

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

REVISION DATE: 5/8/2024, 4/13/2022, 9/15/2021

REVIEW DATE: 9/27/2023

EFFECTIVE DATE: October 1, 2018

REFERENCES: A.R.S. § 8-451, A.R.S. § 8-512.01

PURPOSE

This policy applies to the Department of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS) and establishes requirements for the provision of timely behavioral health services to children eligible for Title XIX services who are residing with an out-of-home caregiver or children in out-of-home dependency with Department of Child Safety (DCS), as specified throughout this policy, and to adopted children in accordance with A.R.S. § 8-512.01.

DEFINITIONS

1. "Adoptive Parent" means any adult who is a resident of Arizona, whether married, unmarried, divorced or legally separated, who has 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.
2. "Arizona Department of Child Safety" means the department

established pursuant to A.R.S. § 8-451 to protect children and to perform the following:

- a. Investigate reports of abuse and neglect.
 - b. 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.
 - c. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
 - d. 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.
3. “Behavioral Health Out-Of-Home Treatment” means highly individualized treatment services and support interventions to meet the needs of each child and their family. When community-based services are not effective in maintaining the child in their home setting, or safety concerns become critical, the use of out-of-home treatment services can provide essential behavioral health interventions to stabilize the situation. The primary goal of out-of-home treatment intervention is to prepare the child and family

- for the child's safe return to their home and community settings.
4. "Crisis" means an acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.
 5. "Crisis Services" means services that are community based, recovery-oriented, and member focused that work to stabilize members as quickly as possible to assist them in returning to their baseline of functioning.
 6. "Integrated Rapid Response" means a process that occurs when a child enters into DCS custody. When this occurs, a behavioral health service provider is referred and then dispatched within 72 hours to assess a child's immediate physical and behavioral health needs and to refer the child for additional assessment through the behavioral health system.
 7. "Member" means, for purposes of this policy, children residing with out-of-home caregivers, children in out-of-home dependency with DCS, and adopted children.
 8. "Out-of-Home Caregiver" means, for purposes of this policy, the setting in which a child in DCS custody resides, for example, kinship care, foster care, a shelter care provider, a receiving home or a group foster home.

POLICY

A. GENERAL REQUIREMENTS

1. The Administrative Services Subcontractors (AdSS) shall ensure timely provision of all behavioral health services for members enrolled with a Division subcontracted health plan.
2. The AdSS shall provide coordinated care between the out-of-home caregiver or adoptive parent(s), all providers, and DCS, as appropriate.
3. To meet the needs of members residing with an out-of-home caregiver, children in out-of-home dependency with the Department of Child Safety (DCS), and adopted children, the AdSS shall:
 - a. Ensure services delivered are provided as specified in AdSS Operations Policy 417, and
 - b. Ensure the availability of a telephone line with designated staff adequately trained on the provisions of this policy and the procedures in place to address calls.

B. REQUEST FOR BEHAVIORAL HEALTH OUT-OF-HOME TREATMENT

1. The AdSS shall issue a determination for a request to place a member in Behavioral Health Out-Of-Home Treatment no later than 72 hours after the request is received.
2. The request shall be expedited in less than 72 hours if warranted by the member's health condition due to displaying dangerous or threatening behaviors directed towards themselves or others. These settings include behavioral health facilities as specified in A.A.C. R9-10-101.
3. If there is insufficient information to make a determination, the AdSS shall document all substantive efforts to obtain the information within the 72-hour timeframe.
4. If the request for Behavioral Health Out-Of-Home Treatment is denied, the AdSS shall ensure medically necessary alternative services are communicated to the Child and Family Team (CFT) and provided to the member in the timeline specified in AdSS Operations Policy 417.
5. All Behavioral Health Residential Facility denials by the AdSS shall be sent to the Division's Utilization Management Unit for a second-level review by the Behavioral Health Medical Director or

designee.

6. If a Member is hospitalized due to threatening behaviors prior to a determination on the request for Behavioral Health Out-Of-Home Treatment, the AdSS shall coordinate with the hospital to ensure an appropriate and safe discharge plan. The discharge plan shall include recommended follow-up services, including recommendations made by the Child and Family Team (CFT). For additional requirements regarding discharge planning refer to the AdSS Medical Policy 1020.
7. The AdSS shall collaborate with DCS and the Support Coordinator to ensure an appropriate alternative for the member to be discharged when:
 - a. It is unsafe for the member to return to the out-of-home caregiver or adoptive parent(s), or
 - b. It is unsafe for the out-of-home caregiver or adoptive parent(s) for the member to return.
8. The AdSS shall issue a Notice of Adverse Benefit Determination, as specified in AdSS Operations Policy 414, for any adverse action related to the request for Behavioral Health Out-Of-Home

Treatment.

9. The AdSS are 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 caregiver or adoptive parents. In these cases, the AdSS are responsible for payment regardless of principal diagnosis on the claim and may negotiate with the hospital for an appropriate rate.

C. BEHAVIORAL HEALTH APPOINTMENT STANDARD

1. Upon notification from an out-of-home caregiver or adoptive parent that a behavioral health service is not provided to a member, as specified in AdSS Operations Policy 417, the AdSS shall:
 - a. Notify the individual of the requirement to also report the failure to receive the behavioral health services to the AHCCCS Clinical Resolution Unit;
 - b. Notify the individual that the member may receive services directly from any AHCCCS-registered provider, regardless

- of whether the provider is contracted with the AdSS;
 - c. Obtain the name and contact information of the identified non-contracted provider of service, if applicable, to verify their AHCCCS registration; and
 - d. Obtain information needed to determine medical necessity of requested services not received.
2. For services provided by a non-contracted provider, the AdSS shall:
- a. Not deny claims submitted based solely on the billing provider being out of network;
 - b. Reimburse clean claims at the lesser of 130 percent of the AHCCCS fee-for-service rate or the provider's standard rate, and as specified in AdSS Operations Policy 203; and
 - c. Ensure the member may continue to receive services from the non-contracted provider regardless of the availability of an in-network provider.

D. EDUCATION

1. The AdSS are responsible for providing education to providers, members, families, and other parties involved with the member's care on an ongoing basis including:

- 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 specified in this policy,
 - e. Covered services,
 - f. Referral process including Arizona Families First (Family in Recovery Succeeding Together),
 - g. The role of the AdSS,
 - h. The role of DCS as applicable, and
 - i. Additional training identified by the Member Advisory Council or obtained via stakeholder input.
2. The AdSS shall provide training and education to primary care providers regarding the behavioral health referral process.
 3. All member information shall meet the requirements of AdSS Operations Policy 404.
 4. The Division reserves the right to verify education programs when performing oversight of the AdSS.

E. REQUIREMENTS FOR CHILDREN IN THE CUSTODY OF DCS

In addition to the requirements above, the AdSS shall also adhere to the following requirements included in this section:

1. Telephone Line:

- a. Ensure the availability of a telephone line with designated staff responsible for handling incoming calls after business hours related to delivery of services, including failure of an assessment team to respond within two hours; and
- b. Designated staff shall be adequately trained on the provisions of this Policy and the procedures in place to address calls prior to actively answering calls. There shall be processes in place for staff to:
 - i. Address barriers to care,
 - ii. Directly contact the crisis services vendor or provider,
 - iii. Track and report calls as specified throughout Policy, and
 - iv. Report the above information to the Children Services Liaison.

2. Continuity of Services:

- a. The AdSS are responsible for the continuation and

coordination of services the member is currently receiving.

- b. If the member moves into a different county because of the location of the out-of-home caregiver, the AdSS shall allow the member to continue any current services in the previous county and seek any new or additional services in the current county of residence regardless of the AdSS provider network or county of removal.

3. Children Services Liaison:

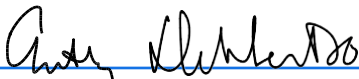
- a. The AdSS shall designate an individual whose role is to serve as the member's single point of contact for accepting and responding to:
 - i. Inquiries from the out-of-home caregiver, adoptive parent, or providers;
 - ii. Issues and concerns related to the delivery of and access to behavioral health services for members;
 - iii. Collaborate with the out-of-home caregiver and adoptive parents to address barriers to services, including nonresponsive crisis providers, and
 - iv. Resolve concerns received in accordance with grievance system requirements.

- b. The Children Services Liaison shall:
 - i. Provide the number for Crisis Services and the after-hours telephone line in the outgoing voicemail message and email,
 - ii. Provide an expected timeframe for return calls in the outgoing voicemail message and email,
 - iii. Respond to all inquiries as indicated by need or safety but no later than one business day, and
 - iv. Follow up on all calls received by the after-hours telephone line.
- c. The AdSS shall ensure the Children Services Liaison contact information is:
 - i. Provided to the Division and DCS for distribution,
 - ii. Prominently placed on the member page of the AdSS' website, and
 - iii. Included in the Member Handbook.
- d. The AdSS shall ensure calls received by the Children Services Liaison that meet the definition of a grievance are reported in accordance with the grievance system reporting requirements as specified in Contract.

F. TRACKING AND REPORTING

1. The AdSS shall:
 - a. Monitor, as specified in Contract, an Access to Services Report using ACOM 449 Attachment A.
 - b. Monitor on a monthly basis, and submit as specified in Contract, the number of calls and emails received by the Children Services Liaison and the after-hours line related to children residing with out-of-home caregiver or children in out-of-home dependency with DCS specific to this Policy (ACOM 449 Attachment B).
 - c. Monitor on a monthly basis, and submit as specified in Contract, a rapid response reconciliation reporting all Integrated Rapid Response (IRR) information for children in DCS custody (ACOM 449 Attachment B).
 - i. Perform a reconciliation of members placed in DCS custody in contrast to those who have received an IRR assessment.
 - ii. Require an IRR assessment to be completed for any members identified in DCS custody who have not received an IRR assessment.

- iii. For any identified members in DCS custody who are already receiving or otherwise engaged in behavioral health services, ensure the assigned service provider conducts an IRR assessment.
- d. Submit the Behavioral Health Utilization and Timeframe Deliverable for Members in Custody of DCS, as specified in Contract, along with a cover letter that includes a narrative that specifically addresses successes and barriers associated with behavioral health service delivery to members in custody of DCS.
 - i. Submit the data required in ACOM 449 Attachment C and provide a narrative analysis of the data in the cover letter, and include efforts made to mitigate and resolve any issues, as well as activities for reunification services, communication, and community involvement.
 - ii. Report each time a member in Out-Of-Home Treatment did not receive medically necessary services within 21 days, as outlined in AdSS Operations Policy 417.

Signature of Chief Medical Officer: 
[Anthony Dekker \(May 3, 2024 15:08 PDT\)](#)
Anthony Dekker, D.O.