

**560 - CHILDREN’S REHABILITATIVE SERVICES CRS CARE COORDINATION AND SERVICE PLAN MANAGEMENT**EFFECTIVE DATE: 3/01/11, 09/27/17, [10/01/18](#)<sup>1</sup>REVISION DATES: 10/01/13, 09/21/17, [11/02/17](#)<sup>2</sup>**I. PURPOSE**

This Policy applies to [AHCCCS Complete Care \(ACC\), ALTCS/EPD, CRS, CMDP, and DES/DDD Contractors; and Fee-For-Service \(FFS\) Programs as delineated within this Policy: Tribal ALTCS and the American Indian Health Program \(AIHP\).](#)<sup>3</sup> This Policy establishes ~~requirements~~ [guidelines](#) regarding Children’s Rehabilitative Services (CRS) care coordination and defines the process for development and management of the member’s service plan.

**II. DEFINITIONS****ACTIVE TREATMENT**<sup>4</sup>

[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**<sup>5</sup>

[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 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**<sup>6</sup>

[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.](#)

<sup>1</sup> [Date changes are effective](#)

<sup>2</sup> [Date published to RFP Bidders’ Library](#)

<sup>3</sup> [Adding who Policy will apply to](#)

<sup>4</sup> [Adding definition for clarification](#)

<sup>5</sup> [Adding definition for clarification](#)

<sup>6</sup> [Adding definition for clarification](#)

**MULTI-SPECIALTY  
INTERDISCIPLINARY  
CLINIC (MSIC)<sup>7</sup>**

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

**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.

**H.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 related to the CRS qualifying condition(s) that are identified during the determination process. DMS may also provide information received for purposes of CRS designation regarding care, services or procedures that may have been approved or authorized by the member's current health plan.<sup>8</sup>

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.

CRS designated members may receive care and specialty services from an MSIC or community based providers in independent offices that are qualified to treat the member's condition. The Contractor shall ensure alternative methods for providing services such as field clinics and telemedicine in rural areas.<sup>9</sup>

~~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 shall establish a process to ensure coordination of care for members that includes:

<sup>7</sup> Adding definition for clarification

<sup>8</sup> Identifies where the CRS qualifying conditions are listed

<sup>9</sup> 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.

- a. Coordination of ~~CRS~~-member health care needs through a Service Plan (SP), and
- b. Collaboration with providers, communities, agencies, service systems, and member/guardians/designated representatives;
- ~~b. Service coordination, and communication, designed to manage the transition of care for a member who no longer meets CRS eligibility requirements or makes the decision to transition to another AHCCCS Contractor or Fee For Service (FFS) program after the age of 21 years and;~~
- ~~e. Appropriate notification of pending discharge from the CRS program as described in Contract~~

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

The Contractor is responsible for ensuring that each member designated to have a CRS condition has a member-centric SP and that the member's first provider visit occurs within 30 days of enrollment. Additionally, the Contractor is responsible for ensuring services are provided according to the SP.<sup>10</sup>

- 1. ~~The Service Plan (SP)~~ serves as a working document which integrates the member's multiple treatment plans, including behavioral health, into one document that the ~~CRS~~ member/guardian/designated representative understands. The Service Plan SP identifies desired outcomes, resources, priorities, concerns, personal goals, and strategies to meet the identified goals/objectives. The SP shall identify the immediate and long-term healthcare needs of each newly enrolled member and shall include an action plan.
- 2. The Contractor is responsible for ensuring that every member has an initial SP developed by the Contractor within 14 days of the notice of enrollment utilizing information provided by AHCCCS DMS; and updating the SP as the member's health condition or treatment plans change.<sup>11</sup>
- 3. The Contractor shall ensure the member's first provider visit occurs within 30 days of enrollment.
- ~~2.4. The SP shall identify the immediate and long term healthcare needs of each newly enrolled member and shall include an action plan. The~~ comprehensive ~~Service Plan~~ SP 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,

<sup>10</sup> Clarification

<sup>11</sup> Initial Service Plan development requirement

- d. For CMDP, ~~and~~DDD, ~~and~~ AIHP enrolled members, CRS Qualifying condition, <sup>12</sup> and any other, past treatment, previous surgeries (if any), procedures, medications, and allergies,
  - e. The member's current status, including present levels of function in physical, cognitive, social, and educational domains,
  - f. The member/guardian/designated representative's ~~and/or families~~ barriers to treatment, such as member/guardian/designated representative's ~~s or family's~~ ability to travel to an appointment,
  - g. 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,
  - h. Services recommended to achieve the identified objectives, including provider or person responsible and timeframe requirements for meeting desired outcomes, and
  - i. The ~~CRS~~ Contractor shall identify an interdisciplinary team to implement and update the ~~service Plan~~SP as needed.
- 3.5. The ~~CRS~~ Contractor shall modify and update the ~~Service Plan~~ SP when there is a change in the member's condition or recommended services. This will occur periodically as determined necessary by the member/guardian/designated representative, or provider(s).
- 4.6. The ~~CRS~~ Contractor shall identify a care coordinator responsible for ensuring implementation of interventions and the dates by which the interventions must 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 1<sup>st</sup> 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.

<sup>12</sup> Adding ensures easier tracking Contractor and FFS easier to track if medical treatment is completed.