541 - COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIES

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP~~omprehensive Health Plan~~ (CHP), and DES/DDD (DDD)~~, and RBHA~~ Contractors. This Policy establishes the Contractor requirements for maintaining collaborative relationships with other government entities that deliver services to members and their families, ensuring access to services, and coordinating care with consistent quality.

For AIHP, Fee-For-Service (FFS) care management shall coordinate with the specified government agencies as needed in response to case management referrals.[3]

TRBHAs and Tribal ALTCS shall coordinate with government agencies as specified in their respective Intergovernmental Agreements (IGA)s.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including[4]:

ADULT RECOVERY TEAM (ART)	BEHAVIORAL HEALTH ASSESSMENT	CHILD AND FAMILY TEAM (CFT)
DESIGNATED REPRESENTATIVE (DR)	HEALTH CARE DECISION MAKER (HCDM)	MEMBER
MEMORANDUM OF UNDERSTANDING (MOU)	QUALITY OF CARE (QOC)	RAPID RESPONSE
REHABILITATION SERVICES ADMINISTRATION/ VOCATIONAL REHABILITATION (RSA/VR)	SERVICE PLAN	STATE PLACING AGENCY
SUBSTANCE USE DISORDER (SUD)	TEAM DECISION MAKING (TDM)	

[1] Date Policy is effective
[2] Date approved
[3] Added to provide general overview of how policy applies to AIHP members
[4] Adding an identification table of terms used in this Policy that can be found in the AHCCCS Contract and Policy Dictionary

~~Adult Recovery Team (ART)~~	~~A group of individuals that, following the Nine Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a member's assessment, service planning, and service delivery. At a minimum, the team consists of the member, member's health care decision maker (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include the member's family, physical health, behavioral health or social service providers, other agencies serving the member, professionals representing various areas of expertise related to the member's needs, or other individuals identified by the member.~~
~~Behavioral Health Assessment~~	~~The ongoing collection and analysis of an individual's medical, psychological, psychiatric, and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the individual's service plan is designed to meet the individual's (and family's) current needs and long- term goals.~~
~~Child and Family Team (CFT)~~	~~A group of individuals that includes, at a minimum, the child, and their family or Health Care Decision Maker. A behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like the Arizona Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD) etc. The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan and can therefore expand and contract as necessary to be successful on behalf of the child.~~
~~Designated Representative~~	~~A parent, guardian, relative, advocate, friend, or other person, designated orally or in writing by a member or guardian who, upon the request of the member, assists the member in protecting the member's rights and voicing the member's service needs as specified in A.A.C. R9-21-101.~~
~~Health Care Decision Maker (HCDM)~~	~~An individual who is authorized to make health care treatment decisions for the patient. As applicable to the situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. §§ Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.~~

~~Rapid Response~~	~~An in-person assessment of a child's immediate physical and behavioral health needs by health care provider(s) including referral(s) for further assessments or ongoing care, as needed. The Rapid Response is initiated when a child enters Department of Child Safety (DCS) out of home care and is completed within 72 hours of notification.~~
~~Rehabilitation Services Administration/ Vocational Rehabilitation (RSA/VR)~~	~~An administration within the Department of Economic Security (DES) that oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.~~ ~~VR is a program under RSA that provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.~~
~~Service Plan~~	~~A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.~~
~~State Placing Agency~~	~~The Department of Juvenile Corrections, Department of Economic Security, Arizona Department of Child Safety (DCS), the Arizona Health Care Cost Containment System (AHCCCS) or the Administrative Office of the Court as specified in A.R.S. § 15-1181(12).~~
~~Team Decision Making (TDM)~~	~~A meeting process utilized to discuss a child's safety and where the child will live when an emergency removal of a child has occurred, or the removal of a child is being considered.~~

III. POLICY

The Contractor shall develop policies, protocols, and procedures that describe how member care will be coordinated and managed with other governmental entities, including tribal governmental agencies and entities. The Contractor~~s~~ is~~are~~[5] responsible for ensuring collaboration with government agencies, including but not limited to involvement in the member's Child and Family Team (CFT) or Adult Recovery Team (ART).

The Contractor shall ensure that all required protocols and agreements with State agencies are ~~specified~~ linked in ~~their~~ its provider manual~~s~~. The Contractor shall develop mechanisms and processes to identify barriers to timely services for members served by other governmental entities and work collaboratively to remove barriers to care and to resolve ~~q~~Quality ~~o~~Of ~~c~~Care (QOC) concerns. Appropriate authorizations to release information shall be obtained prior to releasing information as specified in AMPM Policy 320-Q.

[5] Grammatical revision, no change to content

At minimum, the following entities and care coordination requirements shall be included within joint collaborative protocols and/or a Memorandum of Understanding (MOU) established by the Contractor.

A. ARIZONA DEPARTMENT OF CHILD SAFETY

The Contractor ~~is required to~~shall work in collaboration with Arizona Department of Child Safety (DCS) for children ~~in~~under the care and legal custody of DCS ~~or~~and for children receiving in-home services (that are not under the legal custody of DCS),[6] as specified below:

1. General Requirements
   ~~a. Coordination by any Contractor may be necessary for children in the care and custody of DCS or children receiving in-home services (that are not under the legal custody of DCS), either of which meet high needs criteria as specified in contract,~~[7]
   a. Identify point(s) of contact for each entity, for internal agency staff, as well as for external stakeholders (to be identified separately if these are not the same individuals) and for stakeholders, including the title(s) and contact information for each[8],
   b. Coordinate necessary services to stabilize in-home and out-of-home dependency provided by DCS, including support to providers for awareness and adherence to A~~.~~R~~.~~S~~.~~[9] ~~§~~ Title 8, Chapter 2, Article 6 ~~8-271-273~~[10]. This may include provision of information or in-person support for court hearings and related activities,
   c. Coordination of the development of the s~~S~~ervice p~~P~~lan with the DCS case plan to avoid redundancies and/or inconsistencies,
   d. Provide the DCS s~~S~~pecialist is provided with preliminary findings and recommendations on behavioral health risk factors, symptoms, and service needs for court hearings,
   e. Ensure a behavioral health assessment is performed that identifies the behavioral health needs of the child, and the child's parents and family or caregivers, that is based on the Arizona Vision – 12 Principles as specified in AMPM Policy 580~~100~~,
   f. ~~Based on needs identified within the behavioral health assessment and service plan, p~~Provide necessary behavioral health services, including support services to caregivers, based on needs identified within the behavioral health assessment and service plan including:
      i. As appropriate, engagement of the child's parents, family, caregivers, (e.g., legal guardian, foster/kinship family), and DCS specialist in the behavioral health assessment and service planning process as members of the CFT,
      ~~i.~~ii. Ensure attendance of the behavioral health provider(s) in team meetings, including Team Decision Making (TDM), and coordination of CFT and TDM ~~and CFT~~ meetings to combine whenever possible.

[6] Clarified language to include those not in integrated health plan DCS/CHP
[7] Moved up
[8] Added new requirement for identification of key contacts in Memorandum Of Understandings, to increase ease of access
[9] Revised to align with Section 504 of The Rehabilitation Act, changes made throughout Policy
[10] Revised structure of authority reference for readability, no change to content

~~Attend team meetings, such as Team Decision Making (TDM) for providing input about the child and family's behavioral health needs. When possible, TDM and CFT meetings should be combined,~~ [11]

g. Coordinate behavioral health services in support of family reunification and/or other permanency plans identified by DCS (i.e., to include family of origin, foster family, and/or others as appropriate),

h. Coordinate activities and service delivery that supports the CFT service plan and ~~facilitate~~ ensure adherence to established timeframes as identified within:
   i. ACOM Policy 417,
   ii. ACOM Policy 449,
   iii. AMPM Policy 580, and
   iv. AMPM Policy 585.~~AHCCCS Behavioral Health System Practice Tools: Transition to Adulthood, Unique Behavioral Health Services for Needs of Children, Youth and Families involved with DCS, and CFT, Working with the Birth Through Five Population and Psychiatric and Psychotherapeutic Best Practices for Children: Birth Through Five Years of Age.,~~ [12]

i. Joint ~~C~~coordination ~~activities shall include coordination~~ with ~~the~~any ~~adult service~~ providers rendering services to adult family members, regardless of their health plan, who hold responsibility for the child member and/or who the child/family identifies as being a natural support.~~.~~

~~j. How they will jointly coordinate~~Coordinate with a Tribal Regional Behavioral Health Authority (TRBHA) for members receiving behavioral health services through a TRBHA.[13]

2. Rapid Response Process:
   a. AHCCCS considers the removal of a child from his/her home to the protective custody of the DCS to be an urgent behavioral or physical health need. Any child who has experienced a removal by DCS is at risk for negative emotional consequences and future physical and behavioral health disorders. The rapid response process is used to help identify the immediate physical and behavioral health needs of children and address the trauma of the removal experience[14] ~~itself~~.
      i. In all cases where DCS or a caregiver[15] notifies the Contractor ~~rapid response provider~~[16] of the child's entry into DCS out of home care, the Contractor ~~CHP~~[17] shall coordinate with DCS to implement the rapid response process within 72 hours of notification[18] ~~from initial contact by DCS, unless the rapid response provider and DCS have mutually arranged an alternative timeframe for coordinating a response based on the best interests of the child~~[19],

[11] Contractors are not expected to participate in meetings, but to ensure that the Behavioral Health provider is participating.
[12] Removed language, referencing the BH Practice tools as these are transitioning to policy in Chapter 500.
[13] Recommend removing language because enrollment with an Managed Care Organization with TRBHA as the Behavioral Health plan is no longer an option. Members would be AIHP/TRBHA. There may be coordination needed if member is transitioning from MCO to AIHP/TRBHA.
[14] Better term available
[15] Per Jacob's Law, the caregiver can notify the plan of enrollment.
[16] Per Jacob's Law the plan of enrollment is notified of entry into out of home care.
[17] CHP is not the only Contractor that has members in DCS out of home care
[18] Align language with the law, for within 72 hours of notification
[19] Removed to ensure compliance with Jacob's Law

ii. ~~If notification is received after 72 hours of the child's entry to DCS out of home care, the rapid response provider, in collaboration with the DCS specialist, shall initiate the rapid response process. In these instances, the child may also be scheduled for an initial physical and behavioral health assessment as specified in ACOM Policy 417, depending on the specific circumstances surrounding the child and referral.~~ [20]If the DCS specialist or caregiver has initiated physical and behavioral health services prior to notification of the child's entry to DCS out of home care[21], the assessment conducted in the rapid response process ~~provider~~ [22]may authorize continued services with the physical and behavioral health provider that has established a treatment relationship with the child, and

iii. CHP shall assist in identifying AHCCCS members already receiving physical and behavioral health services.

b. The Contractor ~~rapid response provider~~ [23]shall ensure the rapid response process includes:

i. Contacting the DCS specialist to gather relevant information such as the outcome of the DCS s~~S~~afety a~~A~~ssessment, the reason for the removal, how, when, where the removal occurred, any known medical, behavioral, and/or special needs of the child, any known medications, any known supports for the child, current disposition of siblings, any known needs of the new caregiver and any other information impacting the health of the child or caregiver's ability to support the child,

ii. Conducting a comprehensive assessment in accordance with AMPM Policy 320-O[24], identifying immediate safety needs and clinical presentations of the child within timelines as specified in ACOM Policy 417 and 449. At this time, trauma issues, such as grief and loss should be addressed. In addition, the assessment process is expected to consider an extended assessment period to identify more accurately any emerging/developing behavioral health needs that are not immediately apparent following the child's removal,

iii. Stabilization of physical and behavioral health crisies and offering of immediate services,

~~iv. CHP shall require its r~~Rapid response providers shall~~to~~ distribute the most recent Foster and Kinship Care Resources Packet to care givers of children in DCS out-of-home dependencies during the rapid response visit. The r~~R~~esource p~~P~~acket is available ~~on the AHCCCS website: https://www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster/,~~at https://dcs.az.gov/foster/resources/gotoguide

~~v.~~iv. The provision of physical and behavioral health services to the child with the intention of reducing the stress and anxiety that the child may be experiencing, and offering a coherent explanation to the child about what is happening and what can be expected to happen in the near-term, including need for and information to support initiation of the i~~I~~ntake a~~A~~ssessment and CFT process,

[20] Per Jacob's Law the assigned health plan is responsible for sending an assessment team i.e. rapid response within 72 hours of notification, regardless of when the member came into care.
[21] To clarify that this applies when services were initiated prior to the notification that prompts the rapid response process, since the language above was removed.
[22] The assessment conducted during the rapid response process would authorize the services not the provider agency assigned to conduct the assessment.
[23] The responsibility for the monitoring of the rapid response process belongs to the plan of enrollment
[24] Added reference to 320-O for comprehensive assessment requirement

~~vi.~~v. The provision of needed physical and behavioral health services to the child's caregiver, including:
1) Guidance about how to respond to the child's immediate needs for adjustment to foster care,
2) Physical and behavioral health symptoms to watch for and report,
3) Assistance in responding to any physical and behavioral health symptoms the child may exhibit, and
4) Identification of contacts within the behavioral health system.

~~vii.~~vi. Provision to the DCS s~~S~~pecialist of findings and recommendations for medically necessary covered physical and behavioral health services for the initial preliminary protective hearing, which occurs within five to seven days of the child's removal, and

~~viii.~~vii. If the child is placed with temporary caregivers, services shall support the child's stability by addressing the child's physical and behavioral health needs, identifying any risk factors for disruption of in-home and out-of-home dependency, and anticipating crisis that might develop. Physical and behavioral health providers shall proactively plan for transitions in the child's life. Transitions may include changes ~~in~~with in-home and out-of-home dependency, educational setting, and/or reaching the age of majority.

B. ARIZONA DEPARTMENT OF CHILD SAFETY ARIZONA FAMILIES F.I.R.S.T. (FAMILIES IN RECOVERY SUCCEEDING TOGETHER) PROGRAM

The Arizona Families First (AFF) Program provides expedited access to substance use treatment for parents/families/caregivers referred by DCS and the ADES/Family Assistance Administration (FAA) Jobs Program.[25] For general information, refer to Arizona Families F.I.R.S.T ~~(~~AFF~~)~~ Program[26] (hereafter referred to as the AFF Program) at ~~www.:dcs.az.gov~~ https://dcs.az.gov/services/prevention/arizona-families-first[27] for guidelines, policies, and procedures.

1. The Contractor shall ensure that behavioral health providers coordinate with parents/families/caregivers referred through the ~~Arizona Families F.I.R.S.T.~~AFF Program ~~(hereafter referred to as the AFF Program)~~ and that providers participate in the CFT to coordinate services for the family and temporary caregivers. Substance ~~u~~Use ~~d~~Disorder (SUD) treatment for families involved with DCS shall be family~~–~~-centered, provide for sufficient support services, and shall be provided in a timely manner to promote permanency for children, stability for families, to protect the health and safety of abused and/or neglected children, and promote economic security for families.[28]

[25] Reformatted section for ease of reading
[26] Acronym(s) updated throughout Policy
[27] Website updated
[28] Moved paragraph from below for flow

2. The Contractor shall ensure behavioral health providers coordinate with DCS for the following:

~~a. ~~,

~~The AFF Program provides expedited access to substance use treatment for parents/families/caregivers referred by DCS and the ADES/Family Assistance Administration (FAA) Jobs Program. The Contractor shall ensure behavioral health providers coordinate with DCS for the following:~~

a. Point(s) of contact shall be identified for each entity (Contractor and DCS), for internal agency staff, as well as for external stakeholders (to be identified separately if these are not the same individuals) and for stakeholders, including the title(s) and contact information for each[29],

~~a.~~b. How, and which providers will ~~A~~accept referrals for Title XIX/XXI members and families referred through the AFF Program and~~,~~ Non-Title XIX/XXI members and families referred through the AFF Program (if eligible),

~~b.~~c. How they will~~E~~ ensure that services are made available to Non-Title XIX/XXI members and families and that services are provided by maximizing available federal funds before expending state funding as required in the State of Arizona's Governor's Executive Order 2008-01,

~~c.~~d. ~~C~~How they collaborate with DCS, the ADES/FAA Jobs Program, and ~~Ssubstance Uuse Ddisorder (~~SUD~~)~~ treatment providers to minimize duplication of behavioral health assessments, and

e. ~~Develop procedures for~~How they will collaborate upon and outline the ~~collaboration in the~~ referral process to ensure effective service delivery through the behavioral health system,

~~d.~~f. How they will ensure ~~. A~~appropriate authorizations to release information ~~shall be~~are obtained prior to release of information.

~~2. Substance use disorder treatment for families involved with DCS shall be family centered, provide for sufficient support services, and shall be provided in a timely manner to promote permanency for children, stability for families, to protect the health and safety of abused and/or neglected children and promote economic security for families.~~[30]

C. ARIZONA DEPARTMENT OF EDUCATION, SCHOOLS, OR OTHER LOCAL EDUCATIONAL AUTHORITIES

The Contractor is required to work in collaboration with the Arizona Department of Education (ADE) and assist with resources and referral linkages for children with behavioral health needs. For children receiving services through a Contractor~~s~~, AHCCCS has delegated to the Contractor~~s~~ its authority as a State Placing Agency as specified in A~~.~~R~~.~~S~~.~~ ~~§~~ 15-1181 for children receiving special education services as specified in A~~.~~R~~.~~S~~.~~ ~~§~~ 15-761 et seq., this includes the authority to place a student at a B~~b~~behavioral H~~h~~ealth I~~i~~npatient F~~f~~acility (BHIF) which provides care, safety, and treatment.

[29] Added requirement for identification of points of contact for ease of contact
[30] Reformatted for ease of reading, replaced above in paragraph on previous page.

1. The Contractor shall ensure that behavioral health providers collaborate with schools and help a child achieve success in school as follows:
   a. Work with the school and share information to the extent permitted by law and authorized by the member or Health Care Decision Maker (HCDM) as specified in AMPM Policy 940,
   b. For children who receive special education services, including those in the custody of DCS,[31] include information and recommendations contained in the Individualized Education Program (IEP) during the assessment and service planning process (refer to AMPM Policy 320-O).
   ~~b.~~c. Behavioral health providers shall participate with the school in developing the child's IEP and partner in the implementation of behavioral health interventions, ensuring appropriate coordination of care occurs,
   ~~c.~~d. ~~For children in the custody of DCS, the behavioral health provider shall communicate and involve the DCS Specialist with the development of the IEP~~[32],
   ~~d.~~e. Invite teachers and other school staff to participate in the CFT if agreed to by the child and HCDM,
   ~~e.~~f. Understand the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA), and residential special education placement as defined in ARS 15-761 et ~~,~~seq.,[33]
   ~~f.~~g. Support accommodations for students with disabilities who qualify under Section 504 of the Rehabilitation Act of 1973, and
   ~~g.~~h. Ensure that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

2. The Contractor shall ensure that behavioral health providers collaborate with schools to provide appropriate behavioral health services in school settings, identified as Place of Service (POS) (03). ~~and submit reports as specified in Contract.~~[34]

3. The Contractor is not financially responsible for services provided by Local Educational Authorities (LEAs), as specified in AMPM Policy 710, for members receiving special education services.

D. ARIZONA DEPARTMENT OF ECONOMIC SECURITY/ARIZONA EARLY INTERVENTION PROGRAM

1. Arizona Early Intervention Program
   The Contractor shall ensure that behavioral health providers coordinate member care with Arizona Early Intervention Program (AzEIP) as follows:
   a. Ensure that children birth to three years of age are referred to AzEIP in a timely manner when information obtained in the child's behavioral health assessment reflects developmental concerns,
   b. Ensure that children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery, and

[31] Added to clarify applicability to children in DCS custody
[32] Removed this sentence and included its content in letter (b.) above
[33] Added reference to ensure training is provided on placement expectations to Managed Care Organization and provider staff on delegated authority as a State Placing Agency
[34] This has been removed from contract and replaced with using the County, Town, District, State code on claims.

c. Ensure that, if an AzEIP team has been formed for the child, the behavioral health provider coordinates team functions to avoid duplicative processes between systems.

E. ARIZONA DEPARTMENT OF ECONOMIC SECURITY/REHABILITATION SERVICES ADMINISTRATION

AHCCCS and the Arizona Department of Economic Security/Rehabilitation Services Administrator (DES/RSA) have an Interagency Service Agreement (ISA) in place to provide specialty employment supports for members ~~determined to have~~with a Serious Mental Illness (SMI) designation. Through this ISA, Contractors and RSA's Vocational Rehabilitation program (RSA/VR) work collaboratively with the ultimate goal of increasing the number of employed members who are successful and satisfied with their vocational roles.

For further information, refer to ACOM Policy 447. ~~To review the ISA, visit the AHCCCS Website.~~

F. COURTS AND CORRECTIONS

1. The Contractor shall collaborate and coordinate care, and ensure that behavioral health providers collaborate and coordinate care for members with behavioral health needs and for members involved with:
   a. Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR~~OC~~).
   b. Arizona Department of Juvenile Corrections (ADJC).
   c. Administrative Office of the Court (AOC).
   d. County Jail System.
   ~~d.~~e. Probation and/or Parole Departments.[35]

2. The Contractor shall collaborate with courts and/or correctional agencies to coordinate member care as specified in AMPM Policy 10201~~1~~, AMPM Policy 1022 and as follows:
   a. Point(s) of contact shall be identified for each entity, for internal agency staff, as well as for external stakeholders (to be identified separately if these are not the same individuals) and for stakeholders, including the name(s) and contact information for each.[36]
   ~~a.~~b. Work in collaboration with the appropriate staff involved with the member. Invite probation or parole representatives to participate in the development of the s~~S~~ervice p~~P~~lan and all subsequent planning meetings for the CFT and ART with the member's/HCDM's approval.
   ~~b.~~c. Actively consider information and recommendations contained in probation or parole case plans when developing the service plan.
   d. Ensure that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible members.
   ~~c.~~e. The behavioral health provider shall also arrange and coordinate enrolled member care upon the member's release.

[35] Added probation and parole to ensure continuity of care for members
[36] Added expectation for identification of points of contact for Memorandum Of Understandings and collaborative protocols with each entity