



**AHCCCS CONTRACTOR OPERATIONS MANUAL**  
**POLICY 449, ATTACHMENT B, CHILDREN IN OUT-OF-HOME PLACEMENT AND IN THE LEGAL CUSTODY OF DCS AND**  
**ADOPTED CHILDREN SERVICES REPORTING: CALLS AND RECONCILIATION EMAILS**

**MONTHLY DELIVERABLE**

**Contractor:** \_\_\_\_\_  
**Line of Business:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Reporting Period:** \_\_\_\_\_

**OPEN UNTIL 05/10/19**

| <b>Report Month</b>  | <b>10/2018</b> | <b>11/2018</b> | <b>12/2018</b> | <b>01/2019</b> | <b>02/2019</b> | <b>03/2019</b> | <b>04/2019</b> | <b>05/2019</b> | <b>06/2019</b> | <b>07/2019</b> | <b>08/2019</b> | <b>09/2019</b> | <b>Total</b> |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|
| Total Number of Calls and emails Received by Children Services Liaison related to children in out-of-home placement and in the legal custody of DCS and adopted children |                |                |                |                |                |                |                |                |                |                |                |                | 0            |
| Total Number of Calls and emails Received by the After Hours Line related to children in out-of-home placement and in the legal custody of DCS and adopted children      |                |                |                |                |                |                |                |                |                |                |                |                | 0            |
| <b>Reason for Communication</b>  |                |                |                |                |                |                |                |                |                |                |                |                |              |
| <del>Request for general information/education related to Behavioral Health</del>  |                |                |                |                |                |                |                |                |                |                |                |                |              |
| <del>Request for general information/education related to DCS, CMDP, or licensing agency</del>   |                |                |                |                |                |                |                |                |                |                |                |                |              |
| <del>Request for insurance coverage information</del>  |                |                |                |                |                |                |                |                |                |                |                |                |              |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Request for crisis services because a crisis service provider was unresponsive within 72 hours                      |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Other issues related to crisis or rapid response services   |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |
| Notification of initial behavioral health services not provided within 21 calendar days after identified need       |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |
| Request for behavioral health out of home treatment due to the member displaying dangerous or threatening behaviors |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |
| General issue with coordination of care or request for coordination   |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |
| Issue with accessing physical health services   |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |
| Issue with receiving prescriptions  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |

~~Service types members are having difficulty receiving: Neuropsychological evaluations~~

Text Box for Additional Explanation:



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**MONTHLY DELIVERABLE**

Contractor: \_\_\_\_\_  
 Line of Business: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Reporting Period: \_\_\_\_\_

**OPEN UNTIL 05/10/19**

| <del>Report Month</del>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <del>Total</del> |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------|--|
| <del>Total number calls and emails received by the After Hours Line related to foster care and adopted children</del>          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Reason for Communication</del>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Request for General information/education related to Behavioral Health</del>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Request for general information/education related to DCS, CMDP, or licensing agency</del>                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Request for insurance coverage information</del>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Request for crisis services because a crisis service provider was unresponsive within 72 hours</del>                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Other issues related to crisis or rapid response services</del>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Notification of initial behavioral health services not provided within 21 calendar days after identified need</del>       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Request for behavioral health out-of-home treatment due to the member displaying dangerous or threatening behaviors</del> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>General issue with coordination of care issue or request for coordination</del>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Issue with accessing physical health services</del>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Issue with receiving prescriptions</del>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Service types members are having difficulty receiving:</del>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |
| <del>Text Box for Additional Explanations:</del>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |



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**OPEN UNTIL 05/10/19**

| <b>Report Month</b>  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Total</b> |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|
| <b>Removal Month</b>   |  |  |  |  |  |  |  |  |  |  |  |  |              |
| <b>Initial Removal List Process</b>  |  |  |  |  |  |  |  |  |  |  |  |  |              |
| Total number of children on DCS Removal List                                       |  |  |  |  |  |  |  |  |  |  |  |  |              |
| Total number of children referred by DCS for a Rapid Response                      |  |  |  |  |  |  |  |  |  |  |  |  |              |
| Number of children who received Rapid Response within 72 hours after referral      |  |  |  |  |  |  |  |  |  |  |  |  |              |
| Number of children who received Rapid Response outside the 72 hours after referral |  |  |  |  |  |  |  |  |  |  |  |  |              |
| <b>Reconciliation Process</b>  |  |  |  |  |  |  |  |  |  |  |  |  |              |

|  |         |         |         |         |         |         |         |         |         |         |         |         |         |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Number of children retruned home within 72 hours—No Rapid Response   |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Number of children already engaged in behavioral health care—No Rapid Response   |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Number of children sent to DCS/CMDP requesting efforts to enroll in behavioral health after reconciliation of the list                             |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Number of children who received Rapid Response following Reconciliation Process  |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Total number of children on Removal List and those identified as removed with no referral to rapid response, receiving a behavioral health service |         |         |         |         |         |         |         |         |         |         |         |         |         |
|  |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>Calculations</b>  |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Initially Referrals/Removal List   | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Receiving BH Service/All removed   | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|  |         |         |         |         |         |         |         |         |         |         |         |         |         |

Effective Dates: 03/24/16, 03/15/17,09/20/17, 10/01/18, XX/XX/XX

Approval Date: 01/05/17, 06/28/17, 09/07/17, 11/02/17, 03/21/19

