

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

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

PURPOSE

This policy applies to the Division of Developmental Disabilities (Division) 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 the Department of Child Safety (DCS), as specified throughout this policy, and to adopted children in accordance with A.R.S. § 8-512.01.

Further, this policy outlines Division requirements for oversight and monitoring of duties delegated to the Division's Administrative Services Subcontractors (AdSS) as specified in contract and AdSS Policy 449.

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, independent living program or group foster home.

POLICY

The Division delegates the responsibility to AdSS for the implementation of behavioral health services in alignment with this policy, and whose contract includes this requirement. The Division remains responsible for support coordination and oversight of the AdSS.

A. GENERAL REQUIREMENTS

1. The Division shall monitor timely provision of all behavioral health services for members enrolled with the AdSS.
2. The Division shall ensure the AdSS 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 DCS, and adopted children, the Division shall:
 - a. Ensure services delivered through the AdSS are provided

as specified in AdSS Operations Policy 417, and

- b. Ensure the AdSS have 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

The Division shall monitor the AdSS to ensure compliance with the following:

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. A 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 required 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. The AdSS shall submit all Behavior Health Residential Facility (BHRF) denials to the Division's Utilization Management Unit for a second-level review by the Division 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 CFT. For additional requirements regarding discharge planning refer to Division 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

The Division shall ensure AdSS compliance with the following:

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. The member may continue to receive services from the non-contracted provider regardless of the availability of an in-network provider.

D. EDUCATION

The Division shall ensure AdSS compliance with the following:

1. The AdSS are responsible for providing education to providers, primary care physicians, members, families, CFT members, 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. AHCCCS reserves the right to verify education programs when performing a review of the Division's oversight of the AdSS.

E. REQUIREMENTS FOR CHILDREN IN THE CUSTODY OF DCS

In addition to the requirements above, the Division shall ensure the AdSS meet the requirements included in this section:

1. Telephone Line:
 - a. 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 are 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 and/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. 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 or 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 Division shall require the AdSS Children Services Liaison contact information is:
 - i. Provided to AHCCCS 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 Division shall conduct ongoing monitoring of the AdSS through a review of the following reporting to ensure compliance with this policy:
 - a. Review the AdSS' Access to Services Report using ACOM 449 Attachment A.
 - b. Monitor the number of calls and emails received by the

AdSS' Children Services Liaison and the after-hours line related to children residing with an Out-Of-Home Caregiver or children in out-of-home dependency with DCS specific to this policy and submit the information to AHCCCS as specified in Contract.

- c. Monitor the AdSS' rapid response reconciliation reporting all Integrated Rapid Response (IRR) information for children in DCS custody and report the information to AHCCCS as specified in Contract.
 - i. The Division shall ensure the AdSS perform a reconciliation of members placed in DCS custody in contrast to those who have received an IRR assessment.
 - ii. The Division shall require the AdSS to have a process in place to ensure all identified members in DCS custody receive an IRR assessment.
 - iii. The Division shall require the AdSS to have a process in place to ensure the assigned service providers for any identified members in DCS custody who are already receiving or otherwise engaged in behavioral

health services conduct an IRR assessment.

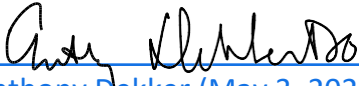
2. The Division shall submit the Behavioral Health Utilization and Timeframe Deliverable for Members in Custody of DCS to AHCCCS, as specified in Contract, along with a cover letter that includes a narrative that specifically addresses successes and barriers associated with behavioral health service delivery to members in custody of DCS.
 - a. The Division shall submit the data required in ACOM 449 Attachment C and provide a narrative analysis of the data within the cover letter, including efforts made to mitigate and resolve any issues, as well as activities for reunification services, communication, and community involvement.
 - b. The Division shall report each time that a Member residing with an Out-Of-Home Caregiver did not receive medically necessary services within 21 days, as outlined in ACOM Policy 417.

G. DIVISION OVERSIGHT AND MONITORING OF AdSS

1. The Division shall provide oversight and monitoring of

compliance by the AdSS serving Members enrolled in a Division subcontracted health plan with respect to any contractual delegation of duties specific to this policy and as specified in AdSS Operations Policy 449 using one or more of the following methods:

- a. Complete annual operational reviews of compliance.
- b. Review of deliverable reports and other data as required.
- c. Conduct oversight meetings with each AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns.
- d. Review of data submitted by the AdSS demonstrating ongoing compliance monitoring of their network and provider agencies.

Signature of Chief Medical Officer: 
[Anthony Dekker \(May 3, 2024 16:00 PDT\)](#)
Anthony Dekker, D.O.