment, service planning, and service delivery. At a minimum, the team consists of the Member, the Member's Responsible Person, advocates (if assigned), and a qualified behavioral health representative. The team may also include the

enrolled Member's family, physical health, behavioral health or social service providers, the support coordinator, other agencies serving the Member, professionals representing various areas of expertise related to the Member's needs, or other Members identified by the enrolled Member.

2. "Child and Family Team" or "CFT" means a defined group of individuals that includes, at a minimum, the child and his or her family or Responsible Person, the assigned support coordinator, a behavioral health representative, and any individuals important in the child's life that are identified and invited to participate by the child and family. This may include teachers, extended family members, friends, family support partners, healthcare providers, coaches and community resource providers, representatives from churches, synagogues or mosques, or other places of worship and faith, agents from other service systems like Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD), which includes AzEIP. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by who is

needed to develop an effective Planning Document, and can therefore expand and contract as necessary to be successful on behalf of the child.

3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
4. "Rapid Response" means a process that occurs when a child enters into DCS custody. When this occurs, a behavioral health service provider is dispatched within 72 hours, to assess a child's immediate behavioral health needs, and refer for further assessments through the behavioral health system when a child first enters into DCS custody.
5. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.
6. "Service Plan" means a complete written description of all covered behavioral health services and other informal supports that includes individualized goals, family support services, care

coordination activities, and strategies to assist the Member in achieving an improved quality of life.

7. "State Placing Agency" means the Department of Juvenile Corrections, Department of Economic Security (DES), Department of Child Safety (DCS), the Arizona Health Care Cost Containment System (AHCCCS), or the Administrative Office of the Court. (A.R.S. §15- 1181(12).
8. "Team Decision Making" or "TDM" means an emergency removal of a child has occurred or the removal of a child is being considered, a TDM Meeting is held. The purpose of the meeting is to discuss the child's safety and where they will live.

POLICY

A. COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIES

1. The AdSS shall develop policies, protocols, and procedures that describe how the AdSS coordinates and manages Member care with other governmental entities.
2. The AdSS shall ensure collaboration through involving other

government agencies to participate in the Member's:

- a. Planning Team
 - b. Child and Family Team (CFT)
 - c. Adult Recovery Team (ART)
3. The AdSS shall ensure all required protocols and agreements with state agencies are specified in provider manuals.
 4. The AdSS shall develop and maintain mechanisms and processes to identify barriers to timely services for Members served by other governmental entities.
 5. The AdSS shall work collaboratively to remove barriers to Member care and to resolve any quality of care concerns.

B. ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)

1. The AdSS shall work in collaboration with DCS as outlined below:
 - a. Coordinate necessary services to stabilize in-home and out-of-home placements provided by DCS, including support to providers for awareness and adherence to A.R.S. § 8-271-273;

- b. Coordinate development of the Service Plan with the DCS case plan to avoid redundancies and inconsistencies;
- c. Provide the DCS Specialist and the juvenile court with preliminary findings and recommendations on behavioral health risk factors, symptoms and service needs for court hearings;
- d. Ensure a behavioral health assessment is performed that identifies the behavioral health needs of the child, the child's parents, and family or caregivers, that is based on the Arizona Vision - 12 Principles as specified in AMPM Policy 100;
- e. Provide necessary behavioral health services, including support services to caregivers, based on needs identified within the behavioral health assessment and service plan;
- f. Engage the child's parents, family, caregivers, and DCS Specialist in the behavioral health assessment and service planning process as members of the CFT;
- g. Attend team meetings such as Team Decision Making

- (TDM) providing input about the child and family's behavioral health needs.
- h. Combine the TDM and CFT meetings, when it is possible;
 - i. Coordinate behavioral health services in support of family reunification or other permanency plans identified by DCS;
 - j. Coordinate activities and service delivery that supports the CFT ServicePlan and facilitates adherence to the timeframes established in the following:
 - i. AdSS Operations Manual Policy 417,
 - ii. AdSS Operations 449,
 - iii. AHCCCS Behavioral Health System Practice Tools:
AMPM Chapter 200
 - k. Coordinate activities including coordination with the adult service providers rendering services to adult family members.
2. The AdSS shall coordinate with a Tribal Regional Behavioral Health Authority (TRBHA) for Members receiving behavioral

health services through a TRBHA.

3. The AdSS shall consider the removal of a child from the home to the custody of the DCS to be an urgent behavioral health situation.
4. The AdSS shall consider any child who has experienced a removal by DCS to be at risk for negative emotional consequences and future behavioral health disorders.
5. The AdSS shall implement the Rapid Response process to identify the immediate behavioral health needs of children and address the trauma of the removal itself as outlined below:
 - a. The AdSS shall implement the Rapid Response process within 72 hours from initial contact by DCS, in all cases where DCS notifies the AdSS of physical removal of the child, unless the AdSS and DCS have mutually arranged an alternative timeframe for coordinating a response based on the best interests of the child.
 - b. The AdSS shall collaborate with the DCS Specialist to initiate a Rapid Response when a notification is received

after 72 hours of removal as outlined below:

- i. The AdSS shall identify if the DCS Specialist or another entity has referred the child for a behavioral health assessment prior to the AdSS receiving notification.
 - ii. The AdSS shall authorize continued services with the behavioral health provider that has established a treatment relationship with the child, if the the DCS Specialist has initiated behavioral health services prior to the AdSS being notified.
 - iii. The AdSS shall assist DCS in identifying members already receiving physical and behavioral health services.
- c. The AdSS 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, and where the removal occurred, any known

- medical, behavioral, or special needs of the child, any known medications, any known supports for the child, current disposition of siblings, and 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 identifying immediate safety needs and presenting problems of the child;
 - iii. Assessing and addressing needs related to trauma, grief and loss;
 - iv. Conducting an extended assessment period to accurately identify any emerging or developing behavioral health needs that are not immediately apparent following the child's removal;
 - v. Stabilization of behavioral health crises and offering of immediate services;
 - vi. The AdSS shall require its Rapid Response providers to distribute the most recent Foster and Kinship Care Resources Packet to the caregivers of children in DCS

out of home dependencies during the Rapid Response visit. The Resource Packet is available on the AHCCCS website.

- vii. The provision of 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;
- viii. The provision of needed behavioral health services to the child's caregiver.
- ix. Guidance about how to respond to the child's immediate needs in adjusting to foster care,
- x. Explanation of physical and behavioral health symptoms to watch for and report,
- xi. Assistance in responding to any behavioral health symptoms the child may exhibit, and
- xii. Identification of contacts within the behavioral health

- system;
- xiii. Provision to the DCS Specialist of findings and recommendations for medically necessary covered behavioral health services for the initial Preliminary Protective Hearing, which occurs within five to seven days of the child's removal; and
 - xiv. If the child is placed with temporary caregivers, services shall support the child's stability by addressing the child's behavioral health needs, identifying any risk factors for placement disruption, and anticipating crises that might develop.
 - xv. Ensure behavioral health services shall proactively plan for transitions in the child's life. Transitions include changes in placement, educational setting, or reaching the age of majority.

C. DCS ARIZONA FAMILIES F.I.R.S.T. (FAMILIES IN RECOVERY SUCCEEDING TOGETHER-AFF) PROGRAM

- 1. The AdSS shall ensure that behavioral health providers coordinate with parents, Responsible Persons, families, and caregivers referred through the Arizona Families F.I.R.S.T. (AFF)

Program and that the providers participate in the family's CFT and planning team to coordinate services for the family and temporary caregivers.

2. The AdSS shall ensure behavioral health providers coordinate the following:
 - a. Accept referrals for Members and families referred through the AFF Program.
 - b. Collaborate with DCS, the ADES/FAA Jobs Program and substance use disorder treatment providers to minimize duplication of assessments.
 - c. Develop procedures for collaboration in the referral process to ensure effective service delivery through the AdSS behavioral health system.
 - d. The AdSS shall ensure substance use disorder treatment for families involved with DCS are family-centered, provide for sufficient support services and shall be provided in a timely manner, as outlined in Section B in this Policy, 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.

**D. ARIZONA DEPARTMENT OF EDUCATION (ADE), SCHOOLS, OR
OTHER LOCAL EDUCATIONAL AUTHORITIES**

1. The AdSS shall work in collaboration with the ADE and assist with resources and referral linkages for children with behavioral health needs.
2. The AdSS 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 child's parent or Responsible Person. Refer to AdSS Operations Manual Policy 940;
 - b. The AdSS shall include information and recommendations contained in the Individualized Education Program (IEP) during the ongoing assessment and service planning process for children who receive special education services.
 - c. The AdSS shall ensure the Behavioral health providers 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. The AdSS shall ensure the behavior health provider communicates with and involves the DCS Specialist with the development of the IEP for children in the custody of DCS;
- e. The AdSS shall ensure behavioral health providers invite teachers and other school staff to participate in the CFT if agreed to by the child and Responsible Person;
- f. The AdSS shall ensure behavioral health providers understand the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA) of 2004;
- g. The AdSS shall ensure the behavioral health providers support accommodations for students with disabilities who qualify under Section 504 of the Rehabilitation Act of 1973; and
- h. The AdSS shall ensure that transitional planning occurs

prior to and after discharge of an enrolled child from any out-of-home placement.

- i. The AdSS shall ensure behavioral health providers collaborate with schools to provide the appropriate behavioral health services in school settings, identified as Place of Service (POS) 03 and submit reports as specified in Contract.
- j. The AdSS shall not be financially responsible for services provided by Local Educational Authorities (LEAs), as specified in AMPM Policy 710, for Members receiving special education services.

E. ARIZONA DEPARTMENT OF ECONOMIC SECURITY

- 1. The AdSS shall ensure behavioral health providers coordinate Member care with the Arizona Early Intervention Program (AzEIP). The AdSS shall ensure:
 - a. Children birth to three years of age are referred to AzEIP when information obtained in the child's behavioral health assessment reflects developmental concerns,
 - b. Children found to require behavioral health services as part


of the AzEIP evaluation process receive appropriate and timely service delivery, and

- c. If an AzEIP team has been formed for the child, the behavioral health provider coordinates team functions to avoid duplicative processes between systems.
2. The AdSS shall ensure behavioral health providers work collaboratively with the DES Rehabilitation Services Administration (DES/RSA) with the goal of increasing the number of employed Members who are successful and satisfied with their vocational roles.

F. COURTS AND CORRECTIONS

1. The AdSS 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 (ADOC),
 - b. Arizona Department of Juvenile Corrections (ADJC),
 - c. Administrative Offices of the Court (AOC), or

- d. County Jails System.
2. The AdSS shall collaborate with courts or correctional agencies to coordinate Member care as outlined in AHCCCS AMPM Policy 1021 and 1022. The AdSS shall:
 - a. Work in collaboration with the appropriate staff involved with the Member;
 - b. 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 approval from the Responsible Person;
 - c. Actively consider information and recommendations contained in probation or parole case plans when developing the Service Plan; and
 - d. Ensure that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible Members.
 - e. Ensure the behavioral health provider manages and coordinates care upon the Member's release.



Signature of Chief Medical Officer: [Anthony Dekker \(Aug 29, 2023 14:58 PDT\)](#)
Anthony Dekker, D.O.