

**426 – CHILDREN’S REHABILITATIVE SERVICES REFERRALS,  
ENROLLMENT, DESIGNATION<sup>1</sup> AND COVERAGE**

EFFECTIVE DATE: 01/01/11, 10/01/13, 08/01/14, 10/01/15, 07/01/16, [10/01/18](#)<sup>2</sup>

REVISION DATE: 10/25/12, 02/07/13, 07/17/14, 09/17/15, 03/03/16, [11/02/17](#)<sup>3</sup>

~~STAFF RESPONSIBLE FOR POLICY: DHCM AND DMS~~<sup>4</sup>

**I. PURPOSE**

This Policy applies to ~~Acute Care, CRS~~ [AHCCCS Complete Care \(ACC\)](#)<sup>5</sup>, DCS/CMDP (CMDP), and DES/DDD (DDD), and RBHA Contractors. This Policy defines the processes used to accept and process applications and referrals ~~to~~ [for](#) ~~the~~ Children’s Rehabilitative Services (CRS) ~~program designation, CRS redeterminations,~~<sup>6</sup> and delineates the responsibility for coverage and payment of CRS conditions as well as other services that are the responsibility of the ~~respective~~ Contractor.

**II. DEFINITIONS**

**ACTIVE TREATMENT** Active Treatment means there is 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).

**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** 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 DMS regarding whether a member continues to meet the requirements in A.A.C. R9-22-1305

<sup>1</sup> [Revised as there will be no change to enrollment](#)

<sup>2</sup> [Date changes are effective](#)

<sup>3</sup> [Date published to RFP Bidders’ Library](#)

<sup>4</sup> [Removing adds no substance to Policy](#)

<sup>5</sup> [Revised for applicability of contracts](#)

<sup>6</sup> [Revised for applicability to designation](#)

**III. POLICY<sup>7</sup>**

The ~~CRS Contractor shall~~ provides covered services to ~~individuals-members under the age of 21~~ who have been confirmed ~~as-to having~~ a CRS condition requiring active treatment, as described in A.A.C. R9-22-1303, ~~and Members who have with a CRS qualifying condition will be approved-identified for with the a CRS program designation~~ by the Division of Member Services (DMS). ~~AHCCCS may request, at any time, that the CRS Contractor submit medical documentation for the determination of continued eligibility~~ CRS designation. DMS is responsible for processing and responding to requests for CRS enrollment designations and will accept and process a referral/~~and~~ application in accordance with this Policy.

~~AHCCCS members under the age of 21 shall be enrolled into the CRS Program when the presence of a CRS condition requiring active treatment, as defined by A.A.C. R9-22-1303, is confirmed through medical review by DMS. Applicants who are not enrolled in Title XIX/XXI cannot be enrolled in the CRS Program. Members are permitted to opt out of, or refuse enrollment into, the CRS program.~~

~~Regardless of the CRS Coverage Type, the CRS Contractor is always responsible for care and services related to the CRS condition effective from the date of the member's enrollment into the CRS Program through the date of disenrollment and also during Prior Period Coverage (PPC) as noted in section D of this Policy. However, depending on the CRS Coverage Type, the CRS Contractor may also be responsible for care and services not related to the CRS condition. Refer to CRS Coverage Types below for more information describing CRS Contractor responsibility of covered services.~~

~~Members enrolled in the CRS Program, who were determined CRS eligible due to a covered medical condition no longer specified in A.A.C. R9-22-1303, may continue enrollment in the CRS Program, providing they meet medical criteria for the covered medical condition no longer included in A.A.C. R9-22-1303 which was the basis for their initial enrollment.~~

**~~CRS COVERAGE TYPES:~~**

~~CRS Fully Integrated — This coverage type is applicable to members receiving all services from the CRS Contractor including acute care, behavioral health, and CRS related services.~~

~~CRS Partially Integrated — Acute — This coverage type is applicable to American Indian (AI) members receiving all acute care and CRS related services from the CRS Contractor and~~

<sup>7</sup> Revised section to apply Contractors as of 10/1/18, for CRS Designation

~~receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).~~

~~CRS Partially Integrated Behavioral Health (BH) This coverage type is applicable to CMDP or DDD members receiving all behavioral health and CRS related services from the CRS Contractor and receiving acute care services from the primary program of enrollment.~~

~~CRS Only This coverage type is applicable to members receiving all CRS related services from the CRS Contractor, receiving acute care services from the primary program of enrollment, and receiving behavioral health services as follows:~~

~~CMDP and DDD AI members from a TRBHA~~

~~American Indian Health Program (AIHP) members from a T/RBHA~~

~~ALTCS Tribal Program members from Fee For Service (FFS).~~

#### IV. PROCEDURE

##### A. REFERRAL/APPLICATION <sup>8</sup>

1. Form Requirements – A CRS referral/application shall be submitted to DMS for a medical eligibility determination. A copy of the required CRS referral/application form and instructions are available on the AHCCCS website.
  - a. The completed *Application for Enrollment into AHCCCS CRS* form may be faxed, mailed, or delivered in person to DMS as indicated on the AHCCCS website.
  - b. ~~Prior to~~ Upon submitting the completed CRS referral/application form, the Contractor shall discuss the referral ~~and possible health plan change~~ with the parent/guardian/authorized designated<sup>9</sup> representative. The Contractor shall inform the parent/guardian/designated representative that the child will be referred to a specialist for an evaluation of the CRS condition.<sup>10</sup>
  - c. The following ~~additional~~ documentation is required with submission of the referral/application:
    - i. Documentation from a specialist who diagnosed the individual, stating the individual’s diagnosis and the need for treatment; and
    - ii. Diagnostic testing results that support the medical diagnosis.
2. Processing
  - a. DMS will verify Title XIX/XXI enrollment.
  - b. If further information is needed in order to make a determination of medical eligibility, DMS will contact the appropriate parties to request the information.
3. Enrollment Designation

<sup>8</sup> Revised section to apply Contractors as of 10/1/18, for CRS Designation

<sup>9</sup> Changed for consistancy

<sup>10</sup> Providing clarificaiton

a. ~~Except as specified in 3(b), DMS will enroll-designate the applicant into the with a CRS Program designation, by coverage type, effective on the same date as the eligibility determination, including those applicants who may be hospitalized at the time of the CRS determination.~~

b. ~~Newborns will be enrolled into the CRS Program retroactive to the date of birth if the CRS application is received within 28 days of birth.~~

4. Notifications

a. When a determination of CRS eligibility is made, notification will be provided to the following parties:

~~i. Applicant/authorized representative;~~

~~ii. Referral source, if authorized; and~~

~~iii.ii. The current AHCCCS Contractor.~~

b. ~~If the member is approved for CRS enrollment, the CRS Contractor will also be notified.~~

~~DMS will provide the CRS application and medical documentation related to the CRS conditions to the CRS Contractor. It will be the responsibility of the CRS Contractor to ensure that the information provided by DMS is made available to the appropriate areas and staff within its organization who may need the information. It remains the responsibility of the CRS Contractor and the Acute Care Contractor to also appropriately transition the member utilizing established transition processes.~~

**B. MEMBERS TURNING 21<sup>11</sup>**

~~Shortly before a~~When a member who withis enrolled in the a CRS Program designation ~~turns 21 years of age, s/he is provided a one-time opportunity to remain enrolled with the CRS Contractor. the CRS designation will be removed from the member's record. tThe Contractor shall continue to ensure appropriate service delivery and care coordination is provided.~~

for members turning 21 remains available.

~~At least 30 days prior to the month the member will turn 21, the member will be sent a written notice informing the member of his/her opportunity to either continue enrollment with the CRS Contractor or enroll with another AHCCCS Contractor. The notice will inform the member of the process for continuing enrollment with the CRS Contractor or selecting another Contractor as well as the time period for informing the AHCCCS CRS Enrollment Unit.~~

<sup>11</sup> Revised section to apply Contractors as of 10/1/18, for CRS Designation removal upon turing 21

~~If the member timely provides notification for continued enrollment with the CRS Contractor, the CRS Contractor will continue to be responsible for payment of CRS conditions and other covered services as specified by the member's CRS coverage type.~~

~~If a member does not timely notify the AHCCCS CRS Enrollment Unit to continue enrollment in the CRS Program, s/he will be disenrolled from the CRS Contractor at the end of his/her birth month and will be auto-enrolled with another AHCCCS Contractor. The member will then be given a 30 day choice of Acute Care Contractor period.~~

~~If a member turning 21 years of age fails to timely notify the AHCCCS CRS Enrollment Unit to continue enrollment in the CRS Program, the member will not be permitted to reenroll with the CRS Program at a later date.~~

### **C. CONTRACTOR RESPONSIBILITIES FOR CRS SERVICES<sup>12</sup>**

~~AHCCCS-The~~ members may elect to use his/her private insurance network (providers) or Medicare providers to obtain health care services, including those for treatment of the CRS condition. Contractor responsibilities for payment of services for treatment of the CRS condition, when a member uses private insurance or Medicare, are further outlined below.

#### **1. ~~CRS~~ Contractor Responsibilities**

~~a. The CRS Contractor is responsible for payment for services provided to its enrolled members as outlined in the four CRS coverage types in Section III.~~

~~b.a.~~ If a member enrolled with the ~~CRS~~ Contractor uses private insurance or Medicare for a CRS covered condition, then the ~~CRS~~ Contractor is the secondary payer responsible for all applicable deductibles and copayments and for application of the appropriate coordination of benefits activities for members as outlined in ACOM Policy 201 and 434.

~~e.b.~~ When the member's private insurance or Medicare expires, does not cover the CRS condition, is exhausted for the CRS-covered conditions, or certain annual or lifetime limits are reached for the CRS-covered condition, the ~~CRS~~ Contractor is responsible for all covered CRS services provided through the ~~CRS~~ Contractor's network.

~~2. AHCCCS Contractor Responsibilities, other than CRS, when a Member Under the age of 21 Opt's Out of/Refuses Enrollment with the CRS Contractor~~

~~Members who opt out of/or refuse enrollment with the CRS Program will be enrolled with another AHCCCS Contractor.~~

~~For members who opt out/refuse enrollment with the CRS Contractor, the AHCCCS Contractor with whom the member is enrolled for acute care services is not responsible for coverage of~~

<sup>12</sup> Revised section to apply Contractors as of 10/1/18, for CRS Designation

~~services related to the CRS condition except when a member uses private insurance or Medicare for services related to a CRS covered condition as discussed below.~~

~~a. Member has Third Party Coverage Benefits Available:~~

~~i. If a member opts out/refuses enrollment with the CRS Contractor and uses private insurance or Medicare for treatment of the CRS condition, the AHCCCS Contractor with whom the member is enrolled for acute care services is responsible for applicable deductibles and copayments remaining after payment by private insurance or Medicare. However, Contractors shall not be responsible for payment of deductibles or copayments for Medicare Part D drugs.~~

~~b. Member has Third Party Coverage; however, benefits are not Available:~~

~~i. When the member's private insurance or Medicare does not make payment for treatment related to the CRS condition, terminates, or is exhausted with respect to the CRS covered condition, the AHCCCS Contractor with whom the member is enrolled for Acute care services has no responsibility for payment of services related to the CRS condition.~~

~~ii. Upon receipt of information that the member's private insurance or Medicare has terminated or has been exhausted with respect to the CRS covered condition, the AHCCCS Contractor with whom the member is enrolled for acute care services shall refer the member to DMS to evaluate the member for CRS eligibility.~~

~~When the AHCCCS Contractor is not responsible for services related to the CRS condition, the member may be billed by the provider as authorized by A.A.C. R9-22-702.~~

~~3. AHCCCS Contractor Responsibilities, Other than CRS Contractor, for Members age 21 and Over who Elect to Disenroll from the CRS Contractor~~

~~For members age 21 years or older, the AHCCCS Contractor with whom the member is enrolled for acute care services is responsible for payment of services related to a CRS condition regardless of whether the member has private insurance or Medicare. The AHCCCS Contractor is the payor of last resort except as specified in state and federal law.~~

**D. TERMINATION ~~AND RE-ENROLLMENT WITH~~ OF THE CRS CONTRACTOR DESIGNATION**<sup>13</sup>

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

~~1. Member Loses Title XIX/XXI Eligibility~~

~~a. If a member regains Title XIX/XXI eligibility within 12 months, the member will be re-enrolled with the CRS Contractor without a new referral/application being required.~~

~~b. If AHCCCS eligibility is regained after 12 months, a new referral/application will be required for the CRS program.~~

<sup>13</sup> Revised section to apply Contractors as of 10/1/18, for CRS Designation



~~e. PPC with the CRS Contractor will only occur when a Title XIX CRS enrolled member loses eligibility and then regains eligibility within 12 months, resulting in re-enrollment with the CRS Contractor.~~

~~2. DMS Medical Eligibility Determination finds one of the following;~~

~~3. The Member no longer meets the medical eligibility requirements for CRS, or~~     

~~1.~~     

~~4. The Member has completed treatment for the CRS condition(s).~~

#### ~~Member/Authorized Representative Requests for Opt Out/Termination~~

~~DMS shall notify members that services related to the CRS condition will not be covered by another AHCCCS Contractor except as outlined in this Policy, Section IV (C) (2), or~~

~~5.2. In order to Opt Out, the member (or the member's parent, legal guardian, or representative when applicable) must sign an acknowledgement of understanding that the member agrees to accept payment responsibility for CRS related services. If the member has private insurance or Medicare which makes payment for services related to the CRS condition the AHCCCS Contractor with whom the member is enrolled for Acute care services shall pay the member's copayments and deductibles as outlined in this Policy, Section IV(C)(2).~~

~~6. Member Transitions to an ALTCS/EPD Contractor. This excludes members who are enrolled with an ALTCS Tribal Program Contractor.~~

~~7. Option to Disenroll After No Receipt of CRS Services for Three Years~~

~~a. Starting in CYE15, during one designated time of the year determined by AHCCCS, AHCCCS will provide CRS Fully Integrated members who have been continuously enrolled in CRS and who have not received services for their CRS condition for three years, an option to disenroll from CRS.~~

~~b. During this designated timeframe these Members will be allowed to choose an available Acute Care Contractor in their area.~~

~~c. If it is later determined that the member needs care for a CRS condition, a CRS referral/application shall be submitted to DMS and evaluated for medical eligibility as described in this Policy.~~

#### ~~E. NOTIFICATION OF CRS DISENROLLMENT<sup>14</sup>~~

~~DMS will send written notice of CRS disenrollment to the member/authorized representative including a description of the member's hearing rights and information about the hearing process.~~

#### ~~F. APPEAL OF CRS ELIGIBILITY DETERMINATIONS<sup>15</sup>~~

<sup>14</sup> ~~Removed section as no longer applicable for CRS Designation~~

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

**G.E. REDETERMINATION/ MONITORING OF THE CRS DESIGNATION<sup>16</sup>**

Continued ~~eligibility for review of~~ the CRS ~~program designation~~ shall be ~~redetermined determined~~ by verifying active treatment status of the CRS conditions as described in A.A.C. R9-22-1305 and as follows:

1. CRS Notification

- a. The ~~CRS~~ Contractor is responsible for notifying AHCCCS of ~~CRS~~ members under the age of 21 with a CRS designation who are no longer requiring active treatment for the CRS qualifying condition(s), including medical records indicating treatment has been completed.
- b. The ~~CRS~~ Contractor shall transmit to AHCCCS; the Members with Completed Treatment Report, ~~on at least a monthly basis,~~ for any ~~CRS~~ member with a CRS designation who has completed treatment.
- c. The above-referenced report must be sent as specified in Contract, ~~Section F, Attachment F3, Contractor Chart of Deliverables.~~

2. AHCCCS Notification

- a. ~~If AHCCCS determines that a CRS member is no longer medically eligible for CRS, AHCCCS shall remove the CRS designation from the member's record, 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 A.A.C. R9-22-1306.~~
- b.a. ~~The member may appeal this determination under 9 A.A.C. 34.~~

**III. REFERENCES<sup>17</sup>**

- ~~• Acute Care Contract, Section D~~
- ~~• CRS Contract, Section D~~
- ~~• DES/DDD Contract, Section D~~
- ~~• DCS/CMDP Contract, Section D~~
- ~~• Contract, Section F, Attachment F3, Contractors Chart of Deliverables~~
- ~~• RBHA Contract, Scope of Work~~
- ~~• ACOM Policy 434~~
- ~~• AMPM Chapter 300~~

<sup>15</sup> ~~Removed section as no longer applicable for CRS Designation~~

<sup>16</sup> ~~Revised section to apply Contractors as of 10/1/18, for CRS Designation~~

<sup>17</sup> ~~Removed reference list- applicable references are included in the policy~~



- ~~9 A.A.C 34~~
- ~~A.A.C. R9-22-702~~
- ~~A.A.C. R9-22-1301 et seq.~~

**RFQ VIII-00001**