

440 KIDSCARE ~~SERVICES~~ (TITLE XXI)¹

EFFECTIVE DATES: 02/01/99, xx/xx/xx²

REVISION DATES: 10/01/01, 04/01/04, 05/01/04, 08/01/05, 04/01/07, 10/01/08, 02/01/11, 10/01/13, 04/01/14, 10/18/18³

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ~~ALTCS E/PD~~⁴, DCS/CMDP (CMDP), ~~DES/DDD (DDD)~~⁵, and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: ~~Tribal ALTCS, TRBHA,~~ the American Indian Health Program (AIHP); ~~and TRBHAs;~~ and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy ~~establishes requirements for~~ provides information about the health care services available under the Federal Children’s Health Insurance Program (Title XXI), known as the Arizona KidsCare Program (KidsCare).

II. DEFINITIONS

AMERICAN INDIAN HEALTH PROGRAM (AIHP)⁶

An acute care Fee-For-Service program administered by AHCCCS for Title XIX/XXI eligible American Indians which reimburses for physical and behavioral health services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider.

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENTN (EPSDT)⁷

A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate

¹ Title was revised to KidsCare (Title XXI)

² Date Policy is effective

³ Date Policy was presented at APC meeting

⁴ POST APC CHANGE: deleted ALTCS E/PD as does not apply to Title XXI

⁵ POST AP CHANGE: deleted DES/DDD as does not apply to Title XXI

⁶ Added definition utilized in the MCO Contracts added Title XIX/XXI for clarity

⁷ Added definition utilized in the MCO Contracts

defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

KIDSCARE⁸(TITLE XXI)

Federal and State Children’s Health Insurance Program (Title XXI – CHIP) administered by AHCCCS. The KidsCare program offers comprehensive medical, preventive, treatment services, and behavioral health care services statewide to eligible children under the age of 19, in households with income between 133% and 200% of the Federal Poverty Level (FPL).

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOA)⁹

The written notice provided to the affected member which explains the Adverse Benefit Determination made by the Contractor or AHCCCS regarding the service authorization request and includes the information required by this Policy.

TITLE XIX MEMBER¹⁰

Title XIX members include those eligible under Section 1931 provisions of the Social Security Act (previously AFDC), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI) or SSI-related groups, Medicare Cost Sharing groups, Adult Group at or below 106% Federal Poverty Level (Adults <= 106%), Adult Group above 106% Federal Poverty Level (Adults > 106%), Breast and Cervical Cancer Treatment program, Title IV-E Foster Care and Adoption Subsidy, Young Adult Transitional Insurance, and Freedom to Work.

TITLE XXI MEMBER¹¹

Member eligible for acute care services under Title XXI of the Social Security Act, referred to in Federal legislation as the “Children’s Health Insurance Program” (CHIP). The Arizona version of CHIP is referred to as “KidsCare.”

III. POLICY

~~This Policy provides information about the health care services available under the Federal Children’s Health Insurance Program (Title XXI), known as the Arizona KidsCare Program.¹² The KidsCare Program is administered by AHCCCS and provides health care coverage statewide to eligible children under age 19. Covered services are provided through AHCCCS Contractors. In addition, AHCCCS enters into Intergovernmental Agreements with Indian~~

⁸ Added definition utilized in the MCO Contracts added (Title XXI) for clarity

⁹ Added definition utilized in ACOM Policy 414 added ‘or AHCCCS’ as is also applicable to FFS

¹⁰ Added definition utilized in the MCO Contracts

¹¹ Added definition utilized in the MCO Contracts

¹² Moved to purpose

~~Health Services and 638 Tribal Facilities for services to be provided to American Indian members who select these programs for primary care.¹³~~

~~AHCCCS determines whether a child is eligible for Medicaid (Title XIX) prior to a determination of eligibility for KidsCare (Arizona’s State Plan for KidsCare).~~

A. COVERED SERVICES

~~The KidsCare Program offers comprehensive medical/physical health, behavioral health, preventive and treatment services, pursuant to Arizona Revised Statutes A.R.S. Title 36, Chapter 29, Article 4. All covered services must be medically necessary and provided by a primary care provider or other AHCCCS registered providers who meet qualifications as described in AMPM Chapter 600, Provider Qualifications and Provider Requirements of this Manual.¹⁴~~

KidsCare services ~~must~~ shall be provided according to community standards and standards set forth for members enrolled under Title XIX for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Service descriptions and limitations included in AMPM Chapter 300, ~~Medical Policy for AHCCCS Covered Services~~ and AMPM Chapter 400, ~~Medical Policy for Maternal and Child Health of this Manual~~ will also apply ~~for the KidsCare Program~~.

Some services provided to KidsCare members will require Prior Authorization (PA), either from the Contractor with whom the member is enrolled, or from the AHCCCS Division of Fee-For-Service Management (DFSM) for members who are receiving services on a Fee-For-Service (FFS) basis. ~~Specific Contractor PA requirements are not identified in this manual.~~ To obtain details regarding these PA requirements for specific services, ~~please contact the appropriate Contractor~~, or for FFS members, refer to AMPM Policy 820 Chapter 800.

~~Refer to AMPM Chapter 800, Policy 810, Utilization Management Overview for procedures/methodologies to request PA and requirements related to concurrent review.~~

Refer to ACOM Policy 414 and Arizona Administrative Code, Title 9, Chapter 34 (9 A.A.C. 34) for ~~n~~ Notice of ~~action~~ Adverse Benefit Determination requirements if a service requiring PA is denied, reduced, suspended or terminated by either a Contractor or AHCCCS.

B. EXCLUDED SERVICES UNDER ~~THE KIDSCARE PROGRAM~~

The following ~~services are excluded~~ exclusions apply for KidsCare:

¹³ Duplicative to covered services description in A

¹⁴ Removed titles for consistency across all AHCCCS documents – removed throughout

1. ~~Licensed midwife services for prenatal care and home births, in accordance with Services listed in A.A.C. R9-31-205,;~~
2. Services provided under the Medicaid School Based Claiming Program ~~(Title XXI is not eligible for Medicaid School Based Claiming)~~. See also AMPM Chapter 700, and
3. ~~Applicants who are in an Institution for Mental Disease (IMD) at the time of application or redetermination are excluded from enrollment in KidsCare. IMD services are only available to KidsCare members who are determined to require these services after enrollment and as outlined in Arizona’s State Plan for KidsCare (refer to the AHCCCS website). Persons residing in an Institution for Mental Disease at the time of initial eligibility determination or subsequent redetermination are not eligible for KidsCare.¹⁵~~
- 4.3. ~~Refer to AMPM Policy 810, Utilization Management Overview for procedures/methodologies to request PA and requirements related to concurrent review.¹⁶~~

C. CARE COORDINATION RESPONSIBILITIES

Contractors and FFS Programs must shall follow policies set forth in AMPM Chapter 500 ~~of this Manual.~~

D. MONITORING AND ASSESSING THE QUALITY OF CARE RECEIVED BY MEMBERS IN KIDSCARE MEMBERS

Contractors ~~must shall~~ comply with all Quality Management and Performance Improvement requirements specified in AMPM Chapter 900 ~~of this manual.~~ In addition, Contractors shall must comply with care management and utilization management requirements specified in AMPM Chapter 1000. Contractors are encouraged to include in their EPSDT Annual Plan and Evaluation and quarterly progress reports, activities that will increase utilization of services and/or acknowledge that EPSDT activities and objectives apply to both Title XIX ~~members and those covered under~~ and Title XXI (Kidscare) members. See AMPM Policy 430.¹⁷

Contractors are encouraged to implement PA, care coordination, and utilization management processes for ~~the KidsCare Program~~ services whenever appropriate.

E. SERVICE DELIVERY REQUIREMENTS FOR INDIAN HEALTH SERVICE (IHS) AND 638 TRIBAL FACILITIES¹⁸

¹⁵ Revised to align with State Plan for CHIP/KidsCare

¹⁶ Duplicative

¹⁷ Included reference to AMPM 430 EPSDT

¹⁸ Section revised to indicate current practice

~~For their primary health care provider, KidsCare members who are American Indians~~ KidsCare members who are American Indians may elect to enroll with either an AHCCCSa Contractor or the American Indian Health Program to receive both their physical and behavioral health services. KidsCare members enrolled in AIHP may also choose to receive their behavioral health services through a TRBHA if a TRBHA is available. American Indian members enrolled with either a Contractor or AIHP (and a TRBHA if available) may choose to receive services through an IHS or 638 provider at any time. Behavioral health services not provided by IHS or a 638 Tribal Facility may be provided by a Regional Behavioral Health Authority (RBHA) or a Tribal RBHA (TRBHA).

~~When an American Indian member is enrolled with the CRS Contractor (based on the choice that they make regarding where to receive their acute and behavioral health services, regardless of whether the member selects the fully integrated or CRS only option), the contractor, TRBHA, or the FFS program must ensure that all covered behavioral health services are available to CRS-enrolled American Indians, whether they live on or off reservation. The Contractor is not responsible for payment of behavioral health services provided to CRS-enrolled American Indians by an IHS or 638 Provider, even if the member is enrolled with the Contractor.~~

~~The Contractor~~s shall work in collaboration with the tribes to ensure that appropriate, accessible and culturally competent ~~behavioral health~~ services are available. ~~The Contractor~~s may enter into or maintain an agreement for behavioral health services with interested tribes who want to be a subcontractor ~~such as a TRBHA~~ or other culturally competent tribal providers.

When a KidsCare member is enrolled with a Contractor and receives services at an IHS/638 facility, the services are reimbursed by the Contractor.

~~If AIHPthe American Indian Health Program is selected, the member must obtain services specified in this Chapter from IHS or the 638 Tribal Facility whenever possible. Covered covered services provided by IHS/638 providers are reimbursed by AHCCCS. In addition, covered services not available through IHS or the 638 Tribal Facility may be provided by other AHCCCS Fee-For-Service (FFS) providers and reimbursed through AHCCCS.~~

A non-IHS/638 provider or facility rendering AHCCCS covered services must obtain PA from ~~the AHCCCS/DFSM/CMSU Unit~~ for services specified in AMPM Chapter 800 Policy 820 of this Manual when scheduling an appointment or admission for the FFS member (PA is not required for emergency transportation or medical, dental or behavioral health services provided on an emergency basis). The benefit and coverage conditions for each service are addressed in AMPM Chapter 300 and AMPM Chapter 400 ~~of this Manual~~.

IHS and 638 Tribal Facilities ~~must~~ shall ensure that providers who render services under ~~the KidsCare Program~~ are registered with AHCCCS. ~~Each mMember should be assigned to an IHS or 638 Tribal Facility provider who is responsible for providing, coordinating,~~

~~and/or supervising medical services rendered to assigned members. This includes maintaining continuity of care and maintaining a complete individual medical record for each assigned member that is in compliance with requirements of AMPM Policy 940, Medical Records and Communication of Clinical Information of this Manual. IHS and 638 Tribal Facilities are also responsible for providing necessary referrals for specialty care.~~

OPEN UNTIL 12/06/18