586 CHILDREN'S OUT-OF-HOME SERVICES

EFFECTIVE DATE: October 9, 2024
REFERENCES: A.A.C. R9-10-101; AMPM Policy 586

PURPOSE

This policy applies to the Division of Developmental Disabilities (Division) and operationalizes the use of Child and Family Team (CFT) Practice in Behavioral Health Inpatient Facilities (BHIFs), Behavioral Health Residential Facilities (BHRFs), and Therapeutic Foster Care (TFC) provider settings to ensure that children, youth, and family receive treatment interventions that are consistent with the Arizona Vision and the 12 Principles for Children's Service Delivery. This policy is an optional resource for the Division's Tribal Health Program and is not a requirement for fee-for-service providers.

Further, this policy sets forth the responsibilities of the Division's oversight and monitoring of its Administrative Services Subcontractors' (AdSS) administration of delegated duties specific to this policy, the AdSS contract, and AdSS Medical Policy 586.

DEFINITIONS

1. "Behavioral Health Inpatient Facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual

to:

a. Have a limited or reduced ability to meet the basic physical needs;

b. Suffer harm that significantly impairs the judgment, reason, behavior, or capacity to recognize reality;

c. Be a danger to self;

d. Be a danger to others;

e. Be persistently or acutely disabled; or

f. Be gravely disabled.

2. "Behavioral Health Residential Facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that limits the individual's ability to be independent or causes the individual to require treatment to maintain or enhance independence.

3. "Child And Family Team" means a group of individuals that includes, at a minimum, the child and their family, a behavioral health representative, and any individuals important in the child's life who are identified and invited to participate by the child and family. 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 Service Plan, and can expand and contract as necessary to be successful on behalf of the child.

4. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
5. "Service Plan" means a written description of covered health services and other supports which may include individual goals, family support services, care coordination, and plans to help the member better their quality of life.
6. "Therapeutic Foster Care" means a family-based treatment option for children with serious behavioral or emotional needs who can be served in the community with intensive support.

POLICY

A. DIVISION RESPONSIBILITIES

1. Pursuant to a contractional delegation of duties, the Division shall require the Administrative Services Subcontractors (AdSS) to have policy and procedures in place to ensure the following policy requirements are met:
   a. Prior authorization and utilization review processes evaluate the needs and goals identified by the Child and Family Team (CFT).

b. Prior authorization and utilization reviews function as a supportive resource to the CFT and provides recommendations of alternative services, congruent with the current needs, to the CFT when out-of-home treatment is denied.

c. All children and youth placed in out-of-home treatment are served by a CFT.

d. Risks and benefits are explored in all discussions about the utilization of out-of-home treatment as an intervention.

e. Out-of-home service providers provide care consistent with the Arizona Vision and the 12 Principles.

f. The out-of-home service provider joins the CFT team, attends CFT meetings, and works collaboratively with CFT members to address the needs of the child and family.

g. The CFT shares information with the out-of-home service provider regarding services, activities, and treatment interventions that have worked in the past for the child and family, as well as information about treatment interventions which were not successful.

h. The out-of-home service provider's treatment plan aligns with the strengths, needs, and goals identified in the CFT

Service Plan.

i. Meetings are scheduled at times and places that are convenient for the family.

j. Out-of-home service providers encourage and support the child and family to be active partners involved in all aspects of the child's out-of-home treatment, including setting and prioritizing of treatment goals, review of ongoing care, and discharge planning.

k. Family support or other supportive services are provided to help the family gain skills needed for the child to return home.

l. Out-of-home service providers collaborate with community providers to ensure the child does not experience any disruption in care while transitioning into and out of residential treatment services.

m. Discharge planning begins upon admission to the out-of-home setting.

n. Discharge planning includes providing the family with the resources and skills necessary for the child's safe return to the home.

o. Out-of-home service providers' workforce is well-educated

about the behavioral health system of care approach outlined in Division Medical Policy 580, CFT practice, and service planning expectations.

p. Out-of-home service providers have policies and procedures for collaborating with outpatient providers, child welfare, education, law enforcement, primary care providers, and any other child-serving system partners who are involved with the child and family.

q. A strength-based and culturally competent approach is used in all aspects of the out-of-home treatment.

r. Programming and treatment interventions within out-of-home settings are highly individualized in addressing each child and family's specific needs.

s. Transition back to the home is well-coordinated between the out-of-home service providers and community behavioral health providers, to the extent that it is possible for the outpatient providers and out-of-home service providers to keep therapeutic relationships intact.

t. As determined by the CFT, intensive home and community-based supports are provided when a child returns home to provide stabilization and monitor progress

toward Service Plan goals.

u. Out-of-home service providers are well-trained as documented by education, experience, training, and certification/licensure.

v. Clinical supervision is provided as required by licensure, as outlined in A.A.C. Title 9 Chapter 10.

w. Out-of-home service providers work collaboratively with the CFT to identify and address the changing needs of the child and family while the child is receiving out-of-home treatment.

x. Assessments, Service Plans, safety plans, and discharge plans are updated to reflect any changing needs.

y. Out-of-home service providers' policies and procedures, and staff development are aligned to minimize coercive and/or law enforcement intervention, and effective safety plans include de-escalation techniques to reduce the need for law enforcement involvement

z. Out-of-home treatment supports the ability of the child to sustain existing, positive relationships with family, friends, teachers, neighbors, and members of the faith-based community.

aa. When possible, continued participation is arranged for activities that the child was involved in prior to receiving out-of-home treatment to allow the child to practice the skills they are learning in treatment.

bb. Out-of-home service providers and outpatient providers work collaboratively to ensure additional support and detailed transition planning for youth simultaneously transitioning from out-of-home treatment into the adult system of care.

B. TRAINING AND SUPERVISION EXPECTATIONS

1. The Division shall notify the AdSS whenever this policy is updated or revised.
2. The Division shall require the AdSS to establish a process to ensure the following training requirements are met:
   a. Behavioral health provider and out-of-home service provider agency staff working with children and youth understand the expectations outlined in this Policy.
   b. The AdSS' subcontracted network of outpatient providers, BHIF, BHRF, and TFC agencies are notified when this policy is updated or revised, and agency staff retrained as necessary.

c. Supervision regarding implementation of this Policy is incorporated into other supervision processes that the AdSS and their subcontracted providers have in place for direct care staff.

d. All agencies providing out-of-home treatment services to children have a process to ensure that all required training is completed and documented, as applicable, and required by their license.

C. DIVISION OVERSIGHT AND MONITORING OF AdSS

The Division shall provide oversight and monitoring of compliance by the Administrative Services Subcontractors 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 Medical Policy 586 using a combination of the following methods:

a. Complete annual operational reviews of compliance;

b. Review of deliverable reports and other data as applicable;

c. Review of applicable policies and procedures;

d. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing any systemic access to care concerns or other quality of care concerns; and

e. Review Behavioral Health Clinical Chart Audit results.

D. SUPPLEMENTAL INFORMATION

The Arizona Vision and the 12 Principles for Children's Service Delivery clearly articulate core values guiding services to be provided in the most appropriate, integrated setting responsive to the child's needs. If community-based services are not effective in maintaining the child in home, or safety concerns become critical, the use of out-of-home treatment services provides essential behavioral health interventions to stabilize the child. The primary goal of out-of-home treatment is to prepare the child and family for the child's safe return home. Service programming, therapeutic interventions, and discharge planning shall reflect this goal and target symptoms that have impacted the child's ability to live successfully in the home. Behaviors and symptoms do not need to be fully resolved before a child can successfully transition back home or to a less restrictive community setting.

Signature of Chief Medical Officer: Anthony Dekker (Oct 4, 2024 16:39 PDT)
Anthony Dekker, D.O.