

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition

Section 4.4 Coordination of Care with Other Governmental Entities

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4.4.1 Introduction

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:

- 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, communication and accountability across service providers in meeting the needs of the recipient and family are established and communicated; 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 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 [Section 3.2, 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.

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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.

Magellan has [Collaborative Protocols](#) with other child-serving state and county agencies, including the Arizona Department of Juvenile Corrections (ADJC), Child Protective Services (CPS), the Division of Developmental Disabilities (DDD), and Maricopa County Juvenile Probation. These Collaborative Protocols describe the interface between the RBHA, provider personnel, and the system partner agency for multi-system involved children and families.

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.

4.4.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> and <http://www.magellanofaz.com/for-providers/provider-manual/definitions.aspx>. The following terms are referenced in this section:

Adult Clinical Team

Child and Family Team (CFT)

Individualized Education Program (IEP)

State Placing Agencies

4.4.3 T/RBHA Procedures

4.4.3-A. 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 provider works towards effective coordination of services with the CPS Specialist. Providers are expected to:

- Coordinate the development of the behavioral health service plan with the child welfare case plan to avoid redundancies and/or inconsistencies.
- Ensure 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](#)).
- Provide the CPS Specialist and the juvenile court with preliminary findings and recommendations on behavioral health risk factors, symptoms and service needs for hearing.
- Work collaboratively on child placement decisions if placement and funding are being sought for behavioral health treatment.

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

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, Overview of the 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 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:

- Accept referrals for Title XIX and Title XXI eligible and enrolled recipients and families referred through AFF;
- Accept referrals for Non-Title XIX and Non-Title XXI persons and families referred through AFF and provide services, if eligible (see [Section 3.19, Special Populations](#) and [Section 3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness \(SMI\)](#)).
- 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](#);

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- 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
- 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.

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 [Section 3.2, Appointment Standards and Timeliness of Service; 3.2.7-G, Special Populations](#))

4.4.3-B. 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 T/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, actively consider information and recommendations contained in the Individual Education Plan (IEP) during the ongoing assessment and service planning process (see [Section 3.9, Assessment and Service Planning](#));
- 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;
- Inviting teachers and other school staff to participate in the CFT if agreed to by the child and legal guardian;
- Having a clear understanding of the IEP requirements as described in the [Individuals with Disabilities Education Act \(IDEA\) of 2004](#).
- 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

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

4.4.3-C 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 eligibility for services*	T/RBHAs and contracted providers based on eligibility for services*

*See [Section 3.19, Special Populations.](#)

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

- Working in collaboration with DDD staff and service providers involved with the recipient;
- 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 recipient’s clinical team (see [Section 3.9, Assessment and Service Planning](#));
- Incorporating information and recommendations in the Individual or Family Support Plan (ISP) developed by DDD staff, when appropriate, while developing the recipient’s ISP;
- 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;
- Actively participating in DDD team meetings; and
- 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.

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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](#).

The Magellan DD Liaison is the designated single point of contact for receipt of the CCCT Referral Form. The DD Liaison will forward the referral to the Magellan/DDD CCCT for further discussion regarding recommendations to the providers involved in the member's care. It will be the responsibility of the DD Liaison to ensure continuing team communication.

Magellan's approach to the CCCT process will involve two primary steps: (1) face to face participation of a Magellan representative at the community level, and (2) if resolution cannot be achieved at the community level, it shall be elevated to the Magellan/DDD CCCT where team members will offer input to resolve identified issues.

The Magellan/DDD CCCT will establish processes to determine the extent to which the CFT or Adult Team has incorporated natural supports, community resources/services and Medicaid covered services necessary to achieve the highest level of functioning for these members. The Magellan/DDD CCCT will make service delivery and placement recommendations to the respective providers, members and their guardians. These recommendations do not supersede or supplant the CFT or Adult Team Process, but rather to act as an adjunctive support to improve cross system collaborative outcomes.

4.4.3-D 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](#));
- 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
- Coordinating enrollment in the T/RBHA children's system of care when a child transfers to the children's DDD system.

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4.4.3-E Courts and Corrections

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

- The Arizona Department of Corrections (ADC),
- Arizona Department of Juvenile Corrections (ADJC), or
- Administrative Offices of the Court (AOC).

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:

- Working in collaboration with the appropriate staff involved with the recipient;
- 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;
- Actively considering information and recommendations contained in probation or parole case plans when developing the ISP; and
- 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 [Section 3.3, Referral and Intake Process](#)).

Magellan, ADC, ADJC and AOC (Maricopa County Juvenile Probation Department) have in place mutually agreed upon protocols to ensure the effective and efficient delivery of behavioral health services. The following documents define the respective roles and responsibilities among the agencies to further assist those individuals participating in the process:

- [Collaborative Protocol Between Magellan and Arizona Department of Corrections](#)
- [Collaborative Protocol Between Magellan and Arizona Department of Juvenile Corrections](#)
- [Collaborative Protocol Between Magellan and Maricopa County Juvenile Probation Department](#).

4.4.3-F Arizona County Jails

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 [Section 3.10, SMI Eligibility Determination](#)) and is detained in a Maricopa County jail, the behavioral health provider must assist the recipient by:

- Working in collaboration with the appropriate staff involved with the recipient;

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- Ensuring that screening and assessment services, medications and other behavioral health needs are provided to jailed recipients upon request;
- 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 [Section 4.1, Disclosure of Behavioral Health Information](#); and
- Determining whether the recipient is eligible for the Jail Diversion Program.

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.

For further information regarding incarcerated Magellan enrolled consumers, please contact Magellan's Court Advocacy Department at 1-800-564-5465.

4.4.3-G 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.

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.

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:

- Working in collaboration with the vocational rehabilitation (VR) counselors or employment specialists in the development and monitoring of the recipient's employment goals;
- Ensuring that all related vocational activities are documented in the comprehensive clinical record (see [Section 4.2, Behavioral Health Medical Record 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 recipients who have been determined to have a Serious Mental Illness.

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Magellan and ADES/RSA have in place a mutually agreed upon protocol to ensure the effective and efficient delivery of behavioral health services. The "[Collaborative Protocol Between Magellan \(RBHA\) and Rehabilitation Services Administration](#)," document defines the respective roles and responsibilities, as well as the conflict resolution process for issues that may arise during service coordination and delivery, between the agencies to further assist those individuals participating in the process.

4.4.3-H Arizona Department of Health Services/Office of Assisted Living Licensing

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.

Oversight and monitoring provided by Magellan are for Credentialed and Licensed settings of Magellan only. Assisted Living Settings contracted with other AHCCCS funded Program Contractors or Private Pay arrangements are not within the purview of Magellan. Established monitoring and contract deliverable practices related to Assisted Living –Supervisory Care will not be affected by this change. For further information regarding Magellan-enrolled consumers who are seeking Assisted Living services – Supervisory Care, please call 1-800-564-5465.

Please call the Magellan Housing Department at 1-800-564-5465 to report unsafe conditions.

4.4.4 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](#)

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

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

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

[Section 3.9, Assessment and Service Planning](#)

[Section 3.10, SMI Eligibility Determination](#)

[Section 4.1, Disclosure of Behavioral Health Information](#)

[Section 4.2, Behavioral Health Medical Record Standards](#)

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

[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](#)

4.4.5 Attachment

PM ATTACHMENT 4.4.1 DES/DCYF CHILD WELFARE TIMEFRAMES

Based on the results of the CPS safety assessment/investigation and the results of the Strength and Risk Assessment, DES determines whether to 1) close the case 2) offer voluntary CPS services or 3) open a case for ongoing services. If the case is going to be open for ongoing services the worker must determine if the services can be provided through a voluntary relationship with DES, if a petition for in-home intervention is sufficient or if an In home or Out of Home Dependence Petition must be filed. If a child is in danger of imminent abuse or neglect, the department provides emergency intervention to ensure the child's safety.

Temporary Custody Notice (TCN)

If a child has been removed from home on an emergency basis, a dependency petition must be filed within **72 hours**, excluding Saturdays, Sundays and holidays, or the child should be returned to the parent's custody.

The following will occur when Temporary Custody of a child(ren) occurs within the **72 hours**:

- **Team Decision Making** meeting – discuss placement options
- **Removal Review Team** conference-when the removal is expected to result in the filing of a dependency petition.
- **Family Advocacy office**- will upon request of the parent, guardian or custodian, review the removal of the child before DES files a dependency petition.

The DES will recommend the filing of a dependency petition when a child is at risk of imminent or potential abuse or neglect and cannot be protected through the use of voluntary protective services or an in-home dependency petition.

CASE PLAN STAFFING

A case plan staffing is required whenever the case plan is being developed or revised, and at specified key decision points in the case. Policy states staffings must be held:

- within **60 days** of case opening for all cases open for more than 60 days or within **10 working days** of a child's placement into voluntary foster care;
- at least every **six months** after the initial staffing;
- whenever a change in permanency goal is being considered;
- whenever there is a significant change in case circumstances; and
- when a decision to remove a young adult (age 18 or older) from continued placement is under consideration, to discuss the appropriateness of ending the DES care and supervision of the young adult and review the existing discharge plan.

PROPOSED CASE PLAN

For dependency cases, including in-home intervention, in-home dependency and out-of-home dependency, a **proposed** case plan must be developed and submitted to court prior to the first scheduled hearing. This is developed with limited information about the family's strengths and needs and should be revised during the process of creating the permanent plan with the family and service team, within **60 days** of case opening and within a case plan staffing.

PERMANENT CASE PLAN

Every child and family receiving ongoing services from DCYF shall have an individualized family centered case plan, consistent with the requirements of federal and state law. Must be completed within **60 days** of case opening for all cases open for more than **60 days** or within **10 working days** of a child's placement into voluntary foster care.

4.4.5 Attachment

PM ATTACHMENT 4.4.1 DES/DCYF CHILD WELFARE TIMEFRAMES

HEARINGS

At any dependency hearing, the court's first priority is the protection of the child from abuse or neglect. Some of the hearings that affect DCYF cases and timeframes they occur as follows:

- Pre-hearing conference:**
This is a mandatory meeting of all parties to the dependency and other persons permitted by the court. It is held immediately before the preliminary protective hearing to attempt to reach an agreement about temporary custody and placement of the child, services to be provided to the child, parent or guardian and visitation of the child.
- Preliminary protective hearing:**
This hearing is held on each case, **no less than 5 and not more than 7 working days**, excluding Saturdays, Sundays and state holidays, after the child is taken into custody and a dependency petition is filed. The court may grant one continuance not to exceed five days.
- Initial dependency hearing:**
The initial dependency hearing must be held **within 21 days** of the date on which the dependency petition was filed as to a parent or guardian not present at the preliminary protective hearing. The court may stay the proceeding and order In-Home Intervention.
- Emergency extension hearing:**
This hearing is held only if a child must remain in a receiving foster home or shelter facility for a period of **more than three weeks**. The court must review the case at least once a week, beginning from the date of the first order extending the placement.
- Status conference or pre-trial conference:**
This is an optional hearing that may occur after an initial dependency hearing and prior to a contested dependency adjudication hearing.
- Settlement conference or mediation:**
The settlement conference or mediation is set when the parent or guardian denies the allegations in the petition and must occur prior to the pre-trial conference or dependency adjudication hearing.
- Contested dependency adjudication hearing:**
This hearing must be completed **within 90 days** of service of the dependency petition on the parent or guardian. If critical circumstances exist, the court may extend this deadline **by 30 days**. At this hearing, the court determines whether the allegations of dependency are sustained by a preponderance of the evidence. If the allegations are sustained, the court may either proceed with a disposition hearing or set the disposition hearing **within 30 days**.
- Disposition hearing:**
This hearing must be held at **the same time of or within 30 days** of the dependency adjudication hearing. The purpose of this hearing is to obtain specific orders regarding the child's placement, services and appropriateness of the case plan.
- Report and review hearings:**
These hearings are held at least once **every 6 months** after the disposition hearing to review the dispositional orders of the court. They may be either contested or uncontested.

4.4.5 Attachment

PM ATTACHMENT 4.4.1 DES/DCYF CHILD WELFARE TIMEFRAMES

Return of the child hearing:

This hearing is held after the preliminary protective hearing and as ordered by the court upon a motion by a parent or guardian for return of the child.

Permanency hearing:

This hearing is held:

- **within 30 days** of the disposition hearing if reunification services were not ordered, or
- **within 12 months** of the child's removal from the home, or
- for children under 3 years of age, **within six months** of the child's removal from the home.

The court will determine the permanent plan for the child and order the plan to be accomplished within a specified period of time. If the court finds that termination of parental rights or permanent guardianship is in the child's best interest, the court will order a motion to terminate parental rights or for permanent guardianship be filed **within ten days**.

Initial hearing on motion for permanent guardianship:

This is held **within 30 days** after the permanency hearing. If the guardianship is contested, the court shall set a date for the trial on the motion for permanent guardianship **within 90 days** after the permanency hearing.

Review hearing after permanency hearing:

This hearing must be held at least once a year if the court determines the child should remain in out-of-home care **more than 18 months** from the date of the permanency hearing.

Foster Care Review Board hearings:

These are held **within 6 months** of out-of-home placement and at least **once every 6 months** thereafter to review the case of every child who is the subject of a dependency action and remains in out-of-home care **at least 6 months**.

Termination of parental rights hearing:

This hearing applies to termination of parental rights petitions filed on behalf of children entering out-of-home care prior to July 1, 1998. That parent may request this hearing be tried to a jury. At this hearing, the court determines whether there are sufficient grounds to terminate the parent-child relationship. It is also known as a severance hearing.

Initial hearing on motion to terminate parental rights:

This hearing applies to children entering out-of-home care on or after July 1, 1998. The hearing is held **within 30 days** of the permanency hearing when the court orders the filing of the motion to terminate parental rights. That parent may request this hearing be tried to a jury. If the parent contests the motion, the court must set a date for trial **within 90 days** of the permanency hearing.

Hearing on a Petition to Adopt:

At this hearing, the court determines whether to grant the adoptive parent(s)' petition to adopt.

Removal from a certified adoptive home hearing:

This hearing is necessary to remove a child who is placed in a certified adoptive home prior to finalization of the adoption.

4.4.5 Attachment

PM ATTACHMENT 4.4.1 DES/DCYF CHILD WELFARE TIMEFRAMES

Expedited adoption hearing:

This hearing is held when the court determines, based on a sworn affidavit filed with the court, that the hearing is in the best interests of the child and the child is diagnosed as suffering from a debilitating, progressive or fatal disease or the prospective adoptive parent is diagnosed as terminally ill, or the court finds other compelling reasons relating to the special needs and welfare of the child.

PM Attachment 4.4.2
**OVERVIEW OF THE ARIZONA FAMILIES F.I.R.S.T (AFF) PROGRAM
 MODEL & REFERRAL PROCESS**



