

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 4.4 **Coordination of Care with Other Governmental Entities**

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4.4.1 Introduction

Effective communication and the coordination of services are fundamental objectives for behavioral health providers when serving persons 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:

- Duplicative and redundant activities, such as assessments, service plans, and agency meetings are minimized;
- Continuity and consistency of care are achieved;
- Clear lines of responsibility and accountability across service providers in meeting the needs of the person and family are established; and
- 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 persons have been identified by other government entities. For

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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). ADHS/DBHS expects all behavioral health providers to collaborate and provide any necessary assistance when CPS initiates requests for behavioral health services or supports.

The intent of this section is to convey the ADHS/DBHS expectation that behavioral health providers cooperate and actively work with other agencies involved with the same person.

4.4.2 References

[A.R.S. §15-1181\(12\)](#)

[A.R.S. § 15-825](#)

[A.A.C.R9-10-701](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.2, Appointment Standards and Timeliness of Service](#)

[Section 3.3, Intake and Referral Process](#)

[Section 3.8, Outreach, Engagement, Re-Engagement and Closure](#)

[Section 3.9, 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](#)

[Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[Practice 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](#)

[Governor's Executive Order 2008-01](#)

4.4.3 Scope

To whom does this apply?

All persons receiving behavioral health services who are involved with any other government entities.

4.4.4 Did you know...?

- Persons receiving behavioral health services may be involved with other ADHS/DBHS Divisions or government entities, including:
 - Arizona Health Care Cost Containment System (AHCCCS);

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- Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF);
 - Arizona Department of Juvenile Corrections (ADJC);
 - Administrative Office of the Arizona Supreme Court (AOC);
 - Arizona Department of Education (ADE);
 - ADES/Rehabilitation Services Administration (RSA);
 - ADHS/Children's Rehabilitative Services Administration (CRSA);
 - Tribal social services and Tribal courts;
 - Arizona Department of Corrections (ADOC):
 - ADES/Division of Developmental Disabilities (DDD);
 - AHCCCS/Arizona Long Term Care Services (ALTCS); and
 - ADES/Arizona Early Intervention Program (AzEIP).
- ADHS/DBHS has entered into [Intergovernmental Agreements \(IGAs\)](#), [Interagency Service Agreements \(ISAs\)](#), and [Memorandums of Understanding \(MOUs\)](#) with several state, county, tribal, and local agencies to ensure collaboration in serving persons involved with multiple systems.
 - 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.
 - ADHS/DBHS endorses a collaborative process of assessment, service planning, service delivery, and support among multiple agencies.

4.4.5 Definitions

[Child and Family Team \(CFT\):](#)

[Adult Clinical Team:](#)

[Assisted Living Facility:](#)

[State Placing Agencies:](#)

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4.4.6 Objectives

To make sure that the care a person receives from a behavioral health service provider is effectively coordinated with other government entities concurrently providing services to the person in accordance with [Provider Manual Section 3.2, Appointment Standards and Timeliness of Service](#) and [Provider Manual Section 3.9, Assessment and Service Planning and Provider Manual Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#).

4.4.7 Procedures

Behavioral health providers are responsible for actively coordinating the services a person receives with the services provided by other government entities. Behavioral health service providers, in cooperation with the contracting Tribal and Regional Behavioral Health Authorities (T/RBHAs), must coordinate efforts with other government entities and their service providers.

4.4.7-A. General requirements

The following information represents the ADHS/DBHS requirements for behavioral health providers when collaborating and coordinating care with other government entities that may be involved with persons receiving services in the public behavioral health system.

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

When a child receiving behavioral health services is also receiving services from ADES/DCYF, the behavioral health provider can work towards effective coordination of services by working in collaboration with the CPS case worker and:

- Coordinating the development of the behavioral health service plan with the child welfare case plan to avoid redundancies and/or inconsistencies;
- Ensuring an urgent response to DCYF initiated referrals for children who have been removed from their homes (see [Section 3.2, Appointment Standards and Timeliness of Service](#));
- Providing the CPS case worker 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. .
- Working collaboratively on child placement decisions if placement and funding are being sought for behavioral health treatment.
- Inviting the CPS case worker, CPS providers, and resource parents to participate in the behavioral health assessment and service planning process as members of the child and family team (see [Section 3.9, Assessment and Service Planning](#)).

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- Striving 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 Child and Family Team (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.
- Attending 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 behavioral health needs. Where it is possible, TDM and CFT meetings should be combined.
- Coordinating, communicating, and expediting necessary behavioral health services to stabilize in-home and out-of-home placements provided by DCYF. .
- Providing 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.
- Ensuring 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](#)).

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 [Attachment 4.4.2, Arizona Families F.I.R.S.T. \(AFF\) Program Model and Referral Process](#)).

The AFF program provides expedited access to substance abuse treatment for parents and families referred by ADES/DCYF/CPS and the ADES/FAA Jobs Program. ADHS/DBHS participates in statewide implementation of the program through an IGA with ADES. T/RBHAs and providers must:

- Accept referrals for Title XIX and Title XXI eligible and enrolled persons and families referred through AFF;
- Accept referrals for Non-title XIX and Non-title XXI eligible and enrolled persons and families referred through AFF and provide services as funding permits (see [Section 3.2.1, Service Prioritization for Non-title XIX/XXI Funding](#)).
- Ensure that services made available to persons that 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](#);

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- Collaborate with ADES/DCYF/CPS, ADES/FAA Jobs Program and Substance Abuse Treatment providers to minimize duplication of assessments and achieve positive outcomes for families; and
- Develop procedures for collaboration in the referral process to ensure effective communication, including the sharing information on persons who are involved in the AFF program and receiving services through the T/RBHA behavioral health system. Appropriate authorizations to release information must be obtained prior to releasing information.

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 to families involved with DES/DCYF/CPS must be family centered, provide for sufficient support services and provided in a timely manner (see [Section 3.2. Appointment Standards, 3.2.7-G, Special Populations](#)).

4.4.7-C. Arizona Department of Education (ADE), Schools, or Other Local Educational Authorities

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 RBHAs work in collaboration with the 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:

- 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](#));
- For children receiving special education services, ensuring that the Clinical Liaison or designee participates with the school in developing the child's Individual Education Plan (IEP) and share the behavior treatment plan interventions, if applicable;
- Inviting teachers and other important school staff to participate in the child and family team if agreed to by the child and legal guardian;
- Actively considering information and recommendations contained in the IEP in the ongoing assessment and service planning process (see [Section 3.9, Intake, Assessment and Service Planning](#)); and
- Ensuring that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

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4.4.7-D. Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/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 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 available funding	T/RBHAs 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:

- Working in collaboration with DDD staff and service providers involved with the person;
- 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 person's clinical team (see [Section 3.9, Intake, Assessment and Service Planning](#));
- Incorporating information and recommendations in the Individual or Family Support Plan developed by DDD staff when appropriate while developing the person's behavioral health treatment plan;
- Ensuring that the goals of the behavioral health treatment plan of a person 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;
- Actively participating in DDD team meetings when invited; and
- For persons 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.

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4.4.7-E. Department of Economic Security/Arizona Early Intervention Program (ADES/AzEIP)

Behavioral health service providers can strive toward effective coordination of care for children identified as having, or likely having, disabilities or developmental delays 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 [Section 3.2, Appointment Standards and Timeliness of Service](#)); and
- Ensuring that, if an AzEIP team has been formed for the child, the Clinical Liaison will coordinate team functions so as to avoid duplicative processes between systems.
- Coordinating enrollment in the RBHA children's system of care when a child transfers to the children's DDD system,.

4.4.7-F. Courts and Corrections

Arizona Department of Corrections (ADC)

Arizona Department of Juvenile Corrections (ADJC)

Administrative Offices of the Court (AOC)

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

- Working in collaboration with the appropriate staff involved with the person;
- Inviting probation or parole personnel to participate in the development of the behavioral health service plan and all subsequent planning meetings as members of the person's clinical team;
- Actively considering information and recommendations contained in probation or parole case plans when developing the behavioral health service plan; and
- Ensuring that upon referral or request, the behavioral health provider evaluates and participates in transition planning prior to the release of eligible persons and arranges and coordinates care upon the person's release (see [Section 3.3, Intake and Referral Process](#)).

NARBHA requires that Responsible Agencies are responsible for coordinating care for children in the custody of ADJC prior to release. ADJC should make every effort to notify Responsible

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Agencies of pending release dates within 30 days prior to release. Coordination of care includes participating in staffings or teams facilitated by ADJC to coordinate enrollment, intake, placement, and/or services to ensure continuity of care prior to release. ADJC is encouraged to contract with the Responsible Agencies for any pre-release services above or beyond basic coordination of care, (i.e. assessment services). An intake appointment for the child into the Responsible Agency must be available within 7 days of release.

Responsible Agencies are responsible for complying with the DBHS Technical Assistance Document - "Providing Services to Children in Detention" for children in detention facilities.

4.4.7-G. Arizona County Jails

In Maricopa County, when a person receiving behavioral health services has been determined to have, or is perceived to have, a serious mental illness (see [Section 3.10, Serious Mental Illness \(SMI\) Eligibility Determination](#)) and is detained in a Maricopa County jail, the behavioral health provider can assist the person by:

- Working in collaboration with the appropriate staff involved with the person;
- Ensuring that screening and assessment services are provided to jailed persons upon request;
- Ensuring that the person has a viable discharge plan, that there is continuity of care if the person is discharged or incarcerated in another correctional institution, and that pertinent information is shared with all staff involved with the person's care or incarceration in accordance with [Section 4.1, Disclosure of Behavioral Health Information](#); and
- Determining whether the person is eligible for the Jail Diversion Program.

For all other persons receiving behavioral health services in Maricopa County and all other Arizona counties, behavioral health providers must help ensure that appropriate coordination with jail personnel occurs.

4.4.7-H. 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 in partnership with all stakeholders.

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.

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When a person determined to have a Serious Mental Illness is receiving behavioral health services and is concurrently receiving services from RSA, the behavioral health provider can ensure effective coordination of care by:

- Working in collaboration with the vocational rehabilitation (VR) counselors or employment specialists in the development and monitoring of the person's employment goals;
- Ensuring that all related vocational activities are documented in the comprehensive clinical record (see [Section 4.2, Behavioral Health Medical Records Standards](#));
- 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;
- Participating and cooperating with RSA in the development and implementation of a Regional Vocational Service Plan; and
- Allocating space and other resources for VR counselors or employment specialists working with enrolled persons who have been determined to have a Serious Mental Illness.

4.4.7-I. Arizona Department of Health Services/Office of Assisted Living Licensure

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

When a person receiving behavioral health services is also residing in an assisted living facility or a supervisory care home within the NARBHA region, network vocational assessments are completed by clinicians credentialed or privileged to do so. Providers ensure that vocational assessments that are not directly provided can be obtained when necessary. Agreements with DES/RSA address such issues as maximum time from request to service delivery, mechanisms for reporting and recording findings, quality of services, fees for services, and reimbursement agreements.

4.4.7-J. Unlicensed Board and Care Homes

When a person who is receiving behavioral health services is residing in a unlicensed board and care home, behavioral health providers must ensure that the person's basic needs are met in an environment that is safe, secure, and consistent with the person's behavioral needs. The behavioral health provider must ensure that any situations observed that pose a threat to the health or safety of the person is resolved. Any observations of unsafe conditions should be reported to the local housing authority and also NARBHA's Safety Officer (928-774-7128).

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