582 - SUPPORT AND REHABILITATION SERVICES FOR CHILDREN, YOUTH, AND YOUNG ADULTS

EFFECTIVE DATE: 04/29/24, 10/01/25

APPROVAL DATE: 02/08/24, 04/30/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service (FFS) programs and is not a requirement for FFS providers. This Policy establishes expectations for the implementation of support and rehabilitation services as they are utilized in the Children's System of Care.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy.

III. POLICY

The support and rehabilitation services are two categories of Medicaid covered behavioral health services that are used to support children and families. The support and rehabilitation services are an essential part of home and community-based practice and culturally competent care. These services help children live successfully with their families and in the community. These services, in combination with all medically necessary covered behavioral health services, are included in a service plan that is individualized to the strengths, needs, and culture of the family. These services are continually monitored by the Child and Family Team (CFT) for effectiveness.

Refer to the AHCCCS Covered Behavioral Health Services Guide for further information on support and rehabilitation services.

The Contractor shall ensure that support and rehabilitation services including the following are available to meet the needs of children and families:

1. Support Services
   a. Case Management,
   b. Behavioral Health Outreach Services,
   c. Personal Care,
   d. Home Care Training to Home care Family (Family Support),
   e. Self-Help/Peer Services (Peer Support),
   f. Unskilled Respite Care,
   g. Transportation, and
   h. Housing Support Services.

2. Rehabilitation Services
   a. Skills Training and Development,
   b. Psychosocial Rehabilitation,
   c. Cognitive Rehabilitation,
   d. Health Promotion,
   e. Psychoeducational Services and Ongoing Support to Maintain Employment, and
   f. Psychoeducational Services.

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A. CONTRACTOR RESPONSIBILITIES

1. The Contractor shall ensure the network of contracted children's providers offer a comprehensive array of community-based services that are:
   a. Individualized to the child and family's needs,
   b. Coordinated across agencies and systems, agencies may include:
      i. Department of Child Safety (DCS),
      ii. School,
      iii. Division of Developmental Disabilities (DDD),
      iv. Treating Medical Professionals,
      v. Juvenile Justice, and
      vi. Other involved providers
   c. Delivered in the most appropriate and least restrictive environment,
   d. Culturally competent,
   e. Utilize evidence-based practices,
   f. Based on the voice and choice of the child and family, and
   g. Collaborates in full partnership with the child and family.

2. The Contractor shall ensure:
   a. A children's system of care that is multi-tiered and supports the youth based on the complexity of their needs,
   b. Support and rehabilitation services are available to all children and families,
   c. The providers utilize a unique combination of natural supports, community supports, involved agencies and formal service providers that come together to assist children and families in meeting their goals, family vision and achievement of the child or youth's full potential,
   d. The service provider provides or refers for treatment services, as well as support and rehabilitation services based on the member needs, and
   e. When determined clinically appropriate, children are assigned to provider case management, in alignment with AMPM Policy 570.

B. HIGH NEEDS PROVIDER CASE MANAGEMENT INTEGRATION OF SUPPORT AND REHABILITATION SERVICES WITH CFT PRACTICE

The Contractor shall ensure that High Needs Provider Case Managers complete the following tasks when planning and arranging for support and rehabilitation services in alignment with best practices for children, youth and young adults with complex needs.

1. Engagement and Team Preparation:
   a. Educate the family on CFT philosophy and process in a face-to-face conversation with the goal of building trust, setting the tone for teamwork, and helping the family to understand they are an integral part of the process and that their preferences will be prioritized,
   b. Discussion of legal and ethical issues and obtain informed consent as specified in AMPM Policy 320-Q,
   c. Stabilize any immediate crisis, if needed,
   d. Complete safety planning to address any immediate crisis,
   e. Explore the family's perspective on their strengths, needs, culture and family vision,
   f. Offer family and/or peer support with community-based agency's such as peer and family run organizations to assist with system navigation as specified in AMPM Policy 320-O,
   g. Completion of Strengths, Needs, Culture Discovery as identified in AMPM Policy 580 Attachment A to aid in service planning and treatment,
   h. Determine natural and informal supports and use this information to assist the family in building their team, and
   i. Arrange meeting times and locations that are easily accessible and comfortable for the child and family.

2. Initial Service Plan Development:
   a. Establish ground rules,
   b. Create the family vision, which is the overarching goal of the family that guides the team through all phases,
   c. Build trust and mutual respect while creating the service plan,
   d. Ensure that families feel heard,
   e. Determine underlying needs and it is key that identified needs are not services,
   f. Identify goals that the family wants to work on and will meet their underlying needs. Goals shall be attainable, person-centered and outcome driven,
   g. Locate and select support and rehabilitation services for service plan implementation and include these services in service plan. This shall include a combination of the support(s) outlined in the beginning of this Policy as support and rehabilitation services,
   h. The CFT facilitator shall complete the necessary steps and provide support with referrals for support and rehabilitation services,
   i. Assign the team actions steps for service plan implementation,
   j. Development of a proactive safety plan, and
   k. Provide the team with a copy of the service plan within seven days.

3. Implementation of the service plan:
   a. Follow up on assigned action steps,
   b. Continually review service plan ensuring that family feels strategies are effective and meeting their needs,
   c. Track progress and successes,
   d. Evaluate outcomes and progress toward family vision and adjust the service plan as necessary,
   e. Update assessment and treatment plans if additional needs are identified at any point in treatment when the need arises,
   f. Consider new strategies as necessary,
   g. Continued evaluation of team engagement and buy-in,

h. Address any issues that arise with team cohesion,
i. Celebrate successes,
j. The team members will be provided with the most recent service plan and meeting minutes, and
k. Coordinate effectively with formal and informal support on an ongoing basis. This may be accomplished through CFT meetings as well as through regular communication with CFT members outside of the meetings.

4. Transitioning out of High Needs Case Management:
   a. The transition planning shall start no later than 90 days prior to transitioning the member to a lower level of case management,
   b. The CFT facilitator shall work with the team to develop a transition plan to ensure that the youth and family will be able to maintain success utilizing natural and community supports. The transition plan shall include:
      i. The transition of CFT meeting facilitation and service planning,
      ii. The post-transition crisis management, and
      iii. The regular follow-up with the child and family.
   c. Create a graduation celebration, and
   d. Follow up with the child and family to ensure continued success after transitioning out of High Needs Case Management services.

C. RESPONSIBILITIES REGARDING SUPPORT AND REHABILITATION SERVICES PROCESSES

1. The Contractor is responsible for developing sufficient support and rehabilitation service capacity to meet the behavioral health needs of youth and families, as identified in their CFTs. The Contractor shall ensure the following occurs in relation to service capacity:
   a. When Child and Family Teams are developing service plans there is access to the full range of support and rehabilitation services to meet the needs of the children and families,
   b. The CFT facilitators and families are aware of the value of support and rehabilitation services, as well as specific and current service options available in their area,
   c. The subcontracted providers have up-to-date and accurate listings of all support and rehabilitation providers within the Contractor's network and the types of services provided, and
   d. Both generalist and specialist support and rehabilitation service providers, as outlined in Contract, are available to meet the behavioral health needs of children, and families as identified in their CFT meetings.

2. The Contractor shall create and oversee a process whereby support and rehabilitation services providers receive copies of the following documents in a timely manner each time they are updated. The Contractor shall ensure that CFT facilitators provide the following documents even in instances where the child, youth or family self-refers. These documents are needed for quality service provision and appropriate clinical care:
   a. Assessments,
   b. Service Plans,
   c. Demographic Information,
   d. Safety Plans,
   e. Strengths, Needs, Culture Discovery, and
   f. The CFT Notes (if separate from the above items).

3. The Contractor shall have a process and ensure that providers are educated in the process for CFT facilitators to escalate capacity issues any time a necessary service cannot be located for a child or family. The Contractor shall assist the CFT with locating and securing services for the child and family:
   a. The Contractor shall track these issues to determine if there is sufficient network capacity for covered behavioral health services, to include but not limited to support and rehabilitation services, and
   b. To better assess the need for increased support and rehabilitation services capacity, the Contractor shall monitor information from CFT facilitators who are unable to locate support and rehabilitation services in the timeframes specified in ACOM Policy 417. The information gathered includes but is not limited to the date of the request(s), names of providers approached, the specific location (city) of the family, the type and frequency of support and rehabilitation services sought by the team.

4. The Contractor shall require that support and rehabilitation services providers use a standardized referral process that helps providers receive, store, track, and respond in writing to all referrals received from CFT facilitators.

5. The Contractor shall ensure that procedures are in place to require support and rehabilitation service providers to perform the following:
   a. Respond to referrals in a timely manner as required by ACOM Policy 417,
   b. Participate actively in CFT meetings (as desired by the family/guardians),
   c. Provide information regarding service delivery as it relates to established child/family goals, and
   d. Provide the training and supervision necessary to help staff members provide effective support and rehabilitation service as outlined by the CFT.

D. TRAINING AND SUPERVISION RECOMMENDATIONS

The Contractor shall establish processes for ensuring all clinical and support services staff working with children, youth, and young adults are trained in the use of support and rehabilitation services. The CFT facilitators working with children, youth and young adults with complex needs are trained in the High Needs Case Management model, any Contractor required processes, and the requirements outlined in this policy.

The Contractor and their subcontracted network and provider agencies shall have supervision processes in place for direct care clinical staff, in accordance with AAC R9-10-115.

The Contractor shall submit documentation demonstrating the required network and provider and Contractor case management staff have been trained on the elements specified in this Policy upon request from AHCCCS.