



540 OTHER CARE COORDINATION ISSUES

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OTHER CARE COORDINATION ISSUES

Other care coordination issues which require policies include, but are not limited to:

1. Member problem resolution
2. Members presenting for care outside the Contractor's provider network, and
3. Members with special health care needs.

A. MEMBER PROBLEM RESOLUTION

AHCCCS will provide available and accessible member service representatives to resolve problems in a timely manner for those members not enrolled with a Contractor.

Refer to [Chapter 900](#), Policy 960, and AHCCCS Contracts for managed care member problem resolution.

B. MEMBERS PRESENTING FOR CARE OUTSIDE THE CONTRACTOR'S PROVIDER NETWORK

Contractors must establish procedures for assisting members when they present to a non-contracted provider, including, but not limited to a:

1. Specific Contractor contact person for assistance
2. Telephone number to obtain Contractor information, and
3. Map or addresses of service locations.



C. MEMBERS WITH SPECIAL HEALTH CARE NEEDS

Definition

Members with special health care needs are those members who have serious and chronic physical, developmental or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that generally required by members. A member meeting the following criteria will be considered as having special health care needs if a medical condition:

1. Lasts or is expected to last one year or longer, and
2. Requires ongoing care not generally provided by a primary care provider.

AHCCCS has determined that the following populations meet this definition:

1. Acute Care:
 - a. Members who are recipients of services provided through the Children's Rehabilitative Services program
 - b. Members who are recipients of services provided through the Arizona Department of Health Services/Division of Behavioral Health-contracted Regional Behavioral Health Authorities, and
 - c. Members diagnosed with HIV/AIDS.
2. Arizona Long Term Care System (ALTCS):
 - a. Members enrolled in the ALTCS program who are elderly and/or those with physical disabilities, and
 - b. Members enrolled in the ALTCS program who have developmental disabilities.

Contractors may choose to identify as members with special health care needs any other members who they determine meet the definition. If a Contractor designates additional members or groups of members as meeting the definition, the Contractor shall be required to identify those members and the services they receive for purposes of any State or Federal reporting requirements.



Contractor Requirements

Contractors 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.

The contractor shall share with other entities providing services to that member the results of its identification and assessment of that member's needs.

For members with special health care needs requiring a specialized course of treatment or regular care monitoring, the Contractor 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.

D. COORDINATION OF URGENT RESPONSE FOR CHILDREN INVOLVED WITH CPS

AHCCCS considers the removal of a child from his/her home to the protective custody of Child Protective Services (CPS) to be an urgent behavioral health situation. Any child who has experienced a removal by CPS 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. For members who are eligible for behavioral health services through ADHS, the urgent response process is specified in the ADHS/DBHS Provider Manual Section 3.2 *Appointment Standards and Timeliness of Services*. The purpose of this Policy is to describe the urgent response process for members who are eligible to receive behavioral health services through the CRS Contractor.

In all cases where CPS notifies the CRS Contractor within five days of physical removal of the child, the CRS Contractor must implement the urgent response process within 72 hours from initial contact by CPS, unless the CRS Contractor and CPS 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 CRS Contractor 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. The CRS Contractor must assist CPS in identifying AHCCCS members enrolled for behavioral health services through the CRS Contractor.

The urgent response process shall include:

1. Contact the CPS Specialist to gather relevant information such as the outcome of the CPS 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.

2. 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.
3. Stabilization of behavioral health crises and offering of immediate services;
4. 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.
5. 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.
6. Provide the DES/CPS Case Manager 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.
7. 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.