

426 – CHILDREN’S REHABILITATIVE SERVICES APPLICATION, DESIGNATION, AND COVERAGE

EFFECTIVE DATES: 01/01/11, 10/01/13, 08/01/14, 10/01/15, 07/01/16, 10/01/18, 05/16/23

APPROVAL DATES: 10/25/12, 02/07/13, 07/17/14, 09/17/15, 03/03/16, 03/15/18, 05/11/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. This Policy defines the processes used to accept and process applications for a Children’s Rehabilitative Services (CRS) designation and delineates the responsibility for coverage and payment of CRS conditions as well as other services that are the responsibility of the Contractor.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

HEALTH CARE DECISION MAKER (HCDM)	MEDICARE	MEMBER
--	-----------------	---------------

For purposes of this Policy, the following terms are defined as:

ACTIVE TREATMENT	A 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 from the last date of service for treatment of any CRS qualifying condition (A.A.C. R9-22-1301).
CHILDREN’S REHABILITATIVE SERVICES (CRS)	Program that provides covered medical services and covered support services in accordance with A.A.C. R9- 22-1303 and A.R.S. § 36-2912.
CRS APPLICATION	A submitted form with additional documentation required by the AHCCCS Division of Member and Provider Services (DMPS) in order to make a determination whether an AHCCCS member is medically eligible for a CRS Designation.
CRS CONDITION	Pursuant to A.R.S. §36-2912, those covered conditions that are medically disabling or potentially disabling, and which qualify for CRS medical eligibility as specified in A.A.C. R9-22-1303.
REDETERMINATION	A decision made by the AHCCCS DMPS regarding whether a member continues to meet the requirements in A.A.C. R9-22-1305.

III. POLICY

The Contractor shall provide covered services to members under the age of 21 who have been confirmed to have a CRS condition requiring active treatment, as described in A.A.C. R9-22-1303. Members with a CRS qualifying condition will receive a CRS designation as determined by the Division of Member and Provider Services (DMPS). AHCCCS may request, at any time, that the Contractor submit medical documentation to assist with review of a current CRS designation. DMPS is responsible for processing and responding to requests for CRS designations and will accept and process an application in accordance with this Policy.

A. APPLICATION

1. Form Requirements:
 - a. A CRS application shall be submitted to DMPS for a medical eligibility determination described in A.A.C. R9-22 Article 13. A copy of the required CRS application form and instructions are available on the AHCCCS website,
 - b. The completed Application for AHCCCS CRS designation may be faxed, mailed, or delivered in person to DMPS as indicated on the AHCCCS website,
 - c. Upon submitting the completed CRS application to AHCCCS DMPS, the Contractor shall notify in writing the member or their Health Care Decision Maker (HCDM) that an application for a CRS designation has been submitted on the member's behalf. The Contractor shall also inform the member or their HCDM that the member will be referred to a specialist for an evaluation of the CRS condition,
 - d. If a CRS application is submitted to AHCCCS by a provider acting on the member's behalf, the Contractor shall work with the provider to ensure the Contractor is made aware of the application submission. Once the Contractor is made aware a provider has submitted an application, notification shall be sent in accordance with (b.) above, and
 - e. The following documentation is required with submission of the application:
 - i. Documentation from a specialist who diagnosed the member, stating the member's diagnosis and the need for active treatment, and
 - ii. Diagnostic testing results that support the medical diagnosis.
2. Processing:
 - a. DMPS will verify Title XIX/XXI enrollment, and
 - b. If further information is needed in order to make a determination of medical eligibility, DMPS will contact the appropriate parties to request the information.
3. Determination and Notification:
 - a. For members meeting medical eligibility criteria, DMPS will identify the member with a CRS designation, effective on the same date as the determination, including those members who may be hospitalized at the time,
 - b. When a determination of CRS medical eligibility is made, DMPS will notify the following parties:
 - i. Member/HCDM,
 - ii. The entity who submitted the application (if authorized), and
 - iii. The Contractor.

- c. For members not meeting medical eligibility criteria, DMPS will notify the member/HCDM and the Contractor of the decision, and
- d. The member's right to appeal the determination of medical eligibility, and the process for doing so, will be described in the DMPS member notification.

It is the responsibility of the Contractor to ensure that the information provided by DMPS is made available to the appropriate areas and staff within its organization who may need the information.

B. CONTRACTOR RESPONSIBILITIES FOR CRS SERVICES

The member may elect to use their private insurance network (providers) or Medicare providers to obtain health care services, including those for treatment of the CRS condition(s). Contractor responsibilities for payment of services for treatment of the CRS condition(s), when a member uses private insurance or Medicare, are further outlined in ACOM Policy 201 and ACOM Policy 434.

C. MEMBERS TURNING 21

At least 90 days prior to a member with a CRS designation turning 21 years of age, the Contractor shall notify the member that their CRS designation ends upon their 21st birthday. The Contractor shall ensure specialty services related to the member's CRS condition(s) are completed, as clinically appropriate, prior to the member's 21st birthday. The Contractor shall continue to ensure appropriate service delivery and care coordination is provided, regardless of the member's CRS designation ending.

D. TERMINATION OF THE CRS DESIGNATION

DMPS may end a member's CRS designation for one of the following reasons:

1. The member loses Title XIX/XXI enrollment.
2. The member no longer meets the medical eligibility criteria for CRS.
3. The member has completed treatment for the CRS condition(s).
4. The member turned 21 years of age, as specified in this policy.

E. REQUESTS FOR REMOVAL OF A CRS DESIGNATION

In response to a member/HCDM's request for removing a CRS designation, DMPS will send a CRS designation removal form to the member/HCDM for signature. Upon receipt of the signed form, DMPS will end date the CRS designation.

F. MONITORING OF THE CRS DESIGNATION

Continued review of the CRS designation shall be determined by verifying active treatment status of the CRS condition as described in A.A.C. R9-22-1305 and as follows:

1. Contractor Notification:
 - a. The Contractor is responsible for notifying AHCCCS of members under the age of 21 with a CRS designation, who are no longer requiring active treatment for the CRS qualifying condition(s). Notification shall include medical records indicating treatment has been completed,
 - b. The Contractor shall transmit completed treatment reports to AHCCCS for any member with a CRS designation, who has completed treatment, and
 - c. The above-referenced report shall be sent as specified in Contract.

2. AHCCCS Notification:
 - a. If DMPS determines that a CRS member is no longer medically eligible for CRS, DMPS will end date the CRS designation in the member's record, and
 - b. DMPS will notify the member/HCDM that the member's CRS designation is inactive with AHCCCS.