Foster or Kinship Caregiver Right to Consent to Behavioral Health Services
Frequently Asked Questions

July 11, 2016

Q1: What types of behavioral health services can foster or kinship caregivers to children in the care of the Department of Child Safety (DCS) consent to?

A1: Foster or kinship caregivers can consent to evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services.

Examples of behavioral health services in which foster or kinship **can consent** to include:

- Assessment and service planning
- Counseling and therapy
- Rehabilitation services
- Medical Services
  - Psychiatric evaluation
  - Psychotropic medication
  - Laboratory services
- Support Services
  - Case Management
  - Personal Care Services
  - Family Support
  - Peer Support
  - Respite
  - Sign Language or Oral Interpretive Services
  - Transportation
- Crisis Intervention Services
- Behavioral Health Day Programs

Q2: What behavioral health services require DCS consent?

A2: DCS must consent to inpatient psychiatric acute care services, residential treatment services, therapeutic group homes, and Home Care Training to Home Care Client (HCTC).[i]

Q3: Do foster or kinship caregivers need to seek their own single case agreement for behavioral health services if they are told there is a wait?

A3: No—Foster or kinship caregivers do not need to seek single case agreements. If a foster or kinship caregiver is told there is a wait list, then the foster or kinship caregiver should contact the DCS RBHA single point of contact. Per HB2442[ii], if, after the initial evaluation, the child has not received services with 21 days the foster or kinship parent: "may access services directly from any Arizona Health Care Cost Containment System registered provider regardless of whether the provider is contracted with the Regional Behavioral Health Authority. If the provider is not contracted with the Regional Behavioral Health Authority, the provider must submit the provider's claim to the Regional Behavioral Health Authority and accept the lesser of one hundred thirty percent of the AHCCCS system's negotiated rate or the provider's standard rate."
https://www.azahcccs.gov/Members/Downloads/Resources/DCS_Point_of_Contacts_4_11_16.pdf

Q4: If I have power of attorney for a grandchild in my care, but DCS has custody, can I still consent to services such as a complete psychiatric evaluation?

A4: Power of attorney is null once DCS has legal custody of the child (i.e., in temporary custody, severed parental rights or dependent cases). If the child is placed by DCS with the grandparent, then the grandparent can consent for behavioral health services as described in A1, which includes the ability to consent for a psychiatric evaluation.

Q5: Does DCS have to be kept updated on behavioral health services provided to foster care children?

A5: Yes—as part of the Child and Family Team (CFT), the DCS case worker should have immediate knowledge concerning behavioral health services being provided to foster care for children on his/her caseload. If a DCS case worker is not at a CFT, they should receive an update from the CFT facilitator and/or the caregiver.

A foster or kinship caregiver must immediately, following the notification of emergency services, notify DCS and the caregiver's licensing agency (if applicable) of any mental health crisis of a foster child requiring hospitalization or emergency room treatment. A foster or kinship caregiver must notify DCS and the caregiver's licensing agency (if applicable) within 24 hours of any non-emergency injury, illness, change of medication, or medication error that requires a foster child to be seen by a doctor of medicine, physician assistant, or registered nurse practitioner.

Q6: Can a CFT still meet if the DCS caseworker is not available to attend in person or by phone?

A6: Yes—although it is very important that DCS case workers continue to be involved in the CFT process, foster or kinship caregivers can consent to changes in the service plan through the CFT. Examples of behavioral health services foster or kinship caregivers can consent to are listed in A1.

Q7: Can behavioral health providers provide behavioral health treatment information to a foster or kinship caregiver without a signed "Notice to Provider" by DCS?

A7: No—Foster or kinship caregivers should continue to show the Notice to Provider. The behavioral health provider must provide records and information related to the child's condition and treatment to the foster or kinship caregiver.

Q8: Can foster or kinship caregivers consent to terminate behavioral health treatment?

A8: No—the termination of behavioral health treatment requires DCS consultation and agreement.

Q9: Can foster or kinship caregivers refuse consent for medically recommended behavioral health treatment?

A9: If the foster or kinship caregiver disagrees on the behavioral health treatment being recommended through the CFT, the CFT including the foster or kinship caregiver and DCS caseworker should reconvene and discuss the recommended treatment plan. Only DCS can refuse consent to medically recommended behavioral health treatment.

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[i] ARS 8-272 and ARS 8-273

[ii] ARS 8-512.01