

1 **449 BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN**
2 **DEPARTMENT OF CHILD SAFETY CUSTODY AND ADOPTED**
3 **CHILDREN**

4
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8 REFERENCES: A.R.S. § 8-451, A.R.S. § 8-512.01

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10 **PURPOSE**

11 This policy applies to the [Department of Developmental Disabilities'](#)
12 [\(Division\)s Administrative Services Subcontractors \(AdSS\) and establishes](#)
13 [requirements for the provision of](#) ~~whose contract includes this requirement.~~
14 ~~The purpose of this policy is to ensure the~~ timely ~~provision of~~ behavioral
15 health services to children eligible for Title XIX services who are residing
16 with an out-of-home caregiver or children in out-of-home dependency with
17 Department of Child Safety (DCS), as specified throughout this policy, and to
18 adopted children in accordance with A.R.S. § 8-512.01.

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20 **DEFINITIONS**

- 21 1. "Adoptive Parent" means any adult who is a resident of Arizona,
22 whether married, unmarried, divorced or legally separated, who has
23 adopted a child. For purposes of this policy, the adoptive parent is that
24 of a child who is eligible under Title XIX of the Social Security Act.

- 25 2. "Arizona Department of Child Safety" means the department
26 established pursuant to A.R.S. § 8-451 to protect children and to
27 perform the following:
- 28 a. Investigate reports of abuse and neglect.
 - 29 b. Assess, promote, and support the safety of a child in a safe and
30 stable family or other appropriate placement in response to
31 allegations of abuse or neglect.
 - 32 c. Work cooperatively with law enforcement regarding reports that
33 include criminal conduct allegations.
 - 34 d. Without compromising child safety, coordinate services to achieve
35 and maintain permanency on behalf of the child, strengthen the
36 family and provide prevention, intervention, and treatment
37 services pursuant to this chapter.
- 38 3. "Behavioral Health Out-of-Home Treatment" means highly
39 individualized treatment services and support interventions to meet
40 the needs of each child and their family. When community-based
41 services are not effective in maintaining the child in ~~their~~^{his/her} home
42 setting, or safety concerns become critical, the use of out-of-home
43 treatment services can provide essential behavioral health
44 interventions to stabilize the situation. The primary goal of out-of-

45 home treatment intervention is to prepare the child and family, ~~as~~
46 ~~quickly as possible,~~ for the child's safe return to ~~their~~his/her home
47 and community settings.

48 4. "Crisis" means an acute, unanticipated, or potentially dangerous
49 behavioral health condition, episode or behavior.

50 5. "Crisis Services" means services that are community based, recovery-
51 oriented, and member focused that work to stabilize members as
52 quickly as possible to assist them in returning to their baseline of
53 functioning.

54 6. "Integrated Rapid Response" means a process that occurs when a child
55 enters into DCS custody. When this occurs, a behavioral health service
56 provider is referred and then dispatched within 72 hours to assess a
57 child's immediate physical and behavioral health needs and to refer
58 the child for additional assessment through the behavioral health
59 system.

60 6.7. "Member" means, for purposes of this policy, ~~includes~~ children residing
61 with out-of-home caregivers, children in out-of-home dependency with
62 DCS, and adopted children.

63 7.8. "Out-of-Home Caregiver" means, for purposes of this policy, the

64 [setting in which](#) where a child in DCS custody resides, for example,
65 kinship care, foster care, a shelter care provider, a receiving home or a
66 group foster home.

67 ~~8. "Rapid Response" is a process that occurs when a child~~
68 ~~enters into DCS custody. When this occurs, a behavioral health service~~
69 ~~provider is referred and then dispatched within 72 hours to assess a child's~~
70 ~~immediate behavioral health needs and to refer the child for additional~~
71 ~~assessments through the behavioral health system.~~

72 **POLICY**

73 ~~The Administrative Services Subcontractor (AdSS) shall ensure timely~~
74 ~~provision of all behavioral health services for members enrolled with the~~
75 ~~DDD Health Plan. The AdSS shall provide coordinated care between the out-~~
76 ~~of-home caregiver or adoptive parent(s), all providers, and DCS, as~~
77 ~~appropriate~~

78 **A. GENERAL REQUIREMENTS**

79 1. [The Administrative Services Subcontractors \(AdSS\) shall ensure](#)
80 [timely provision of all behavioral health services for members](#)
81 [enrolled with a Division subcontracted health plan.](#)

82 2. [The AdSS shall provide coordinated care between the out-of-](#)
83 [home caregiver or adoptive parent\(s\), all providers, and DCS, as](#)

84 [appropriate.](#)

85 3. To meet the needs of members residing with an out-of-home
86 caregiver, children in out-of-home dependency with the
87 Department of Child Safety (DCS), and adopted children, the
88 AdSS shall:

- 89 a. Ensure services delivered are provided as specified in AdSS
90 Operations Policy 417, and
91 b. Ensure the availability of a telephone line with designated
92 staff adequately trained on the provisions of this policy and
93 the procedures in place to address calls.

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

- 95 1. ~~1.—The AdSS shall issue a determination for a request to place~~
96 ~~a member in Behavioral Health Out-Of-Home Treatment no later~~
97 ~~than 72 hours after the request is received. After a request is~~
98 ~~made to place a member in behavioral health out-of-home~~
99 ~~treatment, the AdSS shall issue a determination as to that~~
100 ~~request no later than 72 hours or as expeditiously as the~~
101 ~~member's health condition warrants due to the member~~
102 ~~displaying dangerous or threatening behaviors directed towards~~
103 ~~themselves or others.~~

- 104 2. ~~The AdSS shall ensure determinations for request s for~~
105 ~~Behavioral Health Out-Of-Home Treatment are shall be~~
106 ~~expedited in less than 72 hours of receiving the request, if~~
107 ~~warranted by the member’s health condition due to the member~~
108 ~~displaying dangerous or threatening behaviors directed towards~~
109 ~~themselves or others.~~ These settings include, ~~but are not limited~~
110 ~~to,~~ behavioral health facilities as specified in A.A.C. R9-10-101.
- 111 3. If ~~the AdSS determines~~ there is insufficient information to make
112 a determination, the AdSS shall document all substantive efforts
113 to obtain ~~therequired~~ information within the 72-hour timeframe.
- 114 4. If the request for Behavioral Health Out-Of-Home Treatment is
115 denied, the AdSS shall ensure medically necessary alternative
116 services are ~~communicated to the Child and Family Team (CFT)~~
117 ~~and provided to the member in the timeline specified in AdSS~~
118 ~~Operations Policy 417provided.~~
- 119 5. All ~~Behavioral Health Residential~~ Facility denials by the AdSS
120 shall be sent to the Division’s Utilization Management Unit for a
121 second-level ~~ary~~ review by the Behavioral Health Medical
122 Director ~~or designee.~~

- 123 6. If ~~athe~~ Member is hospitalized due to threatening behaviors prior
124 to a determination on the request for Behavioral Health Out-Of-
125 Home Treatment, the AdSS shall coordinate with the hospital to
126 ensure an appropriate and safe discharge plan. The discharge
127 plan shall include recommended follow-up services, including
128 recommendations made by the Child and Family Team (CFT). For
129 additional requirements regarding discharge planning refer to
130 the AdSS Medical Policies ~~580 and~~ 1020.
- 131 7. The AdSS shall collaborate with DCS and the Support
132 Coordinator to ensure an appropriate alternative for the member
133 to be discharged when:
- 134 a. It is unsafe for the member to return to the out-of-home
135 caregiver or adoptive parent(s), ~~and/or~~
- 136 b. It is unsafe for the out-of-home caregiver or adoptive
137 parent(s) for the member to return.
- 138 8. The AdSS shall issue a Notice of Adverse Benefit Determination,
139 ~~(NOA)~~ as specified in AdSS Operations Policy 414, for any
140 adverse action related to the request for ~~any adverse action~~
141 ~~related to the request for~~ Behavioral Health Out-Of-Home
142 Treatment.

143 9. The AdSS ~~are~~ is responsible for reimbursement to the inpatient
144 psychiatric hospital for all medically necessary care, including
145 days where inpatient criteria was not met but there was not a
146 safe discharge plan in effect to meet the needs and safety of the
147 member and the out-of-home caregiver or adoptive parents. In
148 these cases, the AdSS ~~are~~ is responsible for payment regardless
149 of principal diagnosis on the claim and may negotiate with the
150 hospital for an appropriate rate.

151 C. BEHAVIORAL HEALTH APPOINTMENT STANDARD

- 152 1. Upon notification from an out-of-home caregiver or adoptive
153 parent that a ~~recommended~~ behavioral health service is not
154 provided to a member, ~~(as specified in AdSS Operations Policy~~
155 ~~417),~~ the AdSS shall:
- 156 a. Notify the individual ~~caller~~ of the requirement to also report
157 the failure to receive the ~~approved~~ behavioral health
158 services to ~~the AHCCCS Clinical Resolution Unit; the Health~~
159 ~~Plan Customer Service (Mercy Care 800-624-3879 and~~
160 ~~United Healthcare 800-348-4058), as applicable~~
 - 161 b. Notify the individual ~~caller~~ that the member may receive
162 services directly from any AHCCCS-registered provider,

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

180 **D. EDUCATION**

- 181 1. The AdSS ~~are~~is responsible for providing education to providers,
182 members, families, and other parties involved with the member's

- 183 care on an ongoing basis ~~including: This includes but is not~~
184 ~~limited to the following areas:~~
- 185 a. Rights and responsibilities as delineated in A.R.S. § 8-
186 512.01,
 - 187 b. Trauma-informed care,
 - 188 c. Navigating the behavioral health system,
 - 189 d. Coordination of care as specified in this policy,
 - 190 e. Covered services,
 - 191 f. Referral process including Arizona Families First (Family in
192 Recovery Succeeding Together; ~~AFF~~),
 - 193 g. The role of the AdSS,
 - 194 h. The role of DCS as applicable, and
 - 195 i. Additional training identified by the Member Advisory
196 Council or obtained via stakeholder input.
- 197 2. The AdSS shall provide training and education to primary care
198 providers regarding the behavioral health referral process.
- 199 3. All ~~AdSS~~ member information shall meet the requirements of
200 AdSS Operations Policy 404.
- 201 4. The Division reserves the right to verify education programs

202 when performing oversight of the AdSS.

203 **E. REQUIREMENTS FOR CHILDREN IN THE CUSTODY OF DCS**

204 In addition to the requirements above, the AdSS shall also adhere to
205 the [following](#) requirements included in this section:

- 206 1. Telephone Line:
- 207 a. Ensure the availability of a telephone line, with designated
208 staff, ~~that is~~ responsible for handling incoming calls after
209 business hours related to delivery of services, including
210 failure of an assessment team to respond within two
211 hours; and
 - 212 b. Designated staff shall be adequately trained on the
213 provisions of this Policy and the procedures in place to
214 address calls prior to actively answering calls. There shall
215 be processes in place for staff to:
 - 216 i. Address barriers to care,
 - 217 ii. Directly contact the crisis services vendor ~~and/or~~
218 provider,
 - 219 iii. Track and report calls as specified throughout Policy,
220 and
 - 221 iv. Report the above information to the Children

222 Services Liaison.

223 2. Continuity of Services:

224 a. The AdSS ~~are~~ responsible for ~~the~~ continuation and
225 coordination of services the member is currently receiving.

226 b. If the member moves into a different county because of
227 the location of the out-of-home caregiver, the AdSS
228 ~~shall~~must allow the member to continue any current
229 ~~service~~treatment in the previous county and ~~or~~ seek any
230 new or additional ~~service~~treatment in the current county
231 of residence regardless of the AdSS provider network or
232 county of removal.

233 3. Children Services Liaison:

234 a. The AdSS shall designate an individual whose role is to
235 serve as the member's single point of contact for accepting
236 and responding to:

237 i. Inquiries from the out-of-home caregiver, adoptive
238 parent, or providers;

239 ii. Issues and concerns related to the delivery of and
240 access to behavioral health services for members;

241 iii. Collaborate with the out-of-home caregiver and

- 242 adoptive parents to address barriers to services,
243 including nonresponsive crisis providers, and
244 iv. Resolve concerns received in accordance with
245 grievance system requirements.
- 246 b. The Children Services Liaison shall:
- 247 i. Provide the number for Crisis Services and [the](#) after-
248 hours telephone line in their outgoing voicemail
249 message and email,
250 ii. Provide an expected timeframe for return calls in
251 their outgoing voicemail message and email,
252 iii. Respond to all inquiries as indicated by need or
253 safety but no later than one business day, and
254 iv. Follow up on all calls received by the after-hours
255 telephone line.
- 256 c. The AdSS shall ensure the Children Services Liaison
257 contact information is:
- 258 i. Provided to [the Division](#) and DCS for
259 distribution,
260 ii. Prominently placed on the member page of the
261 AdSS' website, and
262 iii. Included in the Member Handbook.

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- d. The AdSS shall ensure calls received by the Children Services Liaison that meets the definition of a grievance are reported in accordance with the grievance system reporting requirements as ~~specified~~outlined in Contract.

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F. TRACKING AND REPORTING

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1. The AdSS shall:

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- a. Monitor, as specified in Contract, an Access to Services Report ~~using, ACOM 449 Attachment A, to the Division, to ACOM 449;~~

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- 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). ~~to ACOM 449); and~~

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- c. Monitor on a monthly basis, and submit, as specified in Contract, a rapid response reconciliation reporting all

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Integrated Rapid Response (IRR) information for children in DCS custody (ACOM 449 Attachment B).

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- 283 i. ~~Perform~~ The AdSS shall perform a reconciliation of
284 members placed in DCS custody in contrast to those
285 who have received an IRR Rapid Response
286 assessment service.
- 287 ii. Require an IRR assessment to be completed for any
288 members identified ~~For any identified members~~ in
289 DCS custody who have not received an IRR Rapid
290 Response assessment. ~~been engaged in behavioral~~
291 ~~health services~~, the AdSS shall ensure an IRR Rapid
292 Response assessment service is completed delivered.
- 293 iii. For any identified members in DCS custody who are
294 already receiving or otherwise ~~are~~ engaged in
295 behavioral health services, ~~the AdSS shall~~ ensure
296 ~~the~~ assigned service provider ~~contacts the~~
297 ~~member and caregiver to~~ conducts an IRR Rapid
298 Response assessment. ~~;~~ ~~and of the current status.~~
- 299 d. Submit ~~The AdSS shall submit~~ the Behavioral Health
300 Utilization and Timeframe Deliverable for Members in the
301 Custody of DCS, as specified in Contract, along with a The
302 AdSS shall submit a cover letter that includes a narrative
303 that specifically addresses successes and barriers

304 associated with behavioral health service delivery to
305 members in custody of DCS.

306 i. ~~Submit~~The AdSS shall submit the data required in
307 ACOM 449 Attachment C ~~to ACOM 449~~ and shall
308 provide a narrative analysis of the data ~~in the~~within
309 ~~their~~ cover letter, and include ~~.~~ Included within the
310 ~~narrative should be the~~ efforts made to mitigate and
311 resolve any issues, as well as activities for
312 reunification services, communication, and
313 community involvement.

314 ii. ~~Report~~The AdSS shall report each time ~~that~~ a
315 member in Out-Of-Home Treatment did not receive
316 medically necessary services within 21 days, as
317 outlined in AdSS Operations ~~ACOM~~Policy 417.

318 ~~**G. DIVISION OVERSIGHT OF AdSS:**~~

319 ~~The AdSS shall comply with the Division oversight activities including~~
320 ~~but not limited to the following methods to ensure compliance with this~~
321 ~~policy and policies referenced within this policy:~~

322 ~~1. Annual Operational Review of related standards, including but~~
323 ~~not limited to:~~

- 324 ~~a. AdSS has policies and procedures in place and~~
325 ~~demonstrates compliance to ensure members in foster~~
326 ~~care receive behavioral health services in alignment with~~
327 ~~this policy and AdSS 417.~~
- 328 ~~b. AdSS demonstrates compliance with the initiation and~~
329 ~~coordination of a referral when a behavioral health need~~
330 ~~has been identified and follows up to determine if the~~
331 ~~member received behavioral health services.~~
- 332 ~~c. AdSS provides evidence of training and education provided~~
333 ~~to primary care providers regarding the behavioral health~~
334 ~~referral process.~~
- 335 ~~d. AdSS monitors for evidence in the medical record and the~~
336 ~~member's individual service plan that medically necessary~~
337 ~~services were determined by a qualified behavioral health~~
338 ~~professional.~~
- 339 ~~2. Receive and review deliverable reports to ensure compliance and~~
340 ~~address service gaps or non-compliance. Submit collated data~~
341 ~~received from the AdSS and submit reports as required by~~
342 ~~contract to AHCCCS.~~

- 343 ~~a. AHCCCS Deliverable Attachment A to ACOM 449~~
- 344 ~~b. AHCCCS Deliverable Attachment B to ACOM 449~~
- 345 ~~c. AHCCCS Deliverable Attachment A to ACOM 417~~
- 346 ~~3. Conduct a cadence of oversight meetings with each AdSS for the~~
- 347 ~~purpose of reviewing compliance and addressing concerns with~~
- 348 ~~access to care or other quality of care.~~
- 349 ~~4. Ongoing monitoring and evidence of compliance through Behavioral~~
- 350 ~~Health Chart Audits.~~

351 Signature of Chief Medical Officer: