CHAPTER 11 – COORDINATION OF CARE

11.2 – COORDINATION OF BEHAVIORAL HEALTH CARE WITH OTHER GOVERNMENTAL ENTITIES

T/RBHA must develop policies, protocols and procedures that describe how members will be served and how care will be coordinated and managed with other governmental entities. HCIC on an annual basis develops joint protocols with stakeholders and posts those protocols on the HCIC website. These collaborative protocols are available on the Health Choice Integrated Care website at available at www.healthchoiceintegratedcare.com under Provider Resources.

DEFINITIONS

Child and Family Team (CFT)
A defined group of people that includes, at a minimum, the child and his/her family, 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.

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
One of the following government agencies with the authority to place a student in a residential treatment center for care, safety, or treatment: 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. (A.R.S. §15-1181(12).

Team Decision Making
When an emergency removal of a child has occurred or the removal of a child is being considered, a Team Decision Making (TDM) Meeting is held. The purpose of the meeting is to discuss the child’s safety and where they will live.

CHILDREN’S SERVICES

T/RBHAs shall strive to be consistent with the service goals established by other agencies serving the child and/or family. Behavioral health service plans shall be directed by the CFT toward the behavioral health needs of the child, and the team will seek the active participation of other involved agencies in the planning process. Health Choice Integrated Care will ensure that service delivery is consistent with the AHCCCS Child and Family Team Practice Tool and the Arizona Vision Twelve Principles for Children.

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Service Delivery as per AMPM Policy 430 EPSDT Services and AMPM Policy 541 Coordination of Children’s Care with Other Government Agencies. The tool includes suggested guidelines for developing and maintaining a collaborative relationship with other government entities that deliver services to children. HCIC’s collaborative protocol is available at www.healthchoiceintegratedcare.com under Provider Resources.

ARIZONA DEPARTMENT OF CHILD SAFETY

When a child receiving behavioral health services is also receiving services from DCS, the subcontracted provider must work towards effective coordination of services with the DCS Specialist. Providers are expected to:

- Coordinate the development of the behavioral health service plan with the child welfare case plan to avoid redundancies and/or inconsistencies.
- Ensure an urgent response for children and their families upon a child being removed from their home as per ACOM Policy 417 Appointment, Availability, Monitoring and Reporting and Chapter 2.1 – Appointment Standards and Timeliness of Service).
- Provide the DCS Specialist and the juvenile court with preliminary findings and recommendations on behavioral health risk factors, symptoms and service needs for hearing.
- Perform an assessment and identify behavioral health needs of the child, the child’s parents and family and provide necessary behavioral health services, including support services to temporary caretakers.
- As appropriate, engage the child’s parents, family, temporary caretakers and DCS Specialist in the behavioral health assessment and service planning process as members of the Child and Family Team (CFT) Chapter 2.4 – Assessment and Service Planning).
- Attend team meetings such as Team Decision Meetings (TDM) and Family Group Meetings (as appropriate) for the purpose of providing input about the child and family’s behavioral health needs. When it is possible, TDM and CFT meetings should be combined.
- Coordinate, communicate and expedite necessary services to stabilize in-home and out-of-home placements provided by DCS.
- Provide behavioral health services in support of family reunification and/or other permanency plan identified by DCS. Ensure that behavioral health needs of eligible parents and family members are identified and met.
- Ensure responsive coordination activities and service delivery that supports the DCS child and family plans and facilitates adherence to DCS established timeframes (see ACOM Policy 417, AMPM Policy 580 Behavioral Health Referral and Intake Process and Practice Tools: Transition into Adulthood, The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with DCS, and the CFT.(https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/cft.pdf); Coordination activities should include coordination with the adult service providers rendering services to adult family members.

DCS/ADHS ARIZONA Families F.I.R.S.T. (Families in Recovery Succeeding Together) Program

Providers must ensure that behavioral health providers coordinate with parents/families referred through the Arizona Families F.I.R.S.T (AFF) program (see Overview of the Arizona Families F.I.R.S.T Program Model & Referral Process) and participate in the family’s CFT to coordinate services for the family and temporary caretakers.
The AFF Program provides expedited access to substance abuse treatment for parents and caregivers referred by DCS and the ADES/Family Assistance Administration (FAA) Jobs Program. AHCCCS participates in statewide implementation of the program with DCS (see A.R.S. 8-881). Health Choice Integrated Care and providers must:

- Accept referrals for Title XIX and Title XXI eligible and enrolled members and families referred through AFF;
- Accept referrals for Non-Title XIX and Non-Title XXI members and families referred through AFF and provide services, if eligible (see Chapter 2.9 – Special Populations);
- Ensure that services made available to members who are Non-Title XIX and Non-Title XXI eligible are provided by maximizing available federal funds before expending state funding as required in the Governor’s Executive Order 2008-01, ensuring that TXIX is the payor of first resort for all TXIX eligible individuals;
- Collaborate with DCS, the ADES/FAA JOBS Program and Substance Abuse Treatment providers to minimize duplication of assessments and achieve positive outcomes for families;
- Collaborate and coordinate care for members with behavioral health needs involved with Arizona Department of Juvenile Corrections (ADJC) and the Administrative Offices of the Court (AOC); and
- Develop procedures for collaboration in the referral process to ensure effective service delivery through the Health Choice Integrated Care system of care. Appropriate authorizations to release information must be obtained prior to releasing information.

Substance use treatment for families involved with DCS must be family centered, provide for sufficient support services and must 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. (see Chapter 2.1 – Appointment Standards and Timeliness of Service).

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

AHCCCS has delegated the functions and responsibilities as a State Placing Agency to Health Choice Integrated Care for members in the Northern GSA under A.R.S. §15-1181 for children receiving special education services pursuant to 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. Health Choice Integrated Care and providers must work in collaboration with the ADE in support of school environments that promote behavioral health for children and to assist with resources and referral linkages for the placement of children with behavioral health needs. HCIC collaborative protocol is available at [www.healthchoiceintegratedcare.com](http://www.healthchoiceintegratedcare.com) under Provider Resources.

Providers must ensure that subcontracted providers collaborate with schools and help a child achieve success in school by:

- Working in collaboration with the school and sharing information to the extent permitted by law and authorized by the child’s parent or legal guardian (see AMPM Policy 550 Member Records and Confidentiality and Chapter 16.0 – Confidentiality);
• For children receiving special education services, actively consider information and recommendations contained in the Individualized Education Program (IEP) during the ongoing assessment and service planning process (see Chapter 2.4 – Assessment and Service Planning);
• For children receiving special education services, participate with the school in developing the child’s IEP and share the behavior treatment plan interventions, if applicable;
• Inviting teachers and other school staff to participate in the CFT if agreed to by the child and legal guardian;
• Having a clear understanding of the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA) of 2004;
• Ensuring that students with disabilities who qualify for accommodations under of the Section 504 of the Rehabilitation Act of 1973 are provided adjustments in the academic requirements and expectations to accommodate their needs and enable them to participate in the general education program; and
• Ensuring that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY/DIVISION OF DEVELOPMENTAL DISABILITIES (ADES/DDD)

Members qualifying for services through DDD can fall into several different categories based on their eligibility status and the extent of their diagnosed disability. Here are the three general groupings and the services offered to those members:

<table>
<thead>
<tr>
<th>Category</th>
<th>What behavioral health services are available?</th>
<th>Who is responsible for providing the behavioral health services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title XIX and eligible for ALTCS</td>
<td>All Title XIX covered services</td>
<td>Health Choice Integrated Care and subcontracted providers</td>
</tr>
<tr>
<td>Title XIX and not eligible for ALTCS</td>
<td>All Title XIX covered services</td>
<td>Health Choice Integrated Care and subcontracted providers</td>
</tr>
<tr>
<td>Non-Title XIX</td>
<td>Services provided based on eligibility for services*</td>
<td>Health Choice Integrated Care and subcontracted providers based on eligibility for services*</td>
</tr>
</tbody>
</table>

*DDD American Indian members, title XIX and XXI, on- or off-reservation, eligible to receive services, may choose to receive services at any time through a Tribal Regional Behavioral Health Authority (TRBHA)
** See AHCCCS Policy 320-T, Non-Discretionary Federal Grants and Chapter 2.9 – Special Populations

Behavioral health providers coordinate member care with DDD by:
• Working in collaboration with DDD staff and service providers involved with the member;
• Providing assistance to DDD providers in managing difficult behaviors;
• Inviting DDD staff to participate in the development of the behavioral health service plan and all subsequent planning meetings as members of the member’s clinical team (see Chapter 2.4 – Assessment and Service Planning);
• Incorporating information and recommendations in the Individual or Family Support Plan (ISP) developed by DDD staff, when appropriate, while developing the member’s ISP;
• Ensuring that the goals of the ISP, of a member diagnosed with developmental disabilities who is receiving psychotropic medications, includes reducing behavioral health symptom and achieving...
optimal functioning, not merely the management and control of challenging behavior;

• Actively participating in DDD team meetings; and
• For members diagnosed with Pervasive Developmental Disorders and Developmental Disabilities, sharing all relevant information from the initial assessment and ISP with DDD to ensure coordination of services.

For DDD members with a co-occurring behavioral health condition or physical health condition who demonstrate inappropriate sexual 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, please see the AHCCCS Medical Policy Manual (AMPM), Policy 570, Community Collaborative Care Teams. For more information about the collaboration between Health Choice Integrated Care and DDD, please see the collaborative protocol available at www.healthchoiceintegratedcare.com under Provider Resources.

DEPARTMENT OF DEVELOPMENTAL DISABILITIES/ARIZONA EARLY INTERVENTION PROGRAM (DDD/AzEIP)

Providers must ensure that behavioral health providers coordinate member care with AzEIP by:

• Ensuring that children birth to three years of age are referred to AzEIP in a timely manner when information obtained in their behavioral health assessment reflects developmental concerns;
• Ensuring that children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery (see Chapter 2.1 – Appointment Standards and Timeliness of Service);
• Ensuring that, if an AzEIP team has been formed for the child, the behavioral health provider will coordinate team functions so as to avoid duplicative processes between systems.

Health Choice Integrated Care and Arizona Early Intervention Program (DDD/AzEIP) have an established mutually agreed upon protocol to ensure effective and efficient delivery of behavioral health services. The Collaborative Protocol between Health Choice Integrated Care and Arizona Early Intervention Program defines the respective roles and responsibilities of each party and is available at www.healthchoiceintegratedcare.com under Provider Resources.

COURTS AND CORRECTIONS

Health Choice Integrated Care and behavioral health providers are expected to collaborate and coordinate care for behavioral health members involved with:

• The Arizona Department of Corrections (ADOC) & Community Corrections (Parole)
• Arizona Department of Juvenile Corrections (ADIC), or
• Northern GSA County Jails & Correctional Health Services
• The Arizona Superior Court & Northern GSA County Probation Offices
• Municipal Mental Health Courts and Drug Courts

Providers must ensure behavioral health providers work with court and/or correctional agencies by:

• Working in collaboration with the appropriate staff involved with the member;
• Inviting probation or member’s parole officer to participate in the development of the IRP/ISP and all subsequent planning meetings as members of the member’s CFT or for adults, the ART, with member’s approval;
• Actively considering information and recommendations contained in probation or parole case plans.
when developing the IRP/ISP;

• Ensuring that children and their families continue to receive services while children are in detention including services and planning for release; and

• Ensuring 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 (see Chapter 2.0 – Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage and Limited Subsidy Program, Chapter 2.2 – Referral and Intake Process, and Chapter 2.5 – SMI Eligibility Determination).

Health Choice Integrated Care and the Arizona Department of Corrections (ADOC) have an established mutually agreed upon protocol to ensure effective and efficient delivery of behavioral health services. The Collaborative Protocol between Health Choice Integrated Care and Arizona Department of Corrections (ADC) defines the respective roles and responsibilities of each party available at www.healthchoiceintegratedcare.com under Provider Resources.

Health Choice Integrated Care and the Arizona Department of Juvenile Corrections (ADJC) have an established mutually agreed upon protocol to ensure effective and efficient delivery of behavioral health services. The Collaborative Protocol between Health Choice Integrated Care and Arizona Department of Juvenile Corrections defines the respective roles and responsibilities of each party.

Additional data sharing agreements have been developed with system partners. These collaborative protocols are available on the Health Choice Integrated Care website at available at www.healthchoiceintegratedcare.com under Provider Resources.

ARIZONA COUNTY JAILS

In Maricopa County, behavioral health providers must assist the member with serious mental illness (SMI) by:

• Working in collaboration with the appropriate staff involved with the member;

• Ensuring that screening and assessment services, medications and other behavioral health needs are provided to jailed members upon request;

• Ensuring that the member has a viable discharge plan, that there is continuity of care if the member is discharged or incarcerated in another correctional institution, and that pertinent information is shared with all staff involved with the member’s care or incarceration with member approval and in accordance with Chapter 16.0 – Confidentiality; and

• Determining whether the member is eligible for the Jail Diversion Program.

For all other members receiving behavioral health services in Maricopa County and all other Arizona counties, behavioral health providers must ensure that appropriate coordination also occurs for behavioral health members with jail personnel at other county jails.

For further information regarding Health Choice Integrated Care enrolled members who are incarcerated, please contact the Court Liaison Department through customer service at 1-800-640-2123, or visit www.HealthChoiceIntegratedCare.com.
ARIZONA DEPARTMENT OF ECONOMIC SECURITY/REHABILITATION SERVICES ADMINISTRATION
(ADES/RSA)
The purpose of RSA is to work with individuals with disabilities to achieve increased independence or gainful employment through the provision of comprehensive rehabilitative and employment support services.

Providers must ensure that behavioral health providers coordinate member care by:
- Working in collaboration with the vocational rehabilitation (VR) counselors or employment specialists in the development and monitoring of the member’s employment goals;
- Ensuring that all related vocational activities are documented in the comprehensive clinical record (see Chapter 10.1 – Medical Record Standards);
- Inviting RSA staff to be involved in planning for employment programming to ensure that there is coordination and consistency with the delivery of vocational services;
- Participating and cooperating with RSA in the development and implementation of a Regional Vocational Service Plan inclusive of RSA services available to adolescents; and
- Allocating space and other resources for VR counselors or employment specialists working with enrolled members who have been determined to have a Serious Mental Illness.

Health Choice Integrated Care and Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) have an established mutually agreed upon protocol to ensure effective and efficient provision of comprehensive rehabilitative and employment support services. For individuals with SMI to achieve increased independence or gainful employment, the Collaborative Protocol between Health Choice Integrated Care and Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) defines the respective roles and responsibilities of each party. This collaborative protocol is available on the Health Choice Integrated Care website at www.HealthChoiceIntegratedCare.com under Provider Resources.

ARIZONA DEPARTMENT OF HEALTH SERVICES/Bureau of Residential Facilities Licensing
When a member receiving behavioral health services is residing in an assisted living facility, providers and behavioral health providers must coordinate with the Bureau of Residential Facilities Licensing to ensure that the facility is licensed and that there are no existing violations or legal orders. Providers and behavioral health providers must also determine and ensure that the member living in an assisted living facility is at the appropriate level of care. The provider and the behavioral health provider can coordinate with the Bureau of Residential Facilities Licensing to determine the level of care that a particular assisted living facility is licensed to provide.

For further information regarding Health Choice Integrated Care enrolled members who are seeking Assisted Living services, please call customer service at 1-800-640-2123 or visit www.HealthChoiceIntegratedCare.com. Providers, members, and community stakeholders should contact the Health Choice Integrated Care Housing Department through Member Service at 1-800-640-2123 to report unsafe conditions.