MAJOR DECISIONS AS OF 10/09/2012 Acute Care Program RFP and Integrated Acute/Children's Rehabilitative Services (CRS) Program RFP

Acute Care Program

• All Contractors will be required to serve dual members and to participate with Medicare as either a Dual Eligible Special Needs Plan or Capitated Financial Alignment Demonstration Plan as required by AHCCCS in all GSAs awarded.

CRS Program

- American Indian members who are EPD & CRS, and who are enrolled with a Tribal ALTCS Contractor, will get their CRS services through the CRS Contractor.
- AHCCCS will be handling all eligibility communications to members.
- AHCCCS will not locate staff at clinics, assign members to clinics, nor assist with the initial service plan.
- Care coordination and assistance with scheduling appointments will be the responsibility of the CRS Contractor. The extent to which the Contractor places staff in the clinics to coordinate care or perform other functions is a Contractor decision.
- Outreach to support the retention of AHCCCS Title XIX or XXI eligibility will be the responsibility of the CRS Contractor.
- AHCCCS eligibility assistance at CRS Clinics will not be an AHCCCS activity nor the CRS Contractor's responsibility. Providers will be able to assist with applications for AHCCCS, just like any other provider or provider system.
- Grievance processes will remain the responsibility of the CRS Contractor; with the exception of a
 grievance related to an eligibility or enrollment decision, which will be the responsibility of
 AHCCCS.
- Initial CRS enrollment requires the member to be under the age of 21.
 - o CRS members will be given a one-time option at the age of 21 to remain with CRS.
- CRS members will be enrolled with the CRS Contractor the day the medical eligibility is
 determined positive for CRS. Enrollment with CRS will no longer be delayed until after
 discharge from an inpatient stay.