

July 3, 2019

The Honorable Douglas A. Ducey
Governor of Arizona
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Ducey:

Pursuant to A.R.S. 8-512.01, please find enclosed the 2019 AHCCCS Report on Behavioral Health Services for Children in Legal Custody of the Department of Child Safety. Please do not hesitate to contact me if I can answer any questions or provide additional information.

Sincerely,



Jami Snyder,
Director

Cc: The Honorable Karen Fann, President, Arizona Senate
The Honorable Russell Bowers, Speaker, Arizona House of Representatives
Christina Corieri, Governor's Office Senior Policy Advisor
Matthew Gress, Director, Governor's Office of Strategic Planning and Budgeting
Richard Stavneak, Director, Joint Legislative Budget Committee



2019 ANNUAL REPORT

BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN LEGAL CUSTODY OF THE DEPARTMENT OF CHILD SAFETY

**PREPARED BY
DIVISION OF HEALTH CARE MANAGEMENT**



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Overview

On March 24, 2016, A.R.S. § 8-512.01 was enacted. Also known as Jacob’s Law, this statute mandates a number of requirements for purposes of ensuring easier access to behavioral health services for children in the legal custody of the Department of Child Safety (DCS) and adopted children who are Medicaid eligible under Title XIX or XXI.

Children in the legal custody of DCS are enrolled with the statewide Comprehensive Medical and Dental Program (CMDP) for the provision of physical health care services. Behavioral health services are provided to children enrolled in CMDP through the Regional Behavioral Health Authority (RBHA) in their geographical area.

Effective October 1, 2018, there was a change to the delivery system relative to children determined to have a qualifying condition for the children’s rehabilitative services (CRS) program. Prior to October 2018, AHCCCS held a single statewide contract for CRS with UnitedHealthcare Community Plan (UHCCP) CRS. Through this contract, children enrolled with CMDP who were determined to have a CRS qualifying condition received their behavioral health services through UHCCP.

In October 2018, AHCCCS Complete Care (ACC) contractors began serving non-CMDP members through an integrated health care delivery model that combined the provision of physical health services, CRS, and behavioral health services for the majority of Medicaid members. CMDP members with CRS conditions were transitioned to the RBHAs for the provision of behavioral health services. AHCCCS holds contracts with three RBHAs in the state of Arizona as described in the chart further below.

Due to the October 2018 transition, information in this report includes data for CMDP members receiving behavioral health services through UHCCP CRS from May 2019 through September 2018 only. There is no further reporting for CRS post September 2018.

RBHA	Geographic Service Area/County	Enrollment
UnitedHealthcare Community Plan CRS	Statewide	269**
Mercy Care <i>(formerly Mercy Maricopa Integrated Care)</i>	Maricopa	8,294*
Arizona Complete Health-Complete Care Plan (AzCH-CCP) <i>(formerly Cenpatico Integrated Care)</i>	Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma	2,918*
Steward Health Choice of Arizona (SHCA) <i>(formerly Health Choice Integrated Care)</i>	Apache, Coconino, Mohave, Navajo, Yavapai, Gila	1,974*
Total CMDP Enrollment		13,186*

*Based upon October 2018 Enrollment Data

**Based upon September 2018 Enrollment Data

The statute outlines the following requirements:

- The out-of-home placement or adoptive parent may directly contact the RBHA for a screening and evaluation of the child if it is identified that a child is in urgent need of behavioral health services.
- An assessment team must be dispatched within 72 hours of a child entering into out-of-home care.
- An assessment team must be dispatched within 2 hours after being notified that the child has an urgent need.
- An initial evaluation should be provided within seven calendar days after a referral or request for services.
- If it is determined the child is in need of behavioral health services, an initial behavioral appointment should be provided within 21 calendar days after the initial evaluation.
- If services are not received within 21 days, the out-of-home placement or adoptive parent shall contact the RBHA and AHCCCS customer services to document the failure and the child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA. In these situations the provider must submit the claim to the RBHA and accept the lesser of 130% of the AHCCCS negotiated rate (which is the AHCCCS Fee For Service (FFS) rate) or the provider's standard rate.
- If the child is in need of crisis services and the crisis services provider in the county is not being responsive to the situation, the out-of-home placement or adoptive parent may contact the RBHA to coordinate crisis services for the child.
- The RBHA shall respond within 72 hours to a request to place a child in residential treatment due to displaying threatening behavior. If the child is hospitalized due to the threatening behavior before the RBHA responds, the RBHA shall reimburse the hospital for all medically necessary services, including any days of the hospital stay during which the child did not meet inpatient criteria but there was not safe and appropriate place to discharge the child.

This report contains information and data on the following elements:

- Number of times the RBHA coordinated crisis services because a crisis service provider was unresponsive within 2 hours.
- Number of times behavioral health services were not provided within the 21 calendar days after identified need.
- Amount of services accessed directly by an out-of-home placement or adoptive parent that were provided by non-contracted providers.
- List of providers that were formerly contracted with the RBHA but that terminated their contract and provided services pursuant to this section for 130% of the AHCCCS FFS rate.
 - The amount the administration spent on services related to this section.

Crisis Services

The RBHA contractors are responsible for the provision of crisis services throughout their geographical service area. Crisis services include a 24 hour/seven days per week toll-free crisis telephone number, mobile crisis teams and crisis stabilization services. Jacob’s Law outlines the requirement that a RBHA should coordinate crisis services for a child if an out-of-home placement or adoptive parent identifies a child is in need of crisis services, and the crisis provider is not being responsive.

AHCCCS Contractors Operations Manual (ACOM) Policy 449 outlines requirements for the RBHA contractors to identify a Children Services Liaison. The primary role of the Children Services Liaison is to:

- Serve as the RBHA’s single point of contact,
- Respond to inquiries from out-of-home placements and adoptive parents,
- Respond to issues and concerns related to the delivery of and access to behavioral health services,
- Collaborate with out-of-home placement and adoptive parents,
- Address barriers to services, including nonresponsive crisis providers, and
- Resolve concerns received in accordance with grievance system requirements.

RBHA contractors report calls received by the Children Services Liaison. Monthly call reporting includes the number of calls and types of calls received. From May 2018 through April 2019, no calls were received by the RBHAs for assistance with coordinating crisis services because a crisis services provider was unresponsive. Refer to Tables I-A and I- B.

Table I-A: May 2018 - September 2018
Crisis Services Coordinated by the Plan due to Unresponsive Crisis Provider

RBHA	May-18	June-18	July-18	Aug-18	Sept-18
Mercy Care	0	0	0	0	0
AzCH-CCP	0	0	0	0	0
SHCA	0	0	0	0	0
UnitedHealthcare CRS	0	0	0	0	0

Table I-B: October 2018 - April 2019
Crisis Services Coordinated by the Plan due to Unresponsive Crisis Provider

RBHA	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Mercy Care	0	0	0	0	0	0	0
AzCH-CCP	0	0	0	0	0	0	0
SHCA	0	0	0	0	0	0	0

Behavioral Health Assessment

AHCCCS contractors are required to maintain compliance with appointment availability standards outlined in contract and ACOM Policy 417, Appointment Availability, Monitoring and Reporting. This policy establishes a standard process for AHCCCS to monitor and report appointment availability to ensure compliance with AHCCCS network sufficiency standards. A lack of available appointments at a provider’s office might require a plan to look to expand its contracted network of providers.

AHCCCS ACOM Policy 417 includes Behavioral Health Appointment Standards for the RBHA contractors. Behavioral Health appointment standards for children in legal custody of DCS and adopted children are as follows:

- a. Rapid Response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home,
- b. Initial Assessment within seven calendar days after referral or request for behavioral health services,
- c. Initial Appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation, and
- d. Subsequent Behavioral Health Services within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of need.

RBHA contractors track and report the number of times initial behavioral health services were not provided within 21 calendar days from the initial assessment. From May 2018 through April 2019, it was identified that services were not provided within 21 calendar days for a total of 42 members. Refer to Table II-A and II-B below. The RBHAs have worked diligently to address the barriers identified by expanding their provider networks, available resources and creating more informational opportunities for providers, community advocates, programs and families to learn and better understand the requirements of Jacob’s Law regarding timely service delivery.

A variety of factors may contribute to members not receiving service within 21 calendar days, including member adjustment in a new home or community, member hospitalization upon removal from home, multiple siblings removed with differing needs, foster family requests and appointment conflicts with previously scheduled appointments.

Table II-A: May 2018 – September 2018
Services Not Provided within 21 Calendar Days

RBHA	May-18	June-18	July-18	Aug-18	Sept-18
Mercy Care	6	5	4	3	0
AzCH-CCP	2	5	0	1	1
SHCA	0	0	0	0	0
UnitedHealthcare CRS	0	0	0	0	0

Table II-B: October 2018 – April 2019
Services Not Provided within 21 Calendar Days

RBHA	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Mercy Care	0	4	2	0	1	1	1
AzCH-CCP	0	0	0	1	1	1	3
SHCA	0	0	0	0	0	0	0

Non Contracted Provider

The statute allows members to access providers outside the RBHA’s contracted network of providers. If an initial behavioral health service is not provided within 21 calendar days, the out-of-home placement or adoptive parent shall contact the RBHA and AHCCCS customer service to document the failure. After contacting the RBHA and AHCCCS, the member may receive services directly from any AHCCCS registered provider, irrespective of the provider’s contracted status with the RBHA. Upon submission of the claim to the RBHA for payment, the provider must accept the lesser of 130% of the AHCCCS FFS rate or the provider’s standard rate.

Since the enactment of Jacob’s Law, AHCCCS is not aware of any providers formerly contracted with the RBHA contractors that decided to terminate their contract to provide services pursuant to this law at 130% of the AHCCCS FFS rate. Additionally, the Administration has expended no funding on services to out of network providers pursuant to the law, which, as stated directly above, allows out of network providers to be reimbursed the lesser of 130% of the AHCCCS FFS rate or the provider’s standard rate. The RBHA contractors report that no funding has been spent on services to out of network providers pursuant to the law. Mercy Care reported establishing seven single case agreements with providers that subsequently were contracted by Mercy Care. From May 2018 through April 2019, no members were identified as accessing services by a non-contracted provider. Refer to Table III-A and III-B below.

Table III-A: May 2018 – September 2018
Services Accessed Out of the Contractor's Network

RBHA	May-18	June-18	July-18	Aug-18	Sept-18
Mercy Care	0	0	0	0	0
AzCH-CCP	0	0	0	0	0
SHCA	0	0	0	0	0
UnitedHealthcare CRS	0	0	0	0	0

**Table III-B: October 2018 – April 2019
Services Accessed Out of the Contractor's Network**

Health Plan RBHA	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Mercy Care	0	0	0	0	0	0	0
AzCH-CCP	0	0	0	0	0	0	0
SHCA	0	0	0	0	0	0	0

Summary

This report demonstrates that children in foster care and their families continue to be able to access behavioral health services more timely than in the early years of reporting. The improvement is attributed in large part to RBHA contractor network expansion, ongoing member and provider education of behavioral health access and the availability of services now required by the implementation of the law. Foster parents have the continued availability of identified resources through the RBHA’s, the RBHA Liaisons, DCS Child Welfare Resources at DCS, family and community programs such as Family Involvement Center and Raising Special Kids when seeking care.