

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

EFFECTIVE DATES: 03/24/16, 10/01/16, 03/15/17, 09/20/17, 10/01/18, 07/03/19, 03/12/20,
10/01/20, 10/01/21, 10/01/23, 08/15/25

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04/08/21, 07/06/23, 06/04/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, and DES DDD (DDD) Contractors with regard to adopted children in accordance with ARS 8-512.01. This Policy also applies to DDD, and DCS CHP (CHP) Contractors with regard to children in the legal custody of the Arizona Department of Child Safety (DCS) in accordance with ARS 8-512.01. The purpose of this Policy is to ensure the timely provision of behavioral health services to children eligible for Title XIX and Title XXI services who are in the legal custody of DCS, as specified throughout this Policy, and to adopted children as specified in ARS 8-512.01.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

For purposes of this Policy, the following terms are defined as:

MEMBER	Children in the legal custody of DCS and adopted children.
OUT-OF-HOME CAREGIVER	Where a child in DCS Custody resides (i.e., kinship care, foster care, a shelter care provider, a receiving home, independent living program, or group foster home).

III. POLICY

The Contractor shall ensure timely provision of all behavioral health services for members in accordance with ARS 8-512.01. The Contractor shall provide coordinated care between the out-of-home caregiver or adoptive parent(s), all providers, and DCS, as appropriate.

A. GENERAL REQUIREMENTS

In order to meet the needs of members, the Contractor shall:

1. Ensure services delivered are provided as specified in ACOM Policy 417.
2. Ensure the 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

1. The Contractor 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. The request shall be expedited in less than 72 hours, if warranted by the member's health condition due to the member displaying dangerous or threatening behaviors directed towards themselves or others. These settings include, but are not limited to, Behavioral Health Facilities as specified in AAC R9-10-101. In the event the Contractor determines there is insufficient information to make a determination, the Contractor shall document all substantive efforts to obtain required information within the 72-hour timeframe. In the event the request for a behavioral out-of-home treatment is denied by the Contractor, the Contractor 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 ACOM Policy 417.
2. If the member is hospitalized due to threatening behaviors prior to a determination on the request for behavioral health out-of-home treatment, the Contractor 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 Child and Family Team (CFT). For additional requirements regarding discharge planning refer to AMPM Policy 1020.
3. The Contractor shall issue a Notice of Adverse Benefit Determination (NOA) as specified in ACOM Policy 414 for any adverse action related to the request for behavioral health out-of-home treatment.
4. The Contractor is 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 parent(s). In these cases, the Contractor is responsible for payment regardless of principal diagnosis on the claim and may negotiate with the hospital for an appropriate rate.

C. CONTRACTOR COORDINATION OF BEHAVIORAL HEALTH APPOINTMENTS

1. Upon notification from an out-of-home caregiver or adoptive parent(s) that a behavioral health service is not provided to a member (as specified in ACOM Policy 417), the Contractor shall:
 - a. Notify the caller of the requirement to also report the failure to receive the behavioral health services to the AHCCCS Clinical Resolution Unit at 602-364-4558 or 1-800-867-5808, or by email at DCS@azahcccs.gov. Contact information is available on the AHCCCS website at: <https://www.azahcccs.gov/foster>.
 - b. Notify the caller that the member may receive services directly from any AHCCCS-registered provider, regardless of whether the provider is contracted with the Contractor,

- 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 the medical necessity of requested services not received.
2. For services provided by a non-contracted provider, the Contractor shall:
 - a. Not deny claims submitted based solely on the billing provider being out of the Contractor's network,
 - b. Reimburse clean claims at the lesser of 130% of the AHCCCS Fee-For-Service (FFS) Rate or the provider's standard rate and as specified in ACOM Policy 203, and
 - c. Ensure that the member may continue to receive services from the non-contracted provider regardless of the availability of an in-network provider.
3. For the continuity of services, the Contractor is responsible for the continuation and coordination of services the member is currently receiving. If the member moves into a different county because of the location of the out-of-home caregiver, the Contractor shall allow the member to continue any current services in the previous county and/or seek any new or additional services in the current county of residence regardless of the Contractor's provider network or county of removal.

D. EDUCATION

The Contractor shall be responsible for providing education to providers, members, families, and other parties involved with the member's care, on an ongoing basis. This includes but is not limited to the following areas:

1. Rights and responsibilities as specified in ARS 8-512.01.
2. Trauma-informed care.
3. Navigating the behavioral health system.
4. Coordination of care as specified in this Policy.
5. Covered services.
6. Referral process including Arizona Families First (Family in Recovery Succeeding Together, AFF).
7. The role of the Contractor.
8. The role of DCS, as applicable.
9. Additional training identified by the Member Advisory Council (Council) or obtained via stakeholder input.

All Contractor member information shall meet the requirements of ACOM Policy 404.

AHCCCS reserves the right to verify education programs when performing operational reviews of the Contractor.

E. DESIGNATED CONTACT PERSON REQUIREMENT OF THE CONTRACTORS

1. Designated Contact Person

The Contractor shall designate an individual whose role is to:

- a. Serve as the designated point of contact for accepting and responding to:
 - i. Inquiries from the out-of-home caregiver, adoptive parent(s), or providers,
 - ii. Issues and concerns related to the delivery of and access to behavioral health services for members, and
 - iii. Collaborate with the out-of-home caregiver or adoptive parent(s) to address barriers to services, including non-responsive crisis providers .
- b. Resolve concerns received in accordance with grievance system requirements,
- c. The Designated Contact Person shall:
 - i. Provide the number for crisis services in their outgoing voicemail message and email,
 - ii. Provide an expected timeframe for return calls in their 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-hour telephone line.
- d. The Contractor shall ensure the Designated Contact Person information is:
 - i. A consistent telephone number and email address that does not change when the individual serving in the role of Designated Contact Person changes,
 - ii. Provided to AHCCCS and DCS for distribution,
 - iii. Prominently placed on the member page of the Contractor's website including a telephone line, and
 - iv. Included in the Contractor's member handbook.

2. Telephone line:

- a. Ensure the availability of a 24-hour telephone line that is answered by the Designated Contact Person during business hours, and is forwarded to an after-hours line with designated staff, that are 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. The designated staff shall be adequately trained in 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, and
 - iii. Track and report calls to AHCCCS as specified in this Policy.

3. The Contractor shall ensure member issues reported to the Contractor related to this Policy that meet the definition of a grievance are reported in accordance with the grievance system reporting requirements as specified in Contract.
4. Tracking and Reporting
The Contractor shall:
 - a. Track each time that an adoptive member or a member in the legal custody of DCS did not receive medically necessary services within 21 days, as specified in this policy,
 - b. Track on a monthly basis: Number of times the Contractor coordinated crisis services, calls and emails received by Designated Contact Person, providers that terminated their contract to provide services at 130% of the AHCCCS FFS Rate, and the number of times services were accessed by a non-contracted AHCCCS registered provider, and
 - c. Submit an Access to Services report for DCS and adopted children using Attachment A as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables.

F. DIVISION OF DEVELOPMENTAL DISABILITIES (DDD) AND CHP CONTRACTOR REQUIREMENTS FOR CHILDREN IN THE LEGAL CUSTODY OF DCS

The Contractor shall submit the Behavioral Health Utilization and Timeframes Deliverable for Members in the Custody of DCS, as specified in Contract Section F, Contractor Chart of Deliverables. The Contractor shall submit 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. The Contractor shall submit the data required in Attachment C and shall provide a narrative analysis of the data within their cover letter. Included within the narrative should be the efforts made to mitigate and resolve any issues, as well as activities for reunification services, communication, and community involvement. The Contractor is required to monitor monthly, and submit utilizing Attachment C as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables, Rapid Response Reconciliation reporting all Integrated Rapid Response (IRR) information for children in the legal custody of DCS. The Contractor shall perform a reconciliation of members placed in the legal custody of DCS in contrast to those who have received an IRR assessment. For any identified members who have not received an IRR assessment, the Contractor shall ensure an IRR assessment is completed. For any identified members in the legal custody of DCS who are already receiving or otherwise are engaged in behavioral health services, the Contractor shall ensure the assigned service provider conducts an IRR assessment.

G. COMPREHENSIVE HEALTH PLAN CONTRACTOR REQUIREMENTS

The Comprehensive Health Plan (CHP) shall adhere to the requirements above in addition to those included in this section.

1. Member Advisory Council (Council):
 - a. The Comprehensive Health Plan (CHP) shall establish a Council to provide input and feedback on policy and programs that address the needs of children residing with an out-of-home caregiver or children in out-of-home dependency with DCS. The purpose of the Council is to promote a collaborative effort to enhance the service delivery system in areas covered under this Policy for members in CHP. The Council shall allow members to provide input and feedback on policy and programs covered in this Policy,
 - b. The Council Membership shall:
 - i. Be chaired by the Contractor's administrator/Chief Executive Officer (CEO) or designee,
 - ii. Include a cross representation of out-of-home caregivers and members, who reflect the population and community served and shall make up at least 50% of the membership,
 - iii. Include advocacy groups, providers, and Adoptive Parent(s),
 - iv. Consist of at least ten council members, and
 - v. Meet at least quarterly.
 - c. The Comprehensive Health Plan (CHP) shall provide council members with orientation and ongoing training that includes sufficient information and ensures understanding of council member responsibilities, and
 - d. The Comprehensive Health Plan (CHP) shall develop goals and objectives to include timelines for implementation of approved action items.