

# Foster and Kinship Caregivers Frequently Asked Questions

What is the contact information of the physical health and behavioral health plans for a foster child?

Behavioral Health Plans	
<p><b><u>Mercy Maricopa Integrated Care</u></b>  <a href="http://www.Mercymaricopa.org">www.Mercymaricopa.org</a>                      Email: <a href="mailto:DCS@mercymaricopa.org">DCS@mercymaricopa.org</a>                      Foster Care Hotline: 602-633-0763                      Children’s Liaison: 480-751-8471                      Member Services: 1-800-564-5465</p>	<p><b><u>Cenpatico Integrated Care</u></b>  <a href="http://www.Cenpaticointegratedcareaz.com">www.Cenpaticointegratedcareaz.com</a>                      Email: <a href="mailto:DCS@cenpatico.com">DCS@cenpatico.com</a>                      Foster Care Hotline: 1-844-365-3144                      Children’s Liaison: 520-809-6432                      Member Services: 1-866-495-6738</p>
<p><b><u>Health Choice Integrated Care</u></b>  <a href="http://www.Healthchoiceintegratedcare.com">www.Healthchoiceintegratedcare.com</a>                      Email: <a href="mailto:DCS@iasishealthcare.com">DCS@iasishealthcare.com</a>                      Foster Care Hotline: 928-293-7038                      Children’s Liaison: 928-214-2370                      Member Services: 1-800-640-2123</p>	<p><b><u>UnitedHealthcare Community Plan CRS</u></b>  <a href="http://www.Uhccommunityplan.com">www.Uhccommunityplan.com</a>                      Email: <a href="mailto:CRS_specialneeds@uhc.com">CRS_specialneeds@uhc.com</a>                      Foster Care Hotline: 602-246-5484                      Children’s Liaison: 602-255-1692                      Member Services: 1-800-348-4058</p>
Physical Health Plan	AHCCCS
<p><b><u>Comprehensive Medical and Dental Program</u></b>  <a href="http://Dcs.az.gov">Dcs.az.gov</a>                      Email: <a href="mailto:CMDPMemberServices@azdes.gov">CMDPMemberServices@azdes.gov</a>                      Member Services: 602-351-2245                      In-State Toll Free: 1-800-201-1795</p>	<p><b><u>Clinical Resolution Unit</u></b>  <a href="http://www.azahcccs.gov">www.azahcccs.gov</a>                      Email: <a href="mailto:DCS@azahcccs.gov">DCS@azahcccs.gov</a>                      Phone: 602-364-4558                      In-State Toll Free: 1-800-867-5808</p>

Additional information on physical and behavioral health services for children in Foster Care can be found on the AHCCCS website: [www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster/](http://www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster/)

What types of behavioral health services can a foster or kinship caregiver consent to for children placed in their care by the Department of Child Safety (DCS)?

The foster or kinship caregiver can consent to assessment, evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services. Examples of behavioral health services caregivers **can consent** to include:

- Assessment and Service Planning
- Counseling and Therapy
- Rehabilitation Services
- Medical Services
  - Psychiatric evaluation
  - Psychotropic medication
  - Laboratory devices
- Crisis Intervention Services
- Behavioral Health Day Programs
- Support Services
  - Case management
  - Personal care services
  - Family support
  - Peer support
  - Respite
  - Sign language or oral interpretive services
  - Transportation

The caregiver must notify their DCS Specialist and the caregiver’s licensing agency within 24 hours of any non-emergency injury, illness, change of medication, or medication error that requires a foster child to be seen by a doctor of medicine, physician assistant, or registered nurse practitioner.

## What behavioral health services require DCS consent?

DCS must consent to inpatient assessment, inpatient psychiatric care services, residential treatment services, therapeutic group homes, and Home Care Training to Home Care Client (HCTC).

## How can a foster or kinship caregiver secure behavioral health services for a foster child?

Children in foster care are enrolled with Comprehensive Medical Dental Program (CMDP) for physical health services and a Regional Behavioral Health Authority (RBHA) for behavioral health services. If the foster child does not already have a behavioral health provider, a caregiver may request a rapid response assessment which can identify needed services and providers. If the caregiver is experiencing difficulty in identifying a provider or scheduling an appointment, he or she should contact the behavioral health plan for assistance (contact information located at the beginning of this document). If the caregiver is not satisfied with the health plans responsiveness he or she should contact AHCCCS Customer Service at 602-364-4558.

If a behavioral health service determined medically necessary is not initiated within 21 calendar days, the caregiver must notify both the behavioral health plan's Children's Liaison **and** AHCCCS Customer Service. After notification, any AHCCCS registered provider may be seen for the recommended services (even when outside of the behavioral health plan's network). A complete list of all of AHCCCS registered providers can be found at:

[www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/](http://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/)

## How quickly can a foster child access behavioral health services?

The behavioral health appointment standards for foster children are as follows:

- 72 hours from time of request for a Rapid Response (2 hours for a crisis response) – An initial in-home assessment for children entering into the Department of Child Safety (DCS) custody, which may be requested by DCS or the caregiver. Clinicians will assess immediate needs and triage any crisis or trauma-related issues. This includes behavioral health assessment, screening for developmental delays, support to child/family placement, and connection to ongoing services.
- 7 days for a Behavioral Health Assessment (24 hours for an urgent need) – An appointment for an assessment by an assigned service provider after an initial referral or a request for ongoing behavioral health services.
- 21 days for a service appointment – Following the determination of a medically necessary behavioral health need, the first appointment must begin within 21 calendar days of the assessment. Ongoing behavioral health services should be provided, at a minimum of once a month, for at least the first six months after a child enters DCS custody.

## What is a Rapid Response Assessment?

Rapid Response teams assess immediate needs and triage any crisis or trauma-related issues, including but not limited to a behavioral health assessment, screening for developmental delays, support to the child/family placement and connection to ongoing services. DCS is to refer all children in out-of-home placement to the local RBHA for a behavioral health assessment within 24 hours of removal. A Rapid Response Assessment must be initiated **within 72 hours of notification to the behavioral health system that a child has been, or will be, removed from their home.**

## Can a foster or kinship caregiver request a Rapid Response Assessment?

Yes— the caregiver may request a rapid response assessment based on the need of the foster child. The foster child is to be assessed **within 72 hours after notice is received or within 2 hours for a foster child with an urgent need.**

**Can a foster or kinship caregiver take a foster child to the emergency department and/or directly to a psychiatric hospital for behavioral health concerns?**

The caregiver may take the foster child to a hospital for an assessment. DCS must provide consent if the foster child needs to be admitted. The caregiver must notify DCS of the trip to the Emergency Department and/or psychiatric hospital visit as soon as possible.

**If a kinship caregiver has power of attorney for a child in their care, but DCS has custody, can he or she still consent to services such as a complete psychiatric evaluation?**

Power of attorney is null once DCS has legal custody of the child (i.e., in temporary custody, severed parental rights or dependent cases). If the child is placed by DCS with a kinship caregiver, the caregiver can consent for behavioral health services as previously described. This includes the ability to consent for a psychiatric evaluation.

**Does DCS have to be kept updated on behavioral health services provided to foster children?**

Yes— as part of the Child and Family Team (CFT), the DCS Specialist must have immediate knowledge concerning behavioral health services being provided to foster care for children on his/her caseload. If a DCS Specialist is not at a CFT, he or she will receive an update from the CFT facilitator.

**Can a CFT still meet if the DCS Specialist is not available to attend in person or by phone?**

Yes— although it is very important that DCS Specialist continue to be involved in the CFT process, the foster or kinship caregiver can consent to changes in the service plan through the CFT. Examples of behavioral health services caregivers can consent to are listed on page 1.

**How can a foster or kinship caregiver receive behavioral health treatment information for a foster child?**

The caregiver must give the signed Notice to Provider Form received from DCS to the treatment provider in order to receive a foster child's behavioral health treatment information. The behavioral health provider must provide records and information related to the child's condition and treatment to the caregiver.

**Can foster or kinship caregivers consent to terminate behavioral health treatment?**

No— the termination of behavioral health treatment requires DCS consultation and agreement.

**Can foster or kinship caregivers refuse consent for medically recommended behavioral health treatment?**

If the caregiver disagrees with the behavioral health treatment being recommended through the CFT, the team, which includes the caregiver and DCS Specialist, should reconvene and discuss the recommended treatment plan. Only DCS can refuse consent to medically recommended behavioral health treatment.

**If a request for behavioral health out-of-home treatment is filed, how long does the behavioral health plan have to respond?**

A request made by the foster or kinship caregiver for placement in a behavioral health out-of-home treatment setting due to the child displaying dangerous or threatening behavior will be responded to by the behavioral health plan as expeditiously as the foster child's health condition warrants but no later than 72 hours. In the event the behavioral health plan determines there is insufficient information to make a determination, the behavioral health plan will make concerted efforts to obtain the necessary information in order to make a determination within the 72 hour timeframe. If the foster child is hospitalized due to the threatening behavior before a determination is made on the request for behavioral health out-of-home treatment, the behavioral health plan will coordinate with the hospital and CFT to ensure that there is an appropriate and safe discharge plan prior to the date of anticipated discharge. Discharge

planning should begin at admission and include the foster or kinship caregiver who can assist in discussion about the child's transition back into their home or to a new caregiver.

The behavioral health plan must collaboratively work with DCS to find an appropriate alternative placement for the member to be discharged when:

- a. It is unsafe for the member to return to the out-of-home placement, and/or
- b. It is unsafe for the out-of-home placement for the member to return.

In the event the request for a behavioral health out-of-home treatment setting is denied, the behavioral health plan will ensure medically necessary alternative services are provided. A caregiver may file an appeal or an expedited appeal with the behavioral health plan upon notification of denial.

**What can a foster or kinship caregiver do if he or she goes to the pharmacy and are told that a medication is not covered because the foster child is not showing up in the system?**

When a child is placed in foster or kinship care by DCS, the caregiver does not need to pay for any necessary medical services, dental services or prescriptions even if he or she is asked to. The caregiver should contact their DCS Specialist who will arrange to have the medication covered.

**DCS Warm Line:** 1-877-KIDS-NEEDU or 1-877-543-7633 option 3 (M-F 8:15-4:30) or  
**After Hours Hotline:** 1-888-SOS-CHILD or 1-888-767-2445.

**When should a foster or kinship caregiver complete a Significant Incident report form?**

The caregiver must immediately (as soon as possible) notify DCS and the caregiver's licensing agency (if applicable) if the foster child experiences a serious illness, injury, or mental health crisis requiring hospitalization or emergency room treatment, unexplained marks or bruises, an accident involving injury or trauma, behavior not witnessed before and any other unusual incident that seriously jeopardized the health, safety, or well-being of a foster child. The caregiver must also document the incident by filling out the Significant Incident report form.

This Significant Incident Form (CSO-1151A) can be found here: <https://dcs.az.gov/data/dcs-forms> in the Foster Care/Kinship Care category

Additionally, the caregiver must notify DCS and the caregiver's licensing agency within 24 hours of any non-emergency injury, illness, change of medication, or medication error that requires a foster child to be seen by a doctor of medicine, physician assistant, or registered nurse practitioner.

**How do foster or kinship caregivers present concerns or complaints to their health plan?**

To support timely access to services, the caregiver may contact the health plan and AHCCCS points of contact at any time to report that a needed appointment has not yet been scheduled. Advanced notification gives the health plan the opportunity to proactively locate a network provider.

In addition, each Health Plan has a grievance and appeals process where members and their representatives can present concerns about their health care such as denials of requests for services, failure to receive services in a timely manner, or inability to find a provider. Contact the Health Plan's Grievance Department for assistance and more information.