

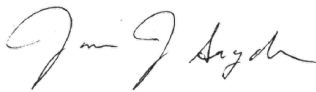
June 16, 2022

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 2022 AHCCCS Report on Behavioral Health Services for Children in Legal Custody of the Arizona 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



**2022 Annual Report
Behavioral Health Services for Children in Legal
Custody of the Department of Child Safety**

July 2022

Behavioral Health Services for Children in Legal Custody of the Department of Child Safety

Overview

On March 24, 2016, Jacob’s Law (A.R.S. § 8-512.01) was enacted. The 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 Title XXI.

Children in foster care began receiving physical and behavioral health services through a statewide, integrated delivery model starting on April 1, 2021. The new health plan's name is Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP), hereafter DCS/CHP in this report. Therefore, for the timeframe of this report, April 1, 2021-March 31, 2022, data was populated from DCS/CHP.

Prior to April 1, 2021, children in the legal custody of DCS were enrolled with the statewide Comprehensive Medical and Dental Program (CMDP) for the provision of physical health care services and behavioral health services were provided through the Regional Behavioral Health Authority (RBHA) in their geographical area.

DCS/CHP Enrollment by County as of October 2021	
Apache	40
Cochise	196
Coconino	200
Gila	130
Graham/Greenlee	57
La Paz	19
Maricopa	7940
Mohave	567
Navajo	114
Pima	2835
Pinal	848
Santa Cruz	65
Yavapai	327
Yuma	228
Total DCS/CHP enrollment	13,566

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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 two 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 service 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 percent 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 DCS/CHP coordinated crisis services because a crisis service provider was unresponsive within two 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, and
- List of providers that were formerly contracted with DCS/CHP but that terminated their contract and provided services pursuant to this section for 130 percent of the AHCCCS FFS rate and 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 additional requirement that DCS/CHP and DES/DDD (Department of Economic Security, Division of Developmental Disabilities) should coordinate crisis services for a

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child if an out-of-home placement or if an 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 DCS/CHP and DES/DDD to identify a Children Services Liaison. The primary role of the Children Services Liaison is to:

- Serve as the 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.

DCS/CHP and DES/DDD report calls received by the Children Services Liaison. Monthly call reporting includes the number of calls and types of calls received. From April 2021 through March 2022, no calls were received by DCS/CHP or DES/DDD for assistance with coordinating crisis services because a crisis services provider was unresponsive.

Behavioral Health Appointment Standards

AHCCCS contractors are required to maintain compliance with appointment availability standards outlined in contract and ACOM Policy 417, Appointment Availability, Monitoring. 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. DCS/CHP must track and report quarterly the Behavioral Health Utilization and Timeframes for the DCS Involved Youth deliverable. AHCCCS publishes this data in the [Foster Care Dashboard](#) quarterly.

ACOM Policy 417 includes behavioral health appointment standards for the contractors. Behavioral health appointment standards for children in legal custody of DCS and adopted children are as follows:

- 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,
- Initial Assessment within seven calendar days after referral or request for behavioral health services,
- Initial Appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation, and
- 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.

The AHCCCS Clinical Resolutions Unit tracks the number of requests for services out of network due to services not provided within 21 calendar days from initial assessment. From April 2021 through March 2022, it was identified that services were not provided within 21 calendar days for three members in foster care and 22 adopted members for a total of 25 members. The AHCCCS Clinical Resolutions Unit and DCS/CHP worked diligently to address the barriers identified by facilitating communication, identifying alternative providers, expanding their provider networks, and executing single case agreements when needed. The AHCCCS Clinical Resolutions Unit encounters a variety of factors that may contribute to members not receiving service within 21 calendar days, including communication challenges, failure to make the referral in a timely manner, member transition to a new home or community, member hospitalization upon removal from home, multiple siblings

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removed with differing needs, foster family requesting services with a particular provider, provider or appointment availability, specialty service providers, and appointment conflicts with previously scheduled appointments.

Services Accessed Out of Network

The statute allows members to access providers outside DCS/CHP'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 DCS/CHP and AHCCCS customer service to document the failure. After contacting the DCS/CHP and AHCCCS, the member may receive services directly from any AHCCCS registered provider, irrespective of the provider's contracted status with DCS/CHP. Upon submission of the claim to DCS/CHP for payment, the provider must accept the lesser of 130 percent 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 DCS/CHP that decided to terminate their contract to provide services pursuant to this law at 130 percent of the AHCCCS FFS rate. Additionally, AHCCCS 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 percent of the AHCCCS FFS rate or the provider's standard rate. From April 2021 through March 2022, no members were identified as accessing services by a non-contracted provider pursuant to the law.

Summary

This report demonstrates that children in foster care and their families continue to be able to access behavioral health services, including crisis services. The improvement is attributed in large part to the integrated model under DCS/CHP, and ongoing member and provider education on behavioral health access and the availability of services. It is important to note that during this reporting period, the COVID -19 pandemic and national public health emergency impacted the broader health care system. AHCCCS, DCS, and DCS/CHP worked to mitigate this impact by modifying prior authorization requirements to ensure convenient access to health care services, expanding telehealth covered services, continuing outreach to caregivers regarding the importance of wellness exams and behavioral health services upon entry into care, and assisting in care coordination activities and navigation of the children's system of care. DCS/CHP also continues to create more informational opportunities with events for providers, community advocates, and families to learn and better understand the requirements of Jacob's Law regarding timely service delivery in coordination with their Foster Care Liaisons and Children's System of Care meetings. Throughout 2021, AHCCCS also completed 16 Jacob's Law trainings, reaching 278 participants across the state. These trainings were also coordinated with external partners, including VOICES for CASA and Pinal County CASA.

AHCCCS will continue to monitor these outcomes to ensure availability and access to services for children in foster care.