SECTION: 3 CHAPTER: 900
POLICY: 903, Coordination of Care With Other Government Entities

---

1. PURPOSE:

Effective communication and coordination of services are fundamental objectives for providers when serving recipients involved with other government entities. When providers coordinate care efficiently, the following positive outcomes can occur:

a. Duplicative and redundant activities, such as assessments, service plans, and agency meetings are minimized;
b. Continuity and consistency of care are achieved;
c. Clear lines of responsibility, communication and accountability across service providers in meeting the needs of the recipient and family are established and communicated; and
d. Limited resources are effectively utilized.

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) recognizes the importance of a responsive behavioral health system, especially when the needs of vulnerable recipients have been identified by other government entities. For example, ADHS/DBHS strongly supports the timely response and coordination of services for children who have been, or imminently will be, removed from their homes by the Arizona Department of Economic Security/Child Protective Services (ADES/CPS) (see Policy 102, Appointment Standards and Timeliness of Service). ADHS/DBHS expects all providers to collaborate and provide any necessary assistance when CPS initiates requests for covered services or supports.

The intent of this section is to communicate the ADHS/DBHS expectations for providers who must cooperate and actively work with other agencies serving recipients.

ADHS/DBHS has Intergovernmental Agreements (IGAs), Interagency Service Agreements (ISAs), and Memorandums of Understanding (MOUs) with several state, county, tribal, and local agencies to collaborate while serving recipients involved with multiple systems.

T/RBHA must develop and make available to providers policies and procedures that include information on required protocols and agreements with State agencies and the location where these protocols and agreements are posted.

ADHS/DBHS has developed a Practice Protocol, Child and Family Team Practice. The protocol includes suggested guidelines for developing and maintaining a collaborative relationship with other government entities that deliver services to children.

2. TERMS:

Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php. The following terms are referenced in this section:

Adult Clinical Team
Child and Family Team (CFT)
Individualized Education Program (IEP)
State Placing Agencies

3. PROCEDURES:

a. Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF)

i. When a child receiving behavioral health services is also receiving services from ADES/DCYF, the provider works towards effective coordination of services with the CPS Specialist. Providers are expected to:

(1) Coordinate the development of the behavioral health service plan with the child welfare case plan to avoid redundancies and/or inconsistencies.

(2) Ensure an urgent response to DCYF initiated referrals for children who have been removed from their homes (see Policy 102, Appointment Standards and Timeliness of Service).

(3) Provide the CPS Specialist and the juvenile court with preliminary findings and recommendations on behavioral health risk factors, symptoms and service needs for hearing.

(4) Work collaboratively on child placement decisions if placement and funding are being sought for behavioral health treatment.

(5) Invite the CPS Specialist, CPS providers and resource parents to participate in the behavioral health assessment and service planning process as members of the Child and Family Team (CFT) (see Policy 105, Assessment and Service Planning).

(6) Strive to be consistent with the service goals established by other agencies serving the child or family. Behavioral health service plans must be directed by the CFT toward the behavioral health needs of the child, and the team should seek the active participation of other involved agencies in the planning process.

(7) Attend team meetings such as Team Decision Making (TDM) and Family Group Decisions (as appropriate) for the purpose of providing input about the child and family's health needs. Where it is possible, TDM and CFT meetings should be combined.

(8) Coordinate, communicate and expedite necessary services to stabilize in-home and out-of-home placements provided by DCYF.

(9) Provide behavioral health services during the reunification process and/or other permanency plan options facilitated by DCYF. Parent-child visitation arrangements and supervision are the responsibility of CPS. Therapeutic visitation is not a covered behavioral health service.

(10) Ensure responsive coordination activities and service delivery that supports DCYF planning and facilitates adherence to DCYF established timeframes (see Practice Protocol, The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS) and Practice Protocol, Transition to Adulthood.

ii. ADES/ADHS Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) Program - Behavioral health providers must ensure coordination for parents/families referred through the Arizona Families F.I.R.S.T (AFF) program (see

Policy Attachment 903.2, Overview of the Arizona Families F.I.R.S.T. (AFF) Program Model and Referral Process).

iii. The AFF program provides expedited access to substance abuse treatment for parents and caregivers referred by ADES/DCYF/CPS and the ADES/FAA Jobs Program. ADHS/DBHS participates in statewide implementation of the program with ADES (see A.R.S. 8-881). T/RBHAs and providers must:

(1) Accept referrals for Title XIX and Title XXI eligible and enrolled recipients and families referred through AFF;

(2) Accept referrals for Non-Title XIX and Non-Title XXI persons and families referred through AFF and provide services, if eligible (see Policy 110, Special Populations.

(3) Ensure that services made available to persons 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;

(4) Collaborate with ADES/DCYF/CPS, the ADES/FAA JOBS Program and Substance Abuse Treatment providers to minimize duplication of assessments and achieve positive outcomes for families; and

(5) Develop procedures for collaboration in the referral process to ensure effective service delivery through the T/RBHA behavioral health system. Appropriate authorizations to release information must be obtained prior to releasing information.

iv. The goal of the AFF Program is to promote permanency for children, stability for families, protect the health and safety of abused and/or neglected children and promote economic security for families. Substance abuse treatment for families involved with DES/DCYF/CPS must be family centered, provide for sufficient support services and must be provided in a timely manner (see Policy 102, Appointment Standards and Timeliness of Service; 3.g, Special Populations

b. Arizona Department of Education (ADE), Schools, or Other Local Educational Authorities

i. ADHS/DBHS has delegated the functions and responsibilities as a State Placing Agency to the T/RBHAs. As such it is the expectation of ADHS/DBHS that T/RBHAs work in collaboration with the ADE for the placement of children with behavioral health service providers.

ii. Behavioral health providers serving children can gain valuable insight into an important and substantial element of a child's life by soliciting input from school staff and teachers. Behavioral health providers can collaborate with schools and help a child achieve success in school by:

(1) 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 Policy 1401, Confidentiality);

(2) For children receiving special education services, actively consider information and recommendations contained in the Individual Education Plan (IEP) during the ongoing assessment and service planning process (see Policy 105, Assessment and Service Planning);

(3) For children receiving special education services, ensuring that the behavioral health provider or designee participates with the school in developing the child's IEP and share the behavior treatment plan interventions, if applicable;

(4) Inviting teachers and other school staff to participate in the CFT if agreed to by the child and legal guardian;

(5) Having a clear understanding of the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA) of 2004.

(6) Ensuring that students with disabilities who qualify for accommodations under 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

(7) Ensuring that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

c. Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD)

i. Persons qualifying for services through DDD can fall into several different categories based on their eligibility status and the extent of their diagnosed disability. There are three general groupings:

Type of DDD Eligibility	What behavioral health services are available?	Who is responsible for providing the behavioral health services?
Title XIX and eligible for ALTCS	All Title XIX covered services	T/RBHAs and contracted providers
Title XIX and not eligible for ALTCS	All Title XIX covered services	T/RBHAs and contracted providers
Non-Title XIX	Services provided based on eligibility for services*	T/RBHAs and contracted providers based on eligibility for services*

*See Policy 110, Special Populations.

ii. Behavioral health providers strive toward effective coordination of services with recipients receiving services through DDD by:

(1) Working in collaboration with DDD staff and service providers involved with the recipient;

(2) Providing assistance to DDD providers in managing difficult behaviors;

(3) Inviting DDD staff to participate in the development of the behavioral health service plan and all subsequent planning meetings as members of the recipient's clinical team (see Policy 105, Assessment and Service Planning);

(4) Incorporating information and recommendations in the Individual or Family Support Plan (ISP) developed by DDD staff, when appropriate, while developing the recipient's ISP;

(5) Ensuring that the goals of the ISP, of a recipient diagnosed with developmental disabilities who is receiving psychotropic medications, includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of challenging behavior;

(6) Actively participating in DDD team meetings; and

(7) For recipients 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.

iii. For DDD recipients 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. The CCCT will consist of experts from multiple agencies involved in coordinating care for DDD members who have been unresponsive to traditional ALTCS and Behavioral Health services 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. T/RBHA's must develop and make available to providers policies and procedures that include information on DDD specific protocols or agreements.

d. Department of Economic Security/Arizona Early Intervention Program (ADES/AzEIP)

i. Behavioral health service providers can strive toward effective coordination of care for children identified as having, or likely having, disabilities or developmental delays by:

(1) 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;

(2) Ensuring that children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery (see Policy 102, Appointment Standards and Timeliness of Service);

(3) 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; and

(4) Coordinating enrollment in the T/RBHA children's system of care when a child transfers to the children's DDD system.

e. Courts and Corrections

i. T/RBHAs and behavioral health providers are expected to collaborate and coordinate care for behavioral health recipients involved with:

(1) The Arizona Department of Corrections (ADC),

(2) Arizona Department of Juvenile Corrections (ADJC), or

(3) Administrative Offices of the Court (AOC).

ii. When a recipient receiving behavioral health services is also involved with a court or correctional agency, behavioral health providers work towards effective coordination of services by:

(1) Working in collaboration with the appropriate staff involved with the recipient;

(2) Inviting probation or parole recipients to participate in the development of the ISP and all subsequent planning meetings as members of the recipient's clinical team with recipient's approval;

(3) Actively considering information and recommendations contained in probation or parole case plans when developing the ISP; and

(4) Ensuring that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible recipients and arranges and coordinates care upon the person's release (see Policy 103, Referral and Intake Process).

f. Arizona County Jails

i. In Maricopa County, when a recipient receiving behavioral health services has been determined to have, or is perceived to have, a Serious Mental Illness (see Policy 106, SMI Eligibility Determination) and is detained in a Maricopa County jail, the behavioral health provider must assist the recipient by:

(1) Working in collaboration with the appropriate staff involved with the recipient;

(2) Ensuring that screening and assessment services, medications and other behavioral health needs are provided to jailed recipients upon request;

(3) Ensuring that the recipient has a viable discharge plan, that there is continuity of care if the recipient is discharged or incarcerated in another correctional institution, and that pertinent information is shared with all staff involved with the recipient's care or incarceration with recipient approval and in accordance with Policy 1401, Confidentiality; and

(4) Determining whether the recipient is eligible for the Jail Diversion Program.

ii. For all other recipients 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 recipients with jail personnel at other county jails.

g. Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA)

i. 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.

ii. Supportive employment services available through the ADHS/DBHS system are distinct from vocational services available through RSA. Please refer to the ADHS/DBHS Covered Behavioral Health Services Guide for more details.

iii. When a recipient determined to have a Serious Mental Illness is receiving behavioral health services and is concurrently receiving services from RSA, the behavioral health provider ensures effective coordination of care by:

(1) Working in collaboration with the vocational rehabilitation (VR) counselors or employment specialists in the development and monitoring of the recipient's employment goals;

(2) Ensuring that all related vocational activities are documented in the comprehensive clinical record (see Policy 802, Behavioral Health Medical Record Standards);

(3) Inviting RSA staff to be involved in planning for day programming to ensure that there is coordination and consistency with the delivery of vocational services;

(4) Participating and cooperating with RSA in the development and implementation of a Regional Vocational Service Plan; and

(5) Allocating space and other resources for VR counselors or employment specialists working with enrolled recipients who have been determined to have a Serious Mental Illness.

h. Arizona Department of Health Services/Office of Assisted Living Licensing

i. When a recipient receiving behavioral health services is residing in an assisted living facility, behavioral health providers must coordinate with the Office of Assisted Living Licensing to ensure that the facility is licensed and that there are no existing violations or legal orders. Behavioral health providers must also determine and ensure that the recipient living in an assisted living facility is at the appropriate level of care. The behavioral health provider can coordinate with the Office of Assisted Living Licensing to determine the level of care that a particular assisted living facility is licensed to provide.

4. **REFERENCES:**

The following citations can serve as additional resources for this content area:

A.R.S. § 8-881
A.R.S. § 15-825
A.R.S. §15-1181(12)
9 A.A.C 10-701
9 A.A.C.21
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
Policy 102, Appointment Standards and Timeliness of Service
Policy 103, Referral and Intake Process
Policy 104, Outreach, Engagement, Re-Engagement and Closure
Policy 105, Assessment and Service Planning
Policy 106, SMI Eligibility Determination
Policy 802, Behavioral Health Medical Record Standards
Policy 902, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers
Policy 1401, Confidentiality
ADHS/DBHS Covered Behavioral Health Services Guide
Practice Improvement Protocol 8, The Adult Clinical Team
Practice Protocol, Child and Family Team Practice
Practice Protocol, The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS

Practice Protocol, Transition to Adulthood
Governor's Executive Order 2008-01