Section 4.4 Coordination of Care with Other Governmental Entities

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   A. Arizona Department of Child Safety (DCS)
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   G. Arizona Department of Economic Security, Rehabilitation Services Administration (RSA)
   H. Arizona Department of Health Services (DHS), Assisted Living Licensure

I. STATEMENT OF PURPOSE:

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

1. Duplicative and redundant activities, such as assessments, service plans, and agency meetings are minimized;

2. Continuity and consistency of care are achieved;

3. Clear lines of responsibility, communication, and accountability across service providers in meeting the needs of the recipient and family are established and communicated; and

4. Limited resources are effectively utilized.

The intent of this section is to convey the Arizona Health Care Cost Containment System (AHCCCS) expectation that the Pascua Yaqui (PY) Centered Spirit Program (CSP) Tribal Regional Behavioral Health Authority (TRBHA) behavioral health providers cooperate and actively work with other agencies involved with the same person.

II. REFERENCES:

The following PY CSP Provider Manual sections can serve as additional resources for this content area:

Section 3.2, Appointment Standards and Timeliness of Service
Section 3.3, Referral Process
Section 3.8, Outreach, Engagement, Re-Engagement and Ending an Episode of Care and Disenrollment
Section 3.9, Intake, Assessment and Service Planning
Section 3.10, Serious Mental Illness (SMI) Eligibility Determination
Section 4.1, Disclosure of Behavioral Health Information
Section 4.2, Behavioral Health Medical Records Standards

The following citation and AHCCCS document can also serve as resources for this content area:

9 A.A.C 10-701
AHCCCS/TRBHA Intergovernmental Agreement (IGA) 2021

III. STANDARDS:

1. CSP ensures that the care a recipient receives is effectively coordinated with other government entities concurrently providing services to the recipient in accordance with *Section 3.2, Appointment Standards and Timeliness of Service, Section 3.9, Assessment and Service Planning* and *Section 4.3, Coordination of Care with Other Government Entities.*

2. CSP and its subcontracted providers are responsible for actively coordinating the services a person receives with the services provided by other government entities.

3. CSP and its subcontracted providers coordinate efforts with other government entities and their service providers.

V. PROCEDURES:

A. DCS:

When a child receiving behavioral health services is also receiving services from DCS, the behavioral health provider can work towards effective coordination of services by working in collaboration with the PY Child Protective Services (CPS) Specialist and providers are expected to:

1. Coordinate the development of the behavioral health Individualized Service Plan (ISP) with the child welfare case plan to avoid redundancies and/or inconsistencies;

2. Ensure an urgent response to DCS initiated referrals for children who have been removed from their homes (see *Section 3.2, 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 consideration in the development of the child's CPS case plan for the initial preliminary protective 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 *Section 3.9, Assessment and Service Planning);*

6. Strive to be consistent with the service goals established by other agencies serving the child or family. Behavioral health ISPs 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 Tribal Multi-Disciplinary Review (TMDR) team as appropriate for the purpose of providing input about the child and family's behavioral health needs. When possible, TMDR and CFT meetings should be combined;

8. Coordinate, communicate and expedite necessary behavioral health services to stabilize in-home and out-of-home placements provided by DCS;

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

10. Ensure responsible coordination activities and service delivery that supports DCS planning and facilitates adherence to DCS established timeframes.

B. <u>ADE, schools, or other local educational authorities:</u>

AHCCCS has delegated the functions and responsibilities as State Placing Agency to the TRBHAs. As such, it is the expectation of AHCCCS that TRBHAs work in collaboration with ADE for the placement of children with behavioral health service providers.

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 *Section 4.1, Disclosure of Behavioral Health Information;*

2. For children receiving special education services, ensuring that the Behavioral Health Technician (BHT) or designee participates with the school in developing the child's Individual Education Plan (IEP) and share the behavioral treatment plan interventions, if applicable;

3. Inviting teachers and other important school staff to participate in the CFT if agreed to by the child and legal guardian;

4. Actively considering information and recommendations contained in the IEP in the ongoing assessment and service planning, see *Section 3.9, Intake, Assessment and Service Planning;* and

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

C. DDD:

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 provides the behavioral health services?
Title XIX and eligible for ALTCS	All Title XIX covered services	CSP and contracted providers
Title XIX and not eligible for ALTCS	All the Title XIX covered services	CSP and contracted providers
Non-Title XIX	Services provided based on available funding	CSP and contracted providers based on the availability of funds

Behavioral health providers can strive towards effective coordination of services with persons receiving services through DDD by:

1. Working in collaboration with DDD staff and service providers involved with the person;

2. Providing assistance to DDD providers in managing difficult behaviors;

3. Inviting DDD staff to participate in the development t of the behavioral health service plan and all subsequent planning meetings as members of the person's clinical team (see *Section 3.9, Intake, Assessment and Service Planning);*

4. Incorporating information and recommendations in the Individual or Family Support Plan developed by DDD staff when appropriate while the developing the persons behavioral ISP;

5. Ensuring that the goals of the behavioral ISP of a person 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 when invited; and

   a. For recipients diagnosed with Pervasive Developmental Disorders and Developmental Disabilities, sharing all relevant information from the initial assessment and treatment plan with DDD to ensure coordination of services.

   b. 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.

D. <u>AzEIP:</u>

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 *Section 3.2, 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 to avoid duplicative processes between systems; and

4. Coordinating enrollment in the TRBHA children's system of care when a child transfer to the children's DDD system.

E. Tribal courts, state and federal courts, and corrections:

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

1. Working in collaboration with the appropriate staff involved with the recipient; inviting probation or parole personnel to participate in the development of the behavioral ISP and all subsequent planning meetings as members of the recipient's clinical team with the recipient's approval;

2. Actively considering information and recommendations contained in probation or parole case plans when developing the behavioral ISP; and

3. Ensuring that upon referral or request, the behavioral health provider evaluates and participates in transition planning prior to the release of eligible recipients and arranges and coordinates care upon the recipient's release.

F. Tribal and Arizona county jails:

When a recipient receiving behavioral health services has been determined to have, or is perceived to have, a serious mental illness (SMI) and is detained in a county or the PY jail, the behavioral health provider can assist the recipient by:

1. Working in collaboration with the appropriate staff involved with the recipient;

2. Ensuring that screening and assessment services 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 in accordance; with the recipient's approval; and

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

G. 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 in partnership with all stakeholders.

Supportive employment services available through the AHCCCS system are distinct from vocational services available through RSA.

When a recipient determined to have an SMI is receiving behavioral health services and is concurrent receiving services from RSA, the behavioral health provider can ensure 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 *Section 4.2, Behavioral Health Medical Records 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 an SMI.

H. DHS, Assisted Living Licensing:

When a recipient receiving behavioral health services is residing in an assisted living facility, behavioral health providers must coordinate with 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 Assisted Living Licensing to determine the level of care that a particular assisted living facility is licensed to provide.