

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

9
10 **PURPOSE**

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

19 Further, this policy outlines Division requirements for oversight and
20 monitoring of duties delegated to the Division's Administrative Services
21 Subcontractors (AdSS) as specified in contract and AdSS Policy 449.
22 Policy describes delineates the Division's roles and responsibilities with
23 respect to oversight and monitoring of the Administrative Services

24 ~~Subcontractors' (AdSS) delegated duties of this policy as described in AdSS~~
25 ~~Policy 449 and the Division's role with respect to support coordination.~~

26 **DEFINITIONS**

- 27 1. "Adoptive Parent" means any adult who is a resident of Arizona,
28 whether married, unmarried, divorced or legally separated, who has
29 adopted a child. For purposes of this policy, the adoptive parent is that
30 of a child who is eligible under Title XIX of the Social Security Act.
- 31 2. "Arizona Department of Child Safety" means the department
32 established pursuant to A.R.S. § 8-451 to protect children and to
33 perform the following:
- 34 a. Investigate reports of abuse and neglect.
 - 35 b. Assess, promote, and support the safety of a child in a safe and
36 stable family or other appropriate placement in response to
37 allegations of abuse or neglect.
 - 38 c. Work cooperatively with law enforcement regarding reports that
39 include criminal conduct allegations.
 - 40 d. Without compromising child safety, coordinate services to achieve
41 and maintain permanency on behalf of the child, strengthen the
42 family and provide prevention, intervention, and treatment
43 services pursuant to this chapter.

44 3. “Behavioral Health Out-of-Home Treatment” means highly
45 individualized treatment services and support interventions to meet
46 the needs of each child and their family. When community-based
47 services are not effective in maintaining the child in their home
48 setting, or safety concerns become critical, the use of out-of-home
49 treatment services can provide essential behavioral health
50 interventions to stabilize the situation. The primary goal of out-of-
51 home treatment intervention is to prepare the child and family for the
52 child’s safe return to their home and community settings.

53 3.4. “Crisis” means an acute, unanticipated, or potentially dangerous
54 behavioral health condition, episode or behavior.

55 5. “Crisis Services” means services that are community based, recovery-
56 oriented, and member focused that work to stabilize members as
57 quickly as possible to assist them in returning to their baseline of
58 functioning.

59 6. “Integrated Rapid Response” means a process that occurs when a child
60 enters into DCS custody. When this occurs, a behavioral health service
61 provider is referred and then dispatched within 72 hours to assess a
62 child’s immediate physical and behavioral health needs and to refer

63 [the child for additional assessment through the behavioral health](#)
64 [system.](#)

65 4.7. “Member” means, for purposes of this policy, ~~includes~~ children residing
66 with out-of-home caregivers, children in out-of-home dependency with
67 DCS, and adopted children.

68 5.8. “Out-of-Home Caregiver” means, for purposes of this policy, ~~is where~~
69 ~~the setting in which~~ a child in DCS custody resides, ~~for example, (i.e.,~~
70 kinship care, foster care, a shelter care provider, a receiving home,
71 independent living program or group foster home).

72 ~~“Rapid Response” means a process that occurs when a child enters~~
73 ~~into DCS custody. When this occurs, a behavioral health service~~
74 ~~provider is referred and then dispatched within 72 hours to assess a~~
75 ~~child’s immediate behavioral health needs and to refer the child for~~
76 ~~additional assessments through the behavioral health system.~~

77 **POLICY**

78 The Division delegates the responsibility to AdSS for the implementation of
79 behavioral health services in alignment with this policy, and whose contract
80 includes this requirement. The Division remains responsible for support
81 coordination and oversight of the AdSS. ~~(Refer to AdSS Operations Policy~~

82 ~~449 for AdSS responsibilities.) The Division shall ensure timely provision of~~
83 ~~all behavioral health services for members enrolled with the AdSS. The~~
84 ~~Division shall ensure the AdSS provide coordinated care between the out-of-~~
85 ~~home caregiver or adoptive parent(s), all providers, and DCS, as~~
86 ~~appropriate.~~

87 **A. GENERAL REQUIREMENTS**

88 1. The Division shall monitor timely provision of all behavioral
89 health services for members enrolled with the AdSS.

90 2. The Division shall ensure the AdSS provide coordinated care
91 between the out-of-home caregiver or adoptive parent(s), all
92 providers, and DCS, as appropriate.

93 3. To meet the needs of members residing with an out-of-home
94 caregiver, children in out-of-home dependency with DCS, and
95 adopted children, the Division shall:

96 a. Ensure services delivered through the AdSS are provided
97 as specified in AdSS Operations Policy 417, and

98 b. Ensure the AdSS have availability of a telephone line with
99 designated staff adequately trained on the provisions of
100 this policy and the procedures in place to address calls.

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

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

104 1. The AdSS shall issue a determination for a request to place a
105 member in ~~a~~ After a request is made to place a member in
106 Behavioral Health Out-Of-Home Treatment is determined, the
107 AdSS shall issue a determination as to that request no later
108 than 72 hours after the request is received.

109 2. A The Determinations for requests for Behavioral Health Out-of-
110 Home Treatment shall be expedited in less than 72 hours of
111 receiving the request, if warranted by the Member's health
112 condition due to the Member displaying dangerous or
113 threatening behaviors directed towards themselves or others.

114 These settings include Behavioral Health Facilities as specified in
115 A.A.C. R9-10-101. ~~or as expeditiously as the member's health~~
116 ~~condition warrants due to the member displaying dangerous or~~
117 ~~threatening behaviors directed towards themselves or others.~~

118 ~~These settings include, but are not limited to, Behavioral Health~~
119 ~~Facilities as specified in A.A.C R9-10-101.~~

120 3. If ~~the AdSS determine~~ there is insufficient information to make a

- 121 determination, the AdSS shall document all substantive efforts to
122 obtain required information within the 72-hour timeframe.
- 123 4. If the request for Behavioral Health Out-Of-Home treatment is
124 denied, the AdSS shall ensure medically necessary alternative
125 services are communicated to the Child and Family Team (CFT)
126 and provided to the Member in the timeline specified in
127 AdSS Division Operations Policy 417 provided.
- 128 5. The AdSS shall submit all Behavior Health Residential Facility
129 (BHRF) denials by the AdSS shall be sent to the Division's
130 Utilization Management Unit for a second-level review by the
131 Division Behavioral Health Medical Director or designee.
- 132 6. The Division Behavioral Health Medical Director shall conduct a
133 second-level review of all BHRF denials by the AdSS and may
134 approve or overturn the denial from the AdSS.
- 135 7. If athe member is hospitalized due to threatening behaviors
136 prior to a determination on the request for Behavioral Health
137 Out-of-Home Treatment, the AdSS shall coordinate with the
138 hospital, Support Coordinator and Child and Family Team (CFT)
139 to ensure an appropriate and safe discharge plan. The discharge

140 plan shall include recommended follow-up services, including
141 recommendations made by the CFT. For additional requirements
142 regarding discharge planning refer to [Division Medical](#)
143 [Policy](#) [AMPM](#) 1020.

144 8. The AdSS shall collaborate with DCS and the Support
145 Coordinator to ensure an appropriate alternative for the member
146 to be discharged when:

- 147 a. It is unsafe for the member to return to the out-of-home
148 caregiver or adoptive parent(s), ~~and/or~~
149 b. It is unsafe for the out-of-home caregiver or adoptive
150 parent(s) for the member to return.

151 9. The AdSS shall issue a Notice of Adverse Benefit Determination,
152 ~~(NOA)~~ as specified in AdSS Operations Policy 414, for any
153 adverse action related to the ~~request for any adverse action~~
154 ~~related to the~~ request for Behavioral Health Out-of-Home
155 Treatment.

156 10. The AdSS ~~are~~ responsible for reimbursement to the inpatient
157 psychiatric hospital for all medically necessary care, including
158 days where inpatient criteria ~~was~~ not met but there was not

159 a safe discharge plan in effect to meet the needs and safety of
160 the member and the out-of-home caregiver or adoptive parents.
161 In these cases, the AdSS [areis](#) responsible for payment
162 regardless of principal diagnosis on the claim and may negotiate
163 with the hospital for an appropriate rate.

164 C. BEHAVIORAL HEALTH APPOINTMENT STANDARD

165 The Division shall ensure AdSS compliance with the following:

- 166 1. Upon notification from an out-of-home caregiver or adoptive
167 parent that a ~~recommended~~ behavioral health service is not
168 provided to a member, ~~(as specified in AdSS Operations Policy~~
169 ~~417)~~, the AdSS shall:
 - 170 a. Notify the [individual caller](#) of the requirement to also report
171 the failure to receive the ~~approved~~ behavioral health
172 services to the [AHCCCS Clinical Resolution Unit](#); ~~at 602-~~
173 ~~364-4558 or 1-800-867-5808, or by email at~~
174 ~~DCS@azahcccs.gov. Health Plan Customer Service (Mercy~~
175 ~~Care 800-624-3879 and United Healthcare 800-348-~~
176 ~~4058), as applicable;~~
 - 177 b. Notify the [individual caller](#) that the member may receive
178 services directly from any AHCCCS-registered provider,

- 179 regardless of whether the provider is contracted with the
180 AdSS;
- 181 c. Obtain the name and contact information of the identified
182 non-contracted provider of service, if applicable, to verify
183 their AHCCCS registration; and
- 184 d. Obtain information needed to determine medical necessity
185 of requested services not received.
- 186 2. For services provided by a non-contracted provider, the AdSS
187 shall:
- 188 a. Not deny claims submitted based solely on the billing
189 provider being out of network; ~~and~~
- 190 b. Reimburse clean claims at the lesser of 130 percent% of
191 the AHCCCS fee-for-service rate or the provider's standard
192 rate, and as specified in AdSS Operations Policy 203; ~~and~~
- 193 c. The member may continue to receive services from the
194 non-contracted provider regardless of the availability of an
195 in-network provider.

196 **D. EDUCATION**

197 The Division shall ensure AdSS compliance with the following:

- 198 1. The AdSS ~~are~~ responsible for providing education to providers,
199 primary care physicians, members, families, CFT members, and
200 other parties involved with the member's care ~~on~~ an ongoing
201 basis ~~including: This includes but is not limited to the following~~
202 ~~areas:~~
- 203 a. Rights and responsibilities as delineated in A.R.S. § 8-
204 512.01,
 - 205 b. Trauma-informed care,
 - 206 c. Navigating the behavioral health system,
 - 207 d. Coordination of care as specified in this policy,
 - 208 e. Covered services,
 - 209 f. Referral process including Arizona Families First (Family in
210 Recovery Succeeding Together; ~~AFF~~),
 - 211 g. The role of the AdSS,
 - 212 h. The role of DCS as applicable, and
 - 213 i. Additional trainings identified by the Member Advisory
214 Council or obtained via stakeholder input.
- 215 2. The AdSS shall provide training and education to primary care
216 providers regarding the behavioral health referral process.
- 217 3. All ~~AdSS~~ member information shall meet the requirements of

218 AdSS Operations Policy 404.

219 4. The Division reserves the right to verify education programs
220 when performing oversight of the AdSS. AHCCCS reserves the
221 right to verify education programs when performing a review of
222 the Division's oversight of the AdSS.

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

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

226 1. Telephone Line:

227 a. ~~A~~Ensure the availability of a telephone line with designated
228 staff, ~~that is~~ responsible for handling incoming calls after
229 business hours related to delivery of services, including
230 failure of an assessment team to respond within two
231 hours~~;~~ and

232 b. Designated staff ~~are~~shall be adequately trained on the
233 provisions of this Policy and the procedures in place to
234 address calls prior to actively answering calls. There shall
235 be processes in place for staff to:

236 i. Address barriers to care,

- 237 ii. Directly contact the crisis services vendor and/or
238 provider,
239 iii. Track and report calls as specified throughout Policy,
240 and
241 iv. Report the above information to the Children
242 Services Liaison.

243 2. Continuity of Services:

- 244 a. ~~CThe AdSS is responsible for~~ continuation and coordination
245 of services the member is currently receiving.
246 b. If the member moves into a different county because of
247 the location of the out-of-home caregiver, the AdSS
248 shall ~~must~~ allow the member to continue any current
249 ~~servicestreatment~~ in the previous county ~~and~~/or seek any
250 new or additional ~~servicestreatment~~ in the current county
251 of residence regardless of the AdSS provider network or
252 county of removal.

253 3. Children Services Liaison:

- 254 a. The AdSS shall designate an individual whose role is to
255 serve as the member's single point of contact for accepting

- 256 and responding to:
- 257 i. Inquiries from the out-of-home caregiver, adoptive
- 258 parent, or providers;
- 259 ii. Issues and concerns related to the delivery of and
- 260 access to behavioral health services for members;
- 261 iii. Collaborate with the out-of-home caregiver and
- 262 adoptive parents to address barriers to services,
- 263 including nonresponsive crisis providers; and
- 264 iv. Resolve concerns received in accordance with
- 265 grievance system requirements.
- 266 b. The Children Services Liaison shall:
- 267 i. Provide the number for Crisis Services and [the](#) after-
- 268 hours telephone line in [their](#) outgoing voicemail
- 269 message and email;
- 270 ii. Provide an expected timeframe for return calls in
- 271 [their](#) outgoing voicemail message and email;
- 272 iii. Respond to all inquiries as indicated by need or
- 273 safety but no later than one business day; and
- 274 iv. Follow up on all calls received by the after-hours
- 275 telephone line.

- 276 c. The Division shall ~~require~~ensure the AdSS Children
277 Services Liaison contact information is:
- 278 i. Provided to AHCCCS and DCS for distribution,
279 ii. Prominently placed on the member page of the
280 AdSS' website, and
281 iii. Included in the Member Handbook.
- 282 d. The AdSS shall ensure ~~calls~~grievances~~calls~~ received by the
283 Children Services Liaison that meet the definition of a
284 grievance ~~that meets the definition of a grievance~~ are
285 reported in accordance with the grievance system
286 reporting requirements as ~~specified~~outlined in Contract.

287 **F. TRACKING AND REPORTING**

- 288 1. The Division shall conduct ongoing ~~monitoring~~oversight of the
289 AdSS through a review of the following reporting to ensure
290 compliance with this policy:
- 291 a. Review the AdSS' Monitor, as specified in the AHCCCS
292 Contract, an Access to Services Report using ACOM 449
293 Attachment A ~~to ACOM 449~~.
- 294 b. Monitor eview~~Monitor and submit, as specified in the~~
295 AHCCCS Contract, the number of calls and emails received

- 296 by the AdSS' Children Services Liaisons and the after-
297 hours line related to children residing with an Out-Of-
298 Home Caregiver or children in out-of-home dependency
299 with DCS specific to this policy and submit the information
300 to AHCCCS as specified in Contract. ~~(Attachment B to~~
301 ~~ACOM 449), and~~
- 302 c. Monitor ~~the and submit, as specified in the AHCCCS~~
303 ~~Contract, an AdSS'~~ rapid response reconciliation reporting
304 all Integrated Rapid Response (IRR) information for
305 children in DCS custody and report the information to
306 AHCCCS as specified in Contract. ~~(Attachment B).~~
- 307 i. The Division shall ensure the AdSS perform a
308 reconciliation of members placed in DCS custody in
309 contrast to those who have received an IRR Rapid
310 Response service ~~assessment.~~
- 311 ii. The Division shall require the AdSS to have a process
312 in place to ensure all ~~For any~~ identified members in
313 DCS custody ~~who have not~~ received an IRR Rapid
314 Response assessment. ~~been engaged in behavioral~~
315 ~~health services, the AdSS shall ensure an IRR Rapid~~

- 316 Response assessment service is completed delivered.
- 317 iii. The Division shall require the AdSS to have a process
- 318 in place to ensure the assigned service providers for
- 319 for any identified members in DCS custody who
- 320 are already receiving or otherwise are engaged in
- 321 behavioral health services, that the AdSS have a
- 322 process in place to shall ensure the an assigned
- 323 service provider contacts the member and caregiver
- 324 to conducts an an IRR Rapid Response assessment,
- 325 and, of the current status.
- 326 2. The Division shall monitor and submit the Behavioral Health
- 327 Utilization and Timeframe Deliverable for Members in the
- 328 Custody of DCS to AHCCCS, as specified in AHCCCS Contract,
- 329 along with The Division shall submit a cover letter that includes a
- 330 narrative that specifically addresses successes and barriers
- 331 associated with behavioral health service delivery to members in
- 332 custody of DCS.
- 333 a. The Division shall submit the data required in Attachment
- 334 C to ACOM 449 Attachment C and provide a narrative
- 335 analysis of the data within the their cover letter, including.

336 Included within the narrative should be the efforts made
337 to mitigate and resolve any issues, as well as activities for
338 reunification services, communication, and community
339 involvement.

340 a-b. The Division shall report each time that a Member residing
341 with an Out-Of-Home Caregiver did not receive medically
342 necessary services within 21 days, as outlined in ACOM
343 Policy 417.

344 **G. DIVISION OVERSIGHT AND MONITORING OF AdSS**

345 1. The Division shall provide oversight and monitoring of
346 compliance by the AdSS serving Members enrolled in a
347 DivisionDDD subcontracted health plan with respect to any
348 contractual delegation of duties specific to this policy and as
349 specified in AdSS Operations Policy 449 using one or more of the
350 following methods: useconduct oversight activities including, but
351 not limited to the following methods to ensure compliance with
352 this policy; and policies referenced within this policy:

353 a. Complete annual operational reviews of compliance.

354 b. Review of deliverable reports and other data as required.

355 c. Conduct oversight meetings with each AdSS for the

- 356 [purpose of reviewing compliance and addressing any](#)
357 [access to care concerns or other quality of care concerns.](#)
- 358 [d. Review of data submitted by the AdSS demonstrating](#)
359 [ongoing compliance monitoring of their network and](#)
360 [provider agencies.](#)
- 361 ~~1. Complete Annual Operational Reviews of compliance of~~
362 ~~related standards, including but not limited to:~~
- 363 ~~a. The AdSS has policies and procedures in place and~~
364 ~~demonstrates compliance with them to ensure members in~~
365 ~~foster care receive behavioral health services in alignment~~
366 ~~with this policy and AdSS 417.~~
- 367 ~~b. The AdSS demonstrates compliance with the initiation and~~
368 ~~coordination of a referral when a behavioral health need~~
369 ~~has been identified and follows up to determine if the~~
370 ~~member received behavioral health services.~~
- 371 ~~c. The AdSS provides evidence of training and education~~
372 ~~provided to primary care providers regarding the~~
373 ~~behavioral health referral process.~~
- 374 ~~d. The AdSS monitors for evidence in the medical record and the~~

- 375 ~~member's individual service plan that medically necessary~~
376 ~~services were determined by a qualified behavioral health~~
377 ~~professional.~~
- 378 ~~2. Receive and rReview deliverable reports or other data as~~
379 ~~requiredreceived from the AdSS to ensure compliance and~~
380 ~~address service gaps or non-compliance.~~
- 381 ~~3. Submit collated data received from the AdSS and submit reports~~
382 ~~as required by contract to AHCCCS.~~
- 383 ~~4. Conduct a cadence of oversight meetings with each AdSS for the~~
384 ~~purpose of reviewing compliance and addressing concerns with~~
385 ~~access to care or other quality of care concerns.~~
- 386 ~~54. Review data submitted by the AdSS demonstrating ongoing~~
387 ~~compliance monitoring of their network and provider~~
388 ~~agencies. Ongoing monitoring and evidence of compliance~~
389 ~~through Behavioral Health Chart Audits.~~

390
391 Signature of Chief Medical Officer: