426 - ELIGIBILITY REVIEWS FOR CRS APPLICANTS AND REFERRALS

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Staff responsible for policy: DHCM, and Division of Member Services (DMS)

I. Purpose

This policy applies to Acute Care, Behavioral Health Services (BHS), Children's Rehabilitation Services (CRS), Comprehensive Medical and Dental Program (CMDP), Fee For Service (FFS) and ALTCS Division of Developmental Disabilities (DDD) Contractors. This policy defines the processes used to accept and process applications and referrals to the CRS program. DMS is responsible for processing and responding to requests for CRS enrollment of AHCCCS members who have been identified as having a potential CRS-covered condition requiring active treatment, as defined in R9-22-1303 and the AHCCCS Medical Policy Manual (AMPM), Chapter 300, Section 330, Covered Conditions in the CRS Program.

II. Definitions

Active Treatment A current need for treatment or evaluation for continuing treatment of the CRS qualifying condition or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition will be needed within the next 18 months.

CRS Application A submitted form with additional documentation required by the AHCCCS DMS in order to make a determination whether an AHCCCS member is medically eligible for CRS.

CRS Condition Any of the covered medical conditions in R9-22-1303.

Redetermination A decision made by the AHCCCS DMS regarding whether a member continues to meet the requirements in R9-22-1302.

II. Policy

DMS will accept and process a referral and application for CRS enrollment of an AHCCCS member that is submitted in the manner described in this policy. CRS provides covered services only to individuals who have been confirmed as having a CRS-covered condition

requiring active treatment, as defined in AMPM Policy 330, and who have been approved for the CRS program by DMS.

III. Procedure

A. Eligibility Requirements

All AHCCCS Acute care, CMDP, ALTCS DDD, and FFS enrolled children under the age of twenty-one (21) are eligible for enrollment in the CRS Program when the presence of a CRS-covered condition requiring active treatment, as defined by AMPM Policy 330, is confirmed through medical review by DMS.

A member with private insurance or Medicare coverage is not required to be enrolled with or utilize the CRS Contractor. This includes members with Medicare whether they are enrolled in Medicare FFS or a Medicare Managed Care Plan. If the member elects to be enrolled with the CRS Contractor, the CRS Contractor is responsible for all applicable deductibles and copayments when the member uses the private insurance network or Medicare for a CRS-covered condition. When the private insurance or Medicare is exhausted, or certain annual or lifetime limits are reached with respect to CRS-covered conditions, the CRS Contractor is responsible for all covered CRS services.

The non-CRS Contractor is not responsible for the provision of CRS covered services in instances when a member with a CRS covered condition refuses to participate in the CRS application process, or when an AHCCCS member refuses to receive CRS covered services through the CRS program. In these circumstances the member may be billed by the provider in accordance with AHCCCS rules R9-22-702 and R9-28-701.10.

Below is a description of the four CRS coverage types:

1. *CRS Fully Integrated*: Members receiving all services from the CRS Contractor including acute health, behavioral health and CRS-related services.
2. *CRS Partially-Integrated – Acute*: American Indian (AI) members receiving all acute health and CRS-related services from the CRS Contractor and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).
3. *CRS Partially-Integrated – Behavioral Health (BH):* CMDP or DDD members receiving all behavioral health and CRS-related services from the CRS Contractor and receiving acute health services from the primary program of enrollment.
4. *CRS Only*: Members receiving all CRS-related services from the CRS Contractor, receiving acute health services from the primary program of enrollment, and receiving behavioral health services as follows:

a. CMDP and DDD AI members from a TRBHA
b. American Indian Health Program (AIHP) members from a T/RBHA
c. CRS Only also includes ALTCS/Elderly and/or Physically Disabled (EPD) AI Fee For Service members.

B. Form Requirements

1. A copy of all required referral/application documentation will be available on the AHCCCS website www.azahcccs.gov at a later date and will be accessible to any qualified physician or AHCCCS Contractor regardless of contract status.
2. A provider or AHCCCS Contractor may submit a referral to DMS for a medical eligibility determination for CRS services.
3. The CRS Referral/Application Form may be faxed, mailed, or delivered in person to DMS as indicated at the AHCCCS website above. The referral must contain, at a minimum, the following information:
    a. Name; address; and phone number of referral source;
    b. Relationship of person completing the referral/application form to the applicant;
    c. Applicant's name; DOB; social security number; gender; home address and contact information; and preferred language;
    d. If the applicant is a child, the name of at least one authorized representative of the applicant; and
    e. If known to the referral source:
        i. Diagnosis; and
        ii. Primary Care Provider (PCP) name.

4. The following additional documentation may (must if the application is referred by the member's AHCCCS Contractor) be submitted with the application:
    a. Documentation supporting the medical diagnosis and the need for treatment; and
    b. Diagnostic testing results that support the medical diagnosis.

C. Processing

1. DMS will verify Title XIX/XXI enrollment and will check the eligibility system to determine if there is a pending application. Applicants who are not enrolled in Title XIX/XXI cannot be enrolled in CRS.

2. DMS will review submitted referral/application materials to determine if:
    a. The applicant is eligible
    b. The applicant is not eligible
    c. Further information is needed to determine eligibility

If further information is needed in order to make a determination of medical eligibility for the CRS program, DMS will issue written notification regarding the need for further information and specifying the information needed along with the timeframe for submitting the information to the following:

a. Applicant/authorized representative;
b. Referral source, if authorized; and
c. Current AHCCCS Contractor if applicable.

D. Notifications

1. When an applicant is determined eligible for CRS, notification will be made to the following parties:
    a. Applicant/authorized representative;
    b. Referral source, if authorized;
    c. The CRS Contractor; and
    d. The current AHCCCS Contractor

2. When an applicant is determined ineligible for CRS, notification regarding the reasons for the denial will be made to the following parties:
    a. Applicant/authorized representative – the applicant shall receive a notification of denial, in writing, and appeal rights and processes
    b. Referral Source, if authorized; and
    c. Current AHCCCS Contractor.

E. Enrollment

DMS will enroll an AHCCCS member in CRS if the requirements of this policy are met.

1. DMS will enroll the applicant in CRS effective on the same date as the eligibility determination including those applicants who may be hospitalized at the time of the CRS determination.
2. Members turning 21. Prior to the month a member will turn 21, the member will be notified of their opportunity to either continue enrollment with the CRS Contractor, or enroll with another AHCCCS Contractor. If a member does not respond, he or she will be disenrolled from the CRS Contractor at the end of their birth month. The member will be auto-enrolled with another AHCCCS Contractor and will be given a 30 day choice period.

F. Termination of Enrollment

DMS may terminate a member's enrollment with the CRS Contractor for the following reasons:

1. DMS determines that the member no longer meets the medical eligibility requirements for CRS;
2. The member loses Title XIX/XXI eligibility; and/or
3. The member or authorized representative requests termination of the member's enrollment in the CRS program. All members will be notified by DMS that any services related to the CRS condition will not be covered by another AHCCCS Contractor and the member will be required to sign a document where they acknowledge they understand that CRS-related services will not be provided by the non-CRS Contractor and that the member agrees to accept payment responsibility for CRS services.

If the member continues to be Title XIX/XXI eligible they will be auto assigned to another contractor.

G. Notification of CRS disenrollment

1. DMS will send written notice of CRS disenrollment to the member/authorized representative that includes a description of the hearing rights and information about the hearing process.

H. Re-enrollment

1. Members who have lost Title XIX/XXI eligibility: If eligibility is regained within 12 months, the member will be re-enrolled with the CRS Contractor without a new referral/application being required, upon re-enrollment in the AHCCCS program.

I. Appeal of CRS eligibility determinations

1. A decision made by DMS to deny a request for CRS enrollment, or to disenroll a CRS member, is subject to appeal under 9, A.A.C. Chapter 34.

IV. Redetermination

Continued eligibility for the CRS program shall be redetermined by verifying active treatment status of CRS qualifying medical conditions as follows:

1. The CRS Contractor is responsible for notifying AHCCCS monthly (see Member Data Exchange below) when a CRS member is no longer in active treatment for the CRS qualifying condition(s). AHCCCS may request, at any time, that the CRS Contractor submit medical documentation within the specified timeframes.
2. AHCCCS shall notify the CRS member or authorized representative of the redetermination process.
3. If AHCCCS determines that a CRS member is no longer medically eligible for CRS, AHCCCS shall provide the CRS member or authorized representative a written notice that informs the CRS member that AHCCCS is transitioning the CRS member's enrollment to another AHCCCS Contractor according to R9-22-1306. The member may appeal this determination under 9, A.A.C. Chapter 34.

V. Member Data Exchange

The CRS Contractor shall transmit via electronic transfer to AHCCCS, the Members with Completed Treatment or Inactive Treatment report approved by AHCCCS, on at least a monthly basis, for any CRS member who has completed treatment and all members who have not been in active treatment for the prior 18 months. The documentation must be sent no later than 15 days after the start of the month (reporting for the prior month).

VI. References

- AMPM Chapter 300
- A.R.S. Chapter 34
- R9-22-702
- R9-22-1303
- R9-22-1304
- R9-22-1305
- R9-22-1306
- R9-28-701.10
- Acute Care contract, Section D
- CRS contract, Section D
- ALTCS EPD contract, Section D
- ADHS/DBHS contract, Section D
- ALTCS DDD contract, Section D
- CMDP contract, Section D