

## **540 OTHER CARE COORDINATION ISSUES**

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. §§ 15-765, 36-552(C), 36-558(A), 36-560(B); A.A.C. R9-28-509; and, Social Security Act § 1915(k).

This policy applies to the Division's Administrative Services Subcontractors (AdSS).

### **Problem Resolution**

The AdSS must establish policies that address problem resolution.

### **Members Presenting for Care Outside the AdSS's Provider Network**

The AdSS must establish procedures for assisting members when they present to a non-contracted provider that include, but are not limited to:

- A. Identification of a specific AdSS contact person for assistance
- B. Identification of a telephone number to obtain AdSS information
- C. Electronic and hard copy (if requested) provider directories.

### **Members with Special Health Care Needs**

- A. Members with special health care needs includes all members eligible for the Division.
- B. The AdSS must implement mechanisms to assess each member identified as having special health care needs, in order to identify any ongoing special conditions requiring treatment or regular care monitoring. The assessment mechanism must identify appropriate health care professionals.
- C. The AdSS must share, with other entities providing services to that member, the results of its identification and assessment of that member's needs.
- D. For members requiring a specialized course of treatment or regular care monitoring, the AdSS must have procedures in place to allow members direct access to a specialist (e.g., through a standing referral or an approved number of visits) as appropriate for the member's condition and identified needs.

### **Coordination of Urgent Response for Children Involved With DCS**

When a child is removed from his/her home, to the protective custody of the Department of Child Safety (DCS), the AdSS must consider this to be an urgent behavioral health situation. Any child who has experienced a removal by DCS is at risk for negative emotional consequences and future behavioral health disorders. The urgent response process is to help identify the immediate behavioral health needs of children and address the trauma of the removal itself.

In cases where DCS notifies the AdSS within five days of physical removal of the child, the AdSS must implement the urgent response process within 72 hours from initial contact by

DCS, unless the AdSS and DCS have mutually arranged an alternative timeframe for coordinating a response based on the best interests of the child. If notification is received after the fifth day of removal, the AdSS, in collaboration with the DCS Specialist, has the discretion to initiate an urgent response or schedule the child for a regular intake appointment, depending on the specific circumstances surrounding the referral. If the DCS Specialist has initiated behavioral health services through the Arizona Department of Health Services (ADHS) Behavioral Health System, the Children's Rehabilitative Services (CRS) Contractor may authorize continued services with the behavioral health provider that has established a treatment relationship with the child until a safe transition to a contracted behavioral health provider can be completed.

The urgent response process must include:

- A. Contact the DCS Specialist to gather relevant information such as the outcome of the DCS Safety Assessment, the reason for the removal, how-when-where the removal occurred, any known special needs of the child, any known supports for the child, current disposition of siblings, any known needs of the new caregiver, etc.
- B. Conduct a comprehensive assessment identifying immediate safety needs and presenting problems of the child. At this time, trauma issues such as grief and loss should be addressed. In addition, the assessment process is expected to consider an extended assessment period to more accurately identify any emerging/developing behavioral health needs that are not immediately apparent following the child's removal.
- C. Stabilization of behavioral health crises and offering of immediate services.
- D. 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.
- E. The provision of needed behavioral health services to the child's caregiver, including guidance about how to respond to the child's immediate needs in adjusting to foster care, behavioral health symptoms to watch for and report, assistance in responding to any behavioral health symptoms the child may exhibit, and identification of a contact within the behavioral health provider network.
- F. Provide the DCS Case Manager and DDD Support Coordinator with 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.
- G. If the child is placed with temporary caregivers, services should support the child's stability by addressing the child's behavioral health needs, identifying any risk factors for placement disruption, and anticipating crisis that might develop. Behavioral health services must proactively plan for transitions in the child's life. Transitions may include changes in placement, educational setting, and/or reaching the age of majority.