I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, and DDD Contractors with regard to adopted children in accordance with A.R.S. § 8-512.01. This Policy also applies to DDD and RBHA Contractors with regard to children residing with out-of-home caregivers or children in out-of-home dependency with DCS in accordance with A.R.S. § 8-512.01. The purpose of this Policy is to ensure the timely provision of medically necessary behavioral health services to children eligible for Title XIX and Title XXI services who are residing with out-of-home caregivers or children in out-of-home dependency with DCS, as specified throughout this policy, and to adopted children in accordance with A.R.S. § 8-512.01.

II. DEFINITIONS

**ADOPTIVE PARENT(S)**

Any adult(s) who is a resident of Arizona, whether married, unmarried, divorced or legally separated, who has adopted a child who is eligible under Title XIX or Title XXI of the Social Security Act.

**ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)**

DCS was established pursuant to A.R.S. § 8-451 et. Seq. to protect children and perform the following:

1. Investigate reports of abuse and neglect.
2. Assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family, and provide prevention, intervention and treatment services pursuant to this chapter.
### Behavioral Health

#### Out-of-Home Treatment

Highly individualized treatment services and support interventions to meet the needs of each child and his or her family. When community-based services are not effective in maintaining the child in his/her home setting, or safety concerns become critical, the use of out of home treatment services can provide essential behavioral health interventions to stabilize the situation. The primary goal of out of home treatment intervention is to prepare the child and family, as quickly as possible, for the child’s safe return to his/her home and community settings.

#### Crisis

An acute, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior.

#### Crisis Services

Services that are community based, recovery-oriented, and member focused that shall work to stabilize members as quickly as possible so as to assist them in returning to their baseline of functioning.

#### Out-of-Home Caregiver

For the purposes of this Policy, 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).

#### Rapid Response

A process that occurs when a child enters into DCS custody. When this occurs, a behavioral health service provider is referred and then dispatched within 72 hours to assess a child’s immediate behavioral health needs and to refer the child for additional assessments through the behavioral health system. Refer to AMPM Policy 541.

### III. Policy

Contractors shall ensure timely provision of all behavioral health services for children residing with out-of-home caregivers, children in out-of-home dependency with DCS, and adopted children. The Contractor shall provide coordinated care between the out-of-home caregivers or Adoptive Parent(s), all providers, and DCS, as appropriate.

### A. General Requirements

In order to meet the needs of, children residing with out-of-home caregivers, children in out-of-home dependency with DCS, and adopted children, Contractors shall:

1. Ensure services delivered are provided in accordance with 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. After a request is made to place a member in a behavioral health out-of-home treatment, the Contractor shall issue a determination as to that request no later than 72 hours, or as expeditiously as the member’s health condition warrants 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 defined in A.A.C R9-10-101. In the event Contractors determine there is insufficient information to make a determination, Contractors 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, Contractors shall ensure medically necessary alternative services are provided.

2. If the member is hospitalized due to threatening behaviors prior to a determination on the request for behavioral health out-of-home treatment, Contractors 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. Contractors shall collaborate with DCS to ensure an appropriate alternative for the member to be discharged when:
   a. It is unsafe for the member to return to the out-of-home caregiver, or adoptive parents, and/or
   b. It is unsafe for the out-of-home caregiver, or adoptive parents for the member to return.


5. Contractors are 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 family. 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. Behavioral Health Appointment Standard

1. Contractors shall ensure services are provided in accordance with ACOM Policy 417.

2. Upon notification from an out-of-home caregiver or adoptive parent that a recommended behavioral health service is not provided to a member (per the ACOM Policy 417 behavioral health appointment standards), the Contractors shall:
   a. Notify the caller of the requirement to also report the failure to receive the approved 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: www.azahcccs.gov/shared/AHCCScontacts and at www.azahcccs.gov/Members/AlreadyCovered/MemberResources/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 medical necessity of requested services not received.

3. For services provided by a non-contracted provider, Contractors shall:
   a. Not deny claims submitted based solely on the billing provider being out of the Contractor’s network, and
   b. Reimburse clean claims at the lesser of 130% of the AHCCCS FFS Rate or the provider’s standard rate and in accordance with ACOM Policy 203.

4. The member may continue to receive services from the non-contracted provider regardless of the availability of an in-network provider.

D. Education

Contractors 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 delineated in A.R.S. §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.

7. The role of the Contractor.

8. The role of DCS as applicable, and

9. Additional trainings identified by the Member Advisory Council or obtained via stakeholder input.

All Contractor member information shall be in accordance with ACOM Policy 404.

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

E. DDD AND RBHA CONTRACTOR REQUIREMENTS

DDD and RBHA Contractors shall adhere to the requirements above in addition to those included this section.

1. Telephone line:
   a. Ensure the availability of a telephone line, with designated staff, that is responsible for handling incoming calls after business hours related to delivery of services, including failure of an assessment team to respond within two hours. Designated staff shall be adequately trained on 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,
      iii. Track and report calls as specified throughout Policy, and
      iv. Report the above information to the Children Services Liaison.

2. Continuity of services

Contractors are responsible for continuation and coordination of services the member is currently receiving. If a member moves into a different county because of the location of the out-of-home caregivers, Contractors shall allow the member to continue any current treatment in the previous county and/or seek any new or additional treatment in the current county of residence regardless of the Contractor’s provider network.

3. Children Services Liaison

Contractors shall designate an individual as the Children Services Liaison whose role is to:
   a. Serve as the designated point of contact for accepting and responding to:
i. Inquiries from or regarding the out-of-home caregivers, adoptive parents, or providers,
ii. Issues and concerns related to the delivery of and access to behavioral health services for members residing in out-of-home caregivers or children in out-of-home dependency with DCS or with adoptive parents,
iii. Collaborate with the out-of-home caregivers and Adoptive Parents to address barriers to services, including nonresponsive crisis providers, and
iv. Resolve concerns received in accordance with grievance system requirements.

b. The Children Services Liaison shall:
   i. Provide the number for crisis services and after hour’s telephone line 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.

c. Contactors shall ensure the Children Services Liaison’s contact information is:
   i. Provided to AHCCCS and DCS for distribution,
   ii. Prominently placed on the member page of the Contractor’s website, and
   iii. Included in the Contractor’s Member Handbook.

d. Contractors shall ensure calls received by the Children Services Liaison that meet the definition of a grievance are reported in accordance with the Grievance System Reporting requirements as specified in Contract.

F. RBHA CONTRACTOR REQUIREMENTS

RBHA Contractors shall adhere to the requirements above in addition to those included this section.

1. Member Advisory Council:
   a. Contractors shall establish a Member Advisory Council (Council) to provide input and feedback on policy and programs that address the needs of children residing with out-of-home caregivers 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. 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/CEO or designee,
      ii. Include a cross representation of out-of-home caregivers or adoptive parents, who reflect the population and community served and shall make up at least 50% of the membership,
      iii. Include advocacy groups and providers,
iv. Consist of at least 10 Council members, and 
v. Meet at least quarterly.

c. Contractors shall provide Council members with orientation and ongoing training that includes sufficient information and ensures understanding of Council member responsibilities.

d. Contractors shall develop goals and objectives to include timelines for implementation of approved action items.

2. Tracking and Reporting:

   a. Contractors shall monitor on a monthly basis, and submit quarterly, or upon request by AHCCCS, as specified in Contract, an Access to Services Report using Attachment A, which includes information regarding Access to Services, and a list of providers that were formerly contracted with the Contractor but terminated their contract and provided services at the lesser of 130% of the AHCCCS FFS Rate or the Provider's standard service rate, and the amount spent on those services.

   b. Contractors shall submit as part of the Calls and Emails Report (Attachment B) and as specified in Contract the Calls and Emails received by the Children Service Liaison and the After Hours Line related to children residing with out-of-home caregivers or children in out-of-home dependency with DCS.

   c. Contractors shall submit as part of the Rapid Response Reconciliation Report (Attachment B) and as specified by Contract, all rapid response information for children identified on the DCS Removal Report and/or Rapid Response Referral Request Form. Contractors shall perform a reconciliation of members placed in DCS custody in contrast to those who have received a Rapid Response service. For any identified members in DCS custody who have not been engaged in behavioral health services, the Contractor shall ensure a Rapid Response service is delivered. For any identified members in DCS custody who are already receiving or otherwise are engaged in behavioral health services, Contractors shall ensure an assigned service provider contacts the member and caregiver to conduct assessment of current status.