

541 COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIES

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. §§ 15-761 et seq, A.R.S. § 15-1181

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

The AdSS is required to develop and maintain collaborative relationships with other government entities that deliver services to members and their families, ensure access to services, and coordinate care with consistent quality.

Appropriate authorizations to release information must be obtained prior to releasing information.

Definitions

- A. Adult Recovery Team (ART) - 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's guardian/designated representative (if applicable), 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, 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.
- B. Child and Family Team (CFT) - A defined group of individuals that includes, at a minimum, the child and his or her family, 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, 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.
- C. Rapid Response - A process in which, 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.

- D. Service Plan (Behavioral Health) - 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.
- E. State Placing Agency - The Department of Juvenile Corrections, Department of Economic Security, Department of Child Safety, the Arizona Health Care Cost Containment System or the Administrative Office of the Court. (A.R.S. §15-1181(12)).
- F. Team Decision Making (TDM) - When 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

The AdSS must develop policies, protocols, and procedures that describe how member care will be coordinated and managed with other governmental entities. The AdSS is responsible for ensuring collaboration with government agencies, including but not limited to involvement in the member's Planning Team.

The AdSS must ensure that all required protocols and agreements with state agencies are delineated in provider manuals. AdSS must develop mechanisms and processes to identify barriers to timely services for members served by other governmental entities and work collaboratively to remove barriers to care and to resolve any quality of care concerns.

A. Arizona Department of Child Safety (DCS)

AdSS is required to work in collaboration with DCS as outlined below:

- 1. General Requirements:
 - a. Coordinate development of the Service Plan with the DCS case plan to avoid redundancies and/or inconsistencies;
 - b. 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;
 - c. Ensure a behavioral health assessment is performed and identify behavioral health needs of the child, the child's parents, and family and provide necessary behavioral health services, including support services to caregivers;
 - d. As appropriate, engage the child's parents, family, caregivers, and DCS Specialist in the behavioral health assessment and Service Planning process as members of the CFT;

- e. Attend team meetings such as Team Decision Making (TDM) providing input about the child and family's behavioral health needs. When it is possible, TDM and CFT meetings should be combined;
 - f. Coordinate necessary services to stabilize in-home and out-of-home placements provided by DCS;
 - g. Coordinate provision of behavioral health services in support of family reunification and/or other permanency plans identified by DCS;
 - h. Coordinate activities and service delivery that supports the child and family Plans and facilitates adherence to established timeframes (see AdSS Operations Manual Policy 417 and AHCCCS Behavioral Health System Practice Tools: Transition to Adulthood, Unique Behavioral Health Services for Needs of Children, Youth and Families involved with DCS, and Child and Family Team; and
 - i. Coordinate activities including coordination with the adult service providers rendering services to adult family members.
2. Rapid Response Process:

The AdSS must consider the removal of a child from home to the protective custody of the DCS 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 Rapid Response process is to help identify the immediate behavioral health needs of children and address the trauma of the removal itself.

- a. In all cases where DCS notifies the AdSS of physical removal of the child, the AdSS must implement the Rapid 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.
 - i. If notification is received after 72 hours of removal, the AdSS, in collaboration with the DCS Specialist, must initiate a Rapid Response. The child may also be scheduled for an initial behavioral health assessment, depending on the specific circumstances surrounding the referral. If the DCS Specialist has initiated behavioral health services, the AdSS may authorize continued services with the behavioral health provider that has established a treatment relationship with the child; and
 - ii. The AdSS must assist DCS in identifying members already receiving behavioral health services.

- b. The AdSS must 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, etc.;
 - ii. Conducting 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;
 - iii. Stabilization of behavioral health crises and offering of immediate services. The AdSS must require its Rapid Response providers to distribute the most recent Foster and Kinship Care Resources Packet to the placement during the Rapid Response visit. The Resource Packet is available on the AHCCCS website:
<https://www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster>;
 - iv. 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;
 - v. 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 contacts within the behavioral health system;
 - vi. Providing the DCS Specialist 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; and

1. The AdSS are required to work in collaboration with the ADE and assist with resources and referral linkages for children with behavioral health needs. For children eligible for the Division, AHCCCS has delegated to the Division its authority as a State Placing Agency under A.R.S. § 15-1181 for children receiving special education services pursuant to A.R.S. § 15-761 et seq. This includes the authority to place a student at a Behavioral Health Inpatient Facility that provides care, safety, and treatment.
2. The AdSS must 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 legal guardian. Refer to Division Medical Manual Policy 550;
 - b. For children who receive special education services, include information and recommendations contained in the Individualized Education Program (IEP) during the ongoing assessment and service planning process (see Division Medical Manual Policy 300). The AdSS must invite the Behavioral health providers to IEP meetings to partner in the implementation of behavioral health interventions;
 - c. For children in the custody of DCS, the behavior health provider must communicate and involve the DCS Specialist with the development of the IEP;
 - d. Invite teachers and other school staff to participate in the CFT if agreed to by the child and legal guardian;
 - e. Understand the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA) of 2004;
 - f. Support accommodations for students with disabilities who qualify under Section 504 of the Rehabilitation Act of 1973; and.
 - g. Ensure that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

D. Courts and Corrections

1. AdSS must 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. AdSS must collaborate with courts or correctional agencies to coordinate member care as outlined in AHCCCS AMPM Policy 1020 and as follows:
 - 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 the member's/guardian's/designated representatives' approval;
 - 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 and arranges and coordinates enrolled member care upon the member's release.