

541 - COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIESEFFECTIVE DATES: 07/01/16, 04/01/17, 03/01/19, 10/01/19¹APPROVAL DATES: 02/02/17, 12/06/18, 08/15/19²**I. PURPOSE**

This Policy applies to ~~AHCCCS Complete Care (ACC³)~~, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy ~~outlines~~ establishes⁴ 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.

TRBHAs and Tribal ALTCS shall coordinate with government agencies as delineated in their respective IGAs.⁵

II. DEFINITIONS**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's, ~~— guardian/designated representative~~ health care decision maker⁶ (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include the enrolled 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 members identified by the enrolled member.

¹ Date Policy is effective

² Date Policy is approved

³ Revised to align with policy standards

⁴ Replaced outline with establishes

⁵ Added for applicability of FFS

⁶ Revised for applicability of decision making for the member

**CHILD AND FAMILY TEAM
(CFT)**

A defined group of people that includes, at a minimum, the child and his/her family or healthcare decision maker⁷; 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, for example, physical health provider, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent 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**

For purposes of this policy, an individual acting on behalf of the member with the written consent of the member or member's legal guardian. As used in this policy the Designated Representative is distinct and separate from the Health Care Decision Maker.⁸

**HEALTH CARE DECISION
MAKER**

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an un emancipated 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 36-3281.⁹

RAPID RESPONSE

A process in which, a behavioral health service provider is dispatched within 72 hours, to assess a child's immediate behavioral health needs, and refer for further assessments through the behavioral health system when a child first enters into DCS custody.

⁷ Revised for applicability of decision making for the member

⁸ POST APC CHANGE- Added definition of Designated Representative to provide clear distinction between the role of a Healthcare Decision Maker and Designated Representative

⁹ Added this definition to clarify legal representatives

**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.¹⁰

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, Department of Child Safety, the Arizona Health Care Cost Containment System or the Administrative Office of the Court as specified¹¹ 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 ~~W~~when an emergency removal of a child has occurred or the removal of a child is being considered. ~~a (TDM) Meeting is held. The purpose of the meeting is to discuss the child’s safety and where they will live.~~

III. POLICY

Contractors 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, ~~including TRBHA¹²s.~~ Contractors are responsible for ensuring collaboration with government agencies, including but not limited to involvement in the member’s CFT or ART.

Contractors shall ensure that all required protocols and agreements with State agencies are delineated in their provider manuals. Contractors 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 quality of care concerns.

¹⁰ Added definition to align with RSA/VR content in policy

¹¹ Added “as specified”, per our standard policy language throughout

¹² Removed, as already falls under Tribal governmental agencies and entities

Appropriate authorizations to release information shall be obtained prior to releasing information.

A. ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)

Contractors are required to work in collaboration with DCS as outlined below:

1. General Requirements:

- a. Coordination of the development of the Service Plan with the DCS case plan to avoid redundancies and/or inconsistencies,
- b. Provide the DCS Specialist ~~and the juvenile court~~¹³ with preliminary findings and recommendations on behavioral health risk factors, symptoms and service needs for court hearings,
- c. Ensure a behavioral health assessment is performed and identify behavioral health needs of the child, the child's parents and family and provide necessary behavioral health services, including support services to caregivers,
- d. As appropriate, engage the child's parents, family, caregivers and DCS Specialist in the behavioral health assessment and service planning process as members of the CFT,
- e. Attend team meetings, such as TDM for providing input about the child and family's behavioral health needs. When ~~it is~~ possible, TDM and CFT meetings should be combined,
- f. Coordinate necessary services to stabilize in-home and out-of-home placements provided by DCS,
- g. Coordinate provision of behavioral health services in support of family reunification and/or other permanency plans identified by DCS,
- h. Coordinate activities and service delivery that supports the child and family Plans and facilitates adherence to established timeframes (refer to ACOM Policy 417, ACOM Policy 449, AMPM Policy 580, and AHCCCS Behavioral Health System Practice Tools: Transition to Adulthood, Unique Behavioral Health Services for Needs of Children, Youth and Families involved with DCS, and Child and Family Team), and Working with the Birth Through Five Population- and Psychiatric and Psychotherapeutic Best Practices for Children: Birth Through Five Years of Age.¹⁴
- i. Coordination activities should include coordination with the adult service providers rendering services to adult family members.

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 health situation. Any child who has experienced a removal by DCS is at risk for negative emotional consequences and future behavioral health disorders. The Rapid Response process is to help

¹³ [POST APC- Removed due to DCS reporting to juvenile court](#)

¹⁴ [Added for clarity of other tools included](#)

identify the immediate behavioral health needs of children and address the trauma of the removal itself,

- i. In all cases where DCS notifies the RBHA of physical removal of the child, the RBHA shall implement the Rapid Response process within 72 hours from initial contact by DCS, unless the RBHA and DCS have mutually arranged an alternative timeframe for coordinating a response based on the best interests of the child,
 - ii. If notification is received after 72 hours of removal, the RBHA, in collaboration with the DCS Specialist, shall initiate a Rapid Response. The child may also be scheduled for an initial behavioral health assessment, depending on the specific circumstances surrounding the referral. If the DCS Specialist has initiated behavioral health services, the RBHA may authorize continued services with the behavioral health provider that has established a treatment relationship with the child, and
 - iii. Contractors shall assist DCS in identifying AHCCCS members already receiving behavioral health services.
- b. The RBHA shall ensure the Rapid Response process includes:
- i. Contacting the DCS Specialist to gather relevant information such as the outcome of the DCS Safety Assessment, 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, etc.,
 - ii. Conducting a comprehensive assessment identifying immediate safety needs and presenting problems of the child. 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 more accurately identify any emerging/developing behavioral health needs that are not immediately apparent following the child's removal,
 - iii. Stabilization of behavioral health crises and offering of immediate services:
The RBHA Contractor shall require its Rapid Response providers to distribute the most recent Foster and Kinship Care Resources Packet to the placement during the Rapid Response visit. The Resource Packet is available on the AHCCCS website:
<https://www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster/>
 - iv. The provision of 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,
 - v. The provision of needed behavioral health services to the child's caregiver, including guidance about how to respond to the child's immediate needs in adjusting to foster care, behavioral health symptoms to watch for and report, assistance in responding to any behavioral health symptoms the child may exhibit, and identification of contacts within the behavioral health system,
 - vi. Providing the DCS Specialist with findings and recommendations for medically necessary covered behavioral health services for the initial

Preliminary Protective Hearing, which occurs within five to seven days of the child's removal, and

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

B. DCS ARIZONA FAMILIES F.I.R.S.T. (FAMILIES IN RECOVERY SUCCEEDING TOGETHER-AFF) PROGRAM

[For general information, refer to Arizona Families F.I.R.ST. at \[www.dcs.az.gov\]\(http://www.dcs.az.gov\) for guidelines, policies, and procedures.](#)¹⁵

1. Contractors 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.
2. 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. AHCCCS participates in statewide implementation of the program with DCS. Contractors shall ensure behavioral health providers coordinate the following:
 - a. Accept referrals for Title XIX/XXI eligible and enrolled members and families referred through the AFF Program,
 - b. Accept referrals for Non-Title XIX/XXI members and families referred through the AFF Program and provide services, if eligible,
 - c. Ensure that services made available to members who are Non-Title XIX/XXI eligible are provided by maximizing available federal funds before expending state funding as required in the Governor's Executive Order 2008-01,
 - d. Collaborate with DCS, the ADES/FAA Jobs Program, and substance use disorder treatment providers to minimize duplication of assessments, and
 - e. Develop procedures for collaboration in the referral process to ensure effective service delivery through the behavioral health system. Appropriate authorizations to release information shall be obtained prior to releasing information.
3. 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.

¹⁵ [Added website to give additional information of the program](#)

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

Contractors are required to work in collaboration with the ADE and assist with resources and referral linkages for children with behavioral health needs. For children receiving services through Contractors, AHCCCS has delegated to Contractors its authority as a State Placing Agency under A.R.S. §15-1181 for children receiving special education services ~~pursuant to~~ as specified in A.R.S. §15-761 et seq., this includes the authority to place a student at a Behavioral Health Inpatient Facility which provides care, safety, and treatment.

1. Contractors 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 child’s parent or ~~legal guardian~~ Health Care Decision Maker¹⁶ as specified in AMPM Policy 550,
 - b. For children who receive special education services, include information and recommendations contained in the Individualized Education Program (IEP) during the ~~ongoing~~¹⁷ assessment and service planning process (refer to AMPM Policy 320-O). 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. For children in the custody of DCS, the behavioral health provider shall communicate and involve the DCS Specialist with the development of the IEP,
 - d. Invite teachers and other school staff to participate in the CFT if agreed to by the child and ~~legal guardian~~ Health Care Decision Maker,
 - e. Understand the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA) ~~of 2004~~¹⁸,
 - f. Support accommodations for students with disabilities who qualify under Section 504 of the Rehabilitation Act of 1973, and
 - g. Ensure that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

2. Contractors 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. Contractors are not financially responsible for services provided by Local Educational Authorities (LEAs) for children receiving special education services .

¹⁶ Revised to Health Care Decision Maker throughout this section. Revised for proper applicability

¹⁷ Deleted for clarity; It could be initial or ongoing.

¹⁸ Deleted as law evolves

D. DEPARTMENT OF ECONOMIC SECURITY (DES)**1. Arizona Early Intervention Program (AzEIP)**

Contractors shall ensure that behavioral health providers coordinate member care with 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
- 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.

~~**2. Division of Developmental Disabilities (DDD)**~~~~Contractors shall ensure that behavioral health providers coordinate member care with DDD as follows:~~

- ~~- a. Work in collaboration with DDD staff and service providers involved with the member,
 - b. Provide assistance to DDD providers in managing challenging behaviors,
 - c. Invite DDD staff to participate in the development of the behavioral health Service Plan and all subsequent CFT or ART planning meetings,
 - d. Incorporate information and recommendations in the individual or family Service Plan developed by DDD staff, when appropriate, while developing the member's Service Plan,
 - e. Ensure that the Service Plan goals of a member who is receiving psychotropic medications, includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of challenging behavior,
 - f. Actively participating in DDD team meetings, and
 - g.a. Share all relevant information from the initial assessment and Service Plan with DDD to ensure coordination of services.¹⁹~~

~~For DDD members with a co-occurring behavioral health condition or physical health condition who demonstrate sexually maladaptive behaviors and/or aggressive behaviors, a Community Collaborative Care Team (CCCT) may be developed. For additional information regarding the roles and responsibilities of the CCCT and coordination of care, expectations refer to AMPM Policy 570.²⁰~~

¹⁹ DDD is integrating BH services including SMI. Section no longer relevant

²⁰ AMPM Policy 570 is being reserved. This Policy was needed to ensure collaboration between the RBHA and DDD. With the DDD Integration this is no longer needed.

~~Contractors shall develop, and make available to providers, policies, and procedures that include information on DDD-specific protocols or agreements.~~²¹

E. ARIZONA DEPARTMENT OF ECONOMIC SECURITY/REHABILITATION SERVICES ADMINISTRATION (ADES/RSA)

~~AHCCCS has a third-party cooperative arrangement with ADES/RSA, as defined by the Rehabilitation Act of 1973, as amended, and its implementing Regulations 34 CFR 361.28, for providing enhanced and structured Vocational Rehabilitation (VR) services to individuals determined to have a Serious Mental Illness (SMI).~~

~~For further information, visit the AHCCCS website:~~

~~<https://www.azahcccs.gov/PlansProviders/HealthPlans/purchasing.html>~~

~~AHCCCS and ADES/RSA have an Interagency Service Agreement (ISA) in place to provide specialty employment supports for members determined with a Serious Mental Illness (SMI). Through this ISA, RBHAs 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.~~²²

~~For further information, see ACOM Policy 447. To review the ISA, visit the AHCCCS Website -at www.azahcccs.gov/PlansProviders/HealthPlans/purchasing.~~

F. COURTS AND CORRECTIONS

Contractors 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:

1. Arizona Department of Corrections (ADOC).
2. Arizona Department of Juvenile Corrections (ADJC).
3. Administrative Offices of the Court (AOC), or
4. County Jails System.

Contractors shall collaborate with courts and/or correctional agencies to coordinate member care as outlined in AMPM Policy 1020 and as follows:

1. Work in collaboration with the appropriate staff involved with the member. Invite probation or parole representatives to participate in the development of the Service Plan and all subsequent planning meetings for the CFT and ART with the member's/
health care decision maker²³ ~~guardian's/designated representatives~~² approval.

²¹ Deleted as it adds no value

²² Revised section to align with ACOM Policy 447 and to properly reference ISA

²³ Revised for applicability of decision making for the member

2. Actively consider information and recommendations contained in probation or parole case plans when developing the Service Plan.
3. Ensure that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible members and arranges and coordinates enrolled member care upon the member's release.

OPEN UNTIL 10/14/19