560 - CHILDREN'S REHABILITATIVE SERVICES ~~CRS~~ CARE COORDINATION AND SERVICE PLAN MANAGEMENT

EFFECTIVE DATE: 3/01/11, 09/27/17, 10/01/18[1]

REVISION DATES: 10/01/13, 09/21/17, ~~11/02/17~~[2][3], 05/03/18[4],

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ~~ALTCS/EPD, CRS,~~ DCS/CMDP (CMDP), ~~and~~ DES/DDD (DDD) ~~Contractors~~, and RBHA Contractors~~;~~ ~~and~~ Fee-For-Service (FFS) Programs as delineated within this Policy including: ~~Tribal ALTCS and~~[5] the American Indian Health Program (AIHP).[6] This Policy establishes requirements regarding ~~Children's Rehabilitative Services (CRS)~~ care coordination for members designated as having a Children's Rehabilitative Services (CRS) condition[7] ~~—~~and defines the process for development and management of the member's Sservice Pplan.

II. DEFINITIONS

ACTIVE TREATMENT[8]	A current need for treatment. The treatment is identified on the member's service plan to treat a serious and chronic physical, developmental or behavioral condition requiring medically necessary services of a type or amount beyond that generally required by members that lasts, or is expected to last one year or longer, and requires ongoing care not generally provided by a primary care provider[9] ~~Current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months for treatment of any CRS qualifying condition (A.A.C. R9-22-1301).~~
CRS CONDITION [10]	Any of the covered medical conditions in A.A.C. R9-22-1303 which are referred to as covered conditions in A.R.S. 36-2912.
DESIGNATED REPRESENTATIVE	A parent, guardian, relative, advocate, friend, or other person, designated in writing by a member or guardian who, upon the

[1] Date changes are effective
[2] ~~Date published to RFP Bidders' Library~~
[3] Replacing date published to RFP BL with date Policy was presented at APC
[4] Date Policy was presented at APC Meeting
[5] POST APC change – removed throughout
[6] Adding who Policy will apply to
[7] POST RFP – reworded for clarity
[8] Adding definition for clarification
[9] Updated with definition from contract
[10] Adding definition for clarification

request of the member, assists the member in protecting the member's rights and voicing the member's service needs. See A.A.C. R9-22-101.

FIELD CLINIC [11]	A "clinic" consisting of single specialty health care providers who travel to health care delivery settings closer to members and their families than the Multi-Specialty Interdisciplinary Clinics (MSICs) to provide a specific set of services including evaluation, monitoring, and treatment for CRS-related conditions on a periodic basis.
MULTI-SPECIALTY INTERDISCIPLINARY CLINIC (MSIC) [12]	An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.
MULTI-SPECIALTY INTERDISCIPLINARY TEAM (MSIT) [13]	A team of specialists from multiple specialties who meet with members and their families for the purpose of determining an interdisciplinary treatment plan.
SERVICE PLAN ~~(SP)~~	A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

~~II.~~III. POLICY

AHCCCS identifies members who meet a qualifying condition(s) for CRS and who require active medical, surgical, or therapy treatment for medically disabling or potentially disabling conditions, as defined in A.A.C. R9-22-1303. The AHCCCS Division of Member Services (DMS) will provide information to the Contractor or ~~FFS~~ DFSM[14] related to the CRS qualifying condition(s) that are identified during the determination process. DMS may also provide information received for purposes of a CRS designation regarding care, services or procedures that may have been approved or authorized by the member's current health plan or FFS program[15] .[16]

Service delivery shall be provided in a family-centered, coordinated and culturally competent manner in order to meet the unique physical, behavioral and holistic needs of the member.

Members with a CRS designation~~ed members~~ may receive care and specialty services from an MSIC or community based provider~~s~~ in independent offices that are qualified to treat the

[11] Adding definition for clarification
[12] Adding definition for clarification
[13] Adding definition for clarification. MSITs occur regularly within the MSICs.
[14] POST RFP: Added for clarity
[15] POST RFP: added FFS program
[16] Identifies where the CRS qualifying conditions are listed

member's condition. The Contractor shall ensure availability of alternative methods for providing services such as field clinics and telemedicine in rural areas.[17]

~~AHCCCS Registered Providers who provide services to treat FFS members with a designated CRS condition are responsible for coordination of the member's health care needs through development of a service/treatment plan, and for collaboration as needed with providers, communities, agencies, service systems, and members/guardians/designated representatives.~~

~~The~~ Contractors, ~~and,~~, subcontracted and FFS providers~~, and AIHPFFS Providers~~[18] shall ensure ~~the developmentt~~he development and implementation of ~~a~~ Service~~ervice~~ Plan~~lan (SP)~~[19] for members designated as having a CRS Ceondition and are responsible for coordination of the member's health care needs and collaboration as needed with providers, communities, agencies, service systems, and members/guardians/designated representatives in development of the Service Plan.

Contractors shall ensure ~~T~~the Service Plan ~~that isisshall be~~ accessible to all ~~the Contractor and~~ service providers ~~that~~and contains~~s~~ the behavioral health~~–~~[20] ~~clinical~~, ~~medical~~physical health, and administrative information necessary to monitor a coordinated and integrated treatment plan implementation[21].

~~This Policy defines the processes for development and management of a comprehensive Service Plan for Children's Rehabilitative Services (CRS) members. The CRS Contractor is responsible for ensuring that every member has a Service Plan initiated upon notice of enrollment; and updating the Service Plan as the member's health condition or treatment plans change. Additionally, the CRS Contractor is responsible for ensuring that care is coordinated according to the Service Plan and in cooperation with other State Agencies, AHCCCS Contractors, or Fee For Service (FFS) programs~~ ~~with which the member is enrolled, and Community Organizations~~ ~~as specified in the CRS Contract.~~

A. Care Coordination ~~for CRS Contractors~~

1. The ~~CRS~~ Contractor ~~and~~and AIHP[22] shall establish a process to ensure coordination of care for members that includes:
   a. Coordination of ~~CRS~~ member health care needs through a Service Plan ~~(SP)~~, ~~and~~ ~~Cc~~Collaboration with members/guardians/designated representatives~~;~~ ~~–~~ other individuals identified by the member, groups, providers, organizations and

[17] Language moved to this Policy from Policy 330 Covered Conditions and Services for the Children's Rehabilitative Services Program Policy that is being reserved Effective 10/01/18.
[18] Added to include all groups covered by this policy
[19] POST APC Change – removed throughout
[20] The CRS Service Plan is an integrated plan that should include behavioral, medical and administrative information from all responsible providers. Changed clinical to behavioral.
[21] POST RFP: added to clarify responsibility of treating providers for service planning and coordination of care
[22] POST RFP: Added to include all groups covered by this policy – changed throughout

~~communities,~~ agencies charged with the administration, support or delivery of services ~~, service systems, and members/guardians/designated representatives,~~. ~~Collaboration.~~ that is consistent with Federal and State privacy laws,[23] ~~and~~

b.

c. Service coordination, and communication, designed to manage the transition of care for a member who no longer meets CRS eligibility requirements, ~~and~~

d. Service coordination to ensure specialty services related to a member's CRS condition(s) ~~c~~are completed, as clinically appropriate prior to the member's 21st birthday. Appropriate service delivery and care coordination shall be provided as ~~the~~a ~~CRS~~ member with a CRS designation transitions to adult services and ongoing as an adult with special healthcare needs, and~~.~~ ~~shall be provided regardless of the member's CRS designation ending.~~ ~~or makes the decision to transitions to the adult system of care another AHCCCS Contractor or Fee-For-Service (FFS) program after~~ at the age of 21 years and,.[24]

~~c.~~e. Allowing ~~CRS~~ members with a CRS designation turning 21 the choice to continue being served by an MSICs ~~that are~~ is able to provide services and coordinate care for adults with special healthcare needs.

~~b. Appropriate notification of pending discharge from the CRS program as described in Contract~~

B. SERVICE PLAN DEVELOPMENT AND MANAGEMENT ~~FOR CRS~~

The Contractor ~~and~~and AIHP is responsible for ensuring that each member designated to have a CRS C~~c~~ondition has a member-centric Service Plan and that the member's first provider visit occurs within 30 days of ~~enrollment~~designation. Additionally, the Contractor is responsible for ensuring services are provided according to the Service Plan.[25]

The Service Plan ~~(~~SP~~)~~ serves as a working document which integrates the member's multiple treatment plans, including behavioral health, into one document in a manner and format that is easily understood by ~~that~~ the ~~CRS~~ member/guardian/designated representative ~~understands~~, and shared with the member/guardian/designated representative upon request or as part of the Multi-Specialty Interdisciplinary Team (MSIT), Child Family Team (CFT), ~~or~~ Adult Recovery Team (ART)[26] ~~Assertive Community Treatment (ACT)~~ meetings[27]. The Service Plan ~~SP~~ identifies desired outcomes, resources, priorities, concerns, personal goals, and strategies to meet the identified ~~goals~~objectives. The Service Plan shall identify the immediate and long-term healthcare needs of each newly ~~enrolled~~designated member and shall include an action plan.

[23] POST RFP – 'b' and 'c' reworded to align with contract
[24] POST APC change – clarification
[25] Clarification
[26] POST APC change
[27] Clarify there is an expectation that the SP is shared with the member/family/guardian.. Can be electronically through a member portal/email or fax, or in a printed document or via regularly care meetings (MSIT, CFT or AR~~C~~T)

The Contractor ~~and~~and AIHP ~~-~~is responsible for ensuring that every member has an initial Service Plan developed by the Contractor within 14 days of the notice of ~~enrollment~~designation utilizing information provided by AHCCCS DMS.~~,; and updating the SP as the member's health condition or treatment plans change~~.[28] The Service Plan shall be monitored regularly and updated when there is a change in the member's health condition, desired outcomes, personal goals or care objectives.[29]

1. ~~The Contractor shall ensure the member's first provider visit occurs within 30 days of enrollment.~~[30]

~~1.~~2. ~~The SP shall identify the immediate and long-term healthcare needs of each newly enrolled member and shall include an action plan.~~ ~~The~~A comprehensive ~~Service Plan~~ Service Plan shall be developed within 60 calendar days from date of the first ~~CRS~~ appointment for the CRS qualifying condition and shall include, but is not limited to ~~contain~~ all the required elements as follows:
   a. Member demographics and enrollment data,
   b. Member diagnoses, past treatment, previous surgeries (if any), procedures, medications, and allergies,
   c. Action plan,
   ~~d. For CMDP, and DDD, and AIHP enrolled members:, CRS Qualifying condition,~~[31] ~~and any other, past treatment, previous surgeries (if any), procedures, medications, and allergies,~~[32]
   ~~e.~~d. The member's current status, including present levels of functioning in physical, cognitive, social, behavioral and educational domains,
   ~~f.~~e. ~~The member/guardian/designated representative's~~[33] ~~and/or families~~ ~~B~~barriers to treatment, such as member/guardian/designated representative's~~'s or family's~~ inability to travel to an appointment,
   ~~g.~~f. The member/guardian/designated representative's ~~and/or families~~ strengths, resources, priorities, and concerns related to achieving mutual recommendations and caring for the family or the ~~child~~member[34],
   ~~h.~~g. Services recommended to achieve the identified objectives, including the provider or person responsible and timeframe requirements for meeting desired outcomes, and
   ~~i.~~h. The ~~CRS~~ Contractor ~~and, Tribal ALTCS and AIHP~~ shall identify an interdisciplinary team to implement and update the S~~s~~ervice Plan ~~SP~~ as needed.

~~2.~~3. The ~~CRS~~ Contractor ~~and~~and AIHP ~~-~~shall modify and update the Service Plan ~~SP~~ when there is a change in the member's condition or ~~-~~recommended services. This will

[28] Initial Service Plan development requirement
[29] Initial Service Plan development requirement.
[30] POST RFP – duplicative of first paragraph; removed
[31] ~~Adding ensures easier tracking Contractor and FFS easier to track if medical treatment is completed.~~
[32] Removed Post RFP – duplicative of 'b' do not need to call out CMDP and DDD specifically
[33] POST RFP – moved below
[34] POST RFP – updated for consistency throughout all AHCCCS documents

occur periodically as determined necessary by the member/guardian/designated representative, or provider(s).

3.4.The ~~CRS~~ Contractor ~~and~~and ~~AIHP~~ shall identify a care coordinator responsible for ensuring implementation of interventions and the dates by which the interventions ~~must~~ shall occur and who identifies organizations and providers with whom treatment must be coordinated.

C. SPECIALTY REFERRAL TIMELINES ~~FOR CRS CONTRACTORS~~

The ~~CRS~~ Contractor shall have a policy and procedure that ensures adequate access to care through scheduling of appointments as specified in ACOM Policy 417.

~~In addition….we used to have a 1st provider visit requirement within 30 days of enrollment. We want to put this back in policy and consider a performance measure as well. I think this could go in the same policy……possibly amending C. in the policy.~~