

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

EFFECTIVE DATE: 03/24/16, 10/01/16, 03/15/17, 09/13/17, [10/01/18](#)¹

REVISION DATE: 11/03/16, 01/05/17, 09/07/17, [11/02/17](#)²

I. PURPOSE

This Policy applies to ~~CRS~~³-RBHA Contractors. The purpose of this Policy is to ensure the timely provision of medically necessary behavioral health services to children eligible for Title XIX and XXI services who are in out-of-home placement and in the legal custody of the Department of Child Safety (DCS) and to adopted children in accordance with A.R.S. §8-512.01.

II. DEFINITIONS**ADOPTIVE PARENT**

Any adult or adults who are residents of Arizona, whether married, unmarried or legally separated, who have adopted a child. For purposes of this policy, the Adoptive Parent is that of a child who is eligible under Title XIX or Title XXI of the social security act.

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

The department established pursuant to A.R.S. §8-451 to protect children and to 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.

CRISIS

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

¹ [Date changes are effective](#)

² [Date published to the RFP Bidders' Library](#)

³ [Removed reference to the stand alone CRS Contract for the IC RFP](#)

CRISIS SERVICES

Services provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

**OUT-OF-HOME
PLACEMENT**

For the purposes of this Policy out-of-home-placement means a foster home, kinship foster care, a shelter care provider, a receiving home or a group foster home.

III. POLICY

The Contractor shall ensure timely provision of all behavioral health services including, crisis services, 72-hour rapid response, urgent need response, assessment, and ongoing behavioral services, including screening and evaluation, for adopted children and children in out-of-home placement. The Contractor shall provide coordinated care between the out-of-home placement or adoptive parent(s), all providers, and DCS, as appropriate.

A. GENERAL REQUIREMENTS

In order to meet the needs of adopted children and children in out-of-home placement, the Contractor shall:

1. Ensure services are provided in accordance with ACOM Policy 417.
2. 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:
 - a. Address barriers to care,
 - b. Directly contact the crisis services vendor and/or provider,
 - c. Track and report calls as indicated in Section I of this Policy, and
 - d. Report the above information to the Children Services Liaison.

B. REQUEST FOR BEHAVIORAL HEALTH OUT-OF-HOME TREATMENT

The Contractor shall ensure a determination is made, as expeditiously as the member's health condition warrants but no later than, 72 hours after a request is made by the out-of-home placement or adoptive parent for placement of the member in a behavioral health out-of-home treatment setting due to the child displaying dangerous or threatening behaviors. These settings include, but are not limited to Behavioral Health Residential Facilities and Behavioral Health Therapeutic Homes. In the event the Contractor determines there is insufficient information to make a determination, the

Contractor shall document all concerted efforts to obtain required information within the 72 hour timeframe.

1. If the member is hospitalized prior to a determination on the request for behavioral health out-of-home treatment setting 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. For additional requirements regarding discharge planning refer to AMPM Policy 1020.
2. The Contractor shall collaborate with DCS to ensure an appropriate alternative placement for the member to be discharged when:
 - a. It is unsafe for the member to return to the out-of-home placement or adoptive family, and/or
 - b. It is unsafe for the out-of-home placement or adoptive family for the member to return.
3. The Contractor must issue a Notice of Adverse Benefit Determination (NOA) in accordance with ACOM Policy 414 for any adverse action related to the request for placement of the member in a behavioral health out-of-home treatment setting.
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 placement 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.
5. In the event the request for a behavioral health out-of-home treatment setting is denied, the Contractor shall ensure medically necessary alternative services are provided.

C. BEHAVIORAL HEALTH APPOINTMENT STANDARD

1. The Contractor shall ensure services are provided in accordance with ACOM Policy 417.
2. Upon notification from an out-of-home placement or adoptive parent that a recommended behavioral health service is not provided to a member per the ACOM Policy 417 behavioral health appointment standards for children in DCS custody, the Contractor shall:
 - a. Notify the caller of the requirement to also report the failure to receive the approved behavioral health services to AHCCCS Customer Service line at 602-364-4558 or email at DCS@azahcccs.gov. 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,
- b. Obtain the name and contact information of the identified non-contracted provider of service, if applicable to verify their AHCCCS registration, and
 - c. Obtain information needed to determine medical necessity of requested services not received.
3. 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, 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. CONTINUITY OF SERVICES

The Contractor is 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 placement, the Contractor shall allow the member to continue any current treatment in the previous county and/or seek any new or additional treatment in the out-of-home placement's county of residence regardless of the Contractor's provider network.

E. CHILDREN SERVICES LIAISON

1. The Contractor shall designate a key staff person whose primary role is to:
 - a. Serve as the member's single point of contact,
 - b. Accept and respond to:
 - i. Inquiries from the out-of-home placement, adoptive parent, or providers,
 - ii. Issues and concerns related to the delivery of and access to behavioral health services for members in out-of-home placements or with adoptive parents.
 - c. Collaborate with the out-of-home placement and adoptive parents address barriers to services, including nonresponsive crisis providers, and
 - d. Resolve concerns received in accordance with grievance system requirements.
2. The Children Services Liaison shall:
 - a. Provide the number for crisis services and after hour's telephone line in their outgoing voicemail message and email,
 - b. Provide an expected timeframe for return calls in their outgoing voicemail message and email,
 - c. Respond to all inquiries as indicated by need or safety but no later than one business day, and

- d. Follow up on all calls received by the after hour telephone line.
3. The Contactor shall ensure the Children Services Liaison's contact information is:
 - a. Provided to DCS for distribution,
 - b. Prominently placed on the member page of the Contractor's website, and
 - c. Included in the Contractor's Member Handbook.
4. The Contractor 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 outlined in Contract.

F. MEMBER ADVISORY COUNCIL

1. To promote a collaborative effort to enhance the service delivery system for members in out-of-home placement and adoptive care, the Contractor shall establish a Member Advisory Council to provide input and feedback on policy and programs focused on addressing the needs of members in out-of-home placement and adopted members.
2. The Council membership shall:
 - a. Be chaired by the Contractor's Administrator/CEO or designee,
 - b. Include a cross representation of out-of-home placement, adoptive, and kinship families, who reflect the population and community served and shall make up at least 50% of the membership,
 - c. Include advocacy groups and providers,
 - d. Consist of at least 10 Council members, and
 - e. Meet at least quarterly.
3. The Contractor shall provide Council members with orientation and ongoing training that includes sufficient information and ensures understanding of Council member responsibilities.
4. The Contractor shall develop goals and objectives to include timelines for implementation of approved action items.

G. EDUCATION

The Contractor shall be responsible for ongoing education to providers, members, families, and other parties involved with the member's care, including but not limited to the following:

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 outlined in Section E of this Policy,
5. Covered services,
6. Referral process,
7. The role of the Contractor,
8. The role of DCS, and
9. Additional trainings identified by the Member Advisory Council.

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

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

H. TRACKING AND REPORTING

1. Monitor on a monthly basis and submit quarterly, or upon request by AHCCCS, as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract,⁴ Exhibit 9, Deliverables,~~ the Contractor shall submit Attachment A, DCS & Adopted Children Services Reporting: Access to Services, which includes the following:
 - a. Access to Services as specified in the reporting template
 - b. Provider terminations
 - i. 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.
2. On a monthly basis, as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract⁵, Exhibit 9, Deliverables,~~ the Contractor shall submit a report using Attachment B, DCS & Adopted Children Services Reporting: Calls and Reconciliation on the 30th day after the reporting month as specified in the reporting template:
3. DCS will provide a monthly listing to the Contractor of children placed in DCS custody. The Contractor shall report to AHCCCS information on a monthly basis

⁴ ~~Removed reference to the stand alone CRS Contract Chart of Deliverables for the IC RFP~~

⁵ ~~Removed reference to the stand alone CRS Contract Chart of Deliverables for the IC RFP~~

regarding members in DCS custody who have not received rapid response services. The Contractor shall perform a reconciliation of members placed within DCS custody against 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. The Contractor shall submit a DCS Rapid Response Monthly Reconciliation Report as specified in the reporting template

4. Member Advisory Council Plan

On an annual basis, as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract⁶, Exhibit 9, Deliverables~~, the Contractor shall submit on December 15th a Member Advisory Council Plan to AHCCCS, Division of Health Care Management. The Plan shall outline the schedule of Council meetings, membership, trainings, goals and objectives, including an evaluation of the previous year.

⁶ [Removed reference to the stand alone CRS Contract Chart of Deliverables for the IC RFP](#)