620 - Children's Rehabilitative Services Multi-Specialty Care Model

Effective Date: 04/01/21

Approval Date: 06/01/21

I. Purpose

This Policy establishes requirements for multi-specialty interdisciplinary evaluation, treatment, and monitoring of designated Children's Rehabilitative Services (CRS) eligible members as specified in 42 CFR Part 457 and 42 CFR Part 438.

II. Definitions

Definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

III. Policy

This Policy sets parameters for the model of care at Multi-Specialty Interdisciplinary Clinics (MSICs) to develop and support treatment protocols to achieve desired member outcomes. Care should be evidence-based, conform to nationally accepted guidelines and standards, recognized by specialty societies, consider social, cultural, and person-centered needs for individuals and families, and provide integrated care that improves health outcomes and quality of life.

A. Multi-Specialty Interdisciplinary Clinic

1. MSICs shall include the following:
   a. Integrated, multi-specialty, interdisciplinary clinic management for outpatient services for members with special health care needs including members with a Children's Rehabilitative Services (CRS) eligible condition who could benefit from this multi-disciplinary approach,
   b. An environment that is Americans with Disabilities Act (ADA) accessible with equipment needed to support the member population,
   c. Audio/video synchronous or physical capacity for holding service and treatment planning with Multi-Specialty Interdisciplinary Team (MSIT) including the member and family,
   d. A single Electronic Medical Record (EMR) or health record and service plan,
   e. Demonstration of expertise for treatment of CRS conditions,
   f. Monitoring of outcomes as specified in the treatment plan,
   g. Engagement with national associations for individuals with these conditions and stay abreast of state-of-the-art treatment for CRS conditions,
   h. Provision and coordination of MSIT specific to the member's CRS condition,
   i. Provision of culturally competent and age appropriate care, and
   j. Additional MSIC services shall include but are not limited to:

i. Child life services,
ii. Therapy department (audiology, speech, feeding, occupational and physical),
iii. Social work and support services, and
iv. Behavioral health services (e.g. psychiatry, psychology, developmental-behavioral pediatrics, and/or counseling) either on-site or through coordination with the member's behavioral health provider, general dentistry and orthodontics, either on-site or through coordination with outpatient dental homes for members.

B. GENERAL REQUIREMENTS

The following general requirements for providers submission regarding their credentialing information to their AHCCCS Contracted Health Plans for their internal reviews:

1. Members shall be AHCCCS eligible, have a special health care need, or have a CRS eligible condition as specified in A.A.C. R9-22-1301.

2. MSICs shall provide evidence of providers receiving continuing education and are up to date in their knowledge and expertise.

3. At a minimum of quarterly, all MSICs will have cross functional meetings to discuss and institute current best practices and process improvements.

4. At a minimum of every other year, the MSICs shall review and update the guidelines and standards to ensure consistency across MSICs. In the event such guidelines and standards do not exist for CRS diagnoses, the MSICs shall review, update and/or create guidelines and standards. These guidelines and standards are reviewed and adopted at the quarterly cross functional MSIC meetings:
   a. Review and revision of guidelines and standards shall occur under the oversight and with the approval of a majority of the MSIC medical directors, and
   b. The medical directors of the MSICs shall oversee the adoption of nationally-recognized guidelines and standards across the MSICs during quarterly reviews.

C. MULTI-SPECIALTY INTERDISCIPLINARY TEAMS

In order to manage care transitions for the member, the MSITs shall ensure the following and share with the Health Plan, member's PCP, and Health Care Decision Maker (HCDM)/Designated Representative (DR):

1. Perform an initial comprehensive assessment (intake assessment) to determine medical, developmental, behavioral, and social needs.

2. Have a lead physician specialist who is a specialist with expertise in the CRS condition being treated.

3. Designate a team leader for the planning meeting, who may be another licensed health care professional with expertise in the CRS condition.

4. Ensure the team has capability to educate families and members about CRS conditions with use of peer support and family advisors.

5. Ensure involvement by the member, family and member's supports in the development of goals and objectives for the member's care.

6. Create a Service Plan to address each of member's needs. Refer to AMPM Policy 560.

7. Develop a continuity of care plan across the continuum of care and a plan to manage care transitions.

8. Ensure Service Plans adhere to accepted standards, guidelines, or position statements issued by nationally recognized specialty societies or conferences.

9. Ensure team members are present (on-site or virtual real time) during team conferences to review the member's care and are available for inpatient consultation or coordination of care with inpatient admissions.

10. Perform ongoing evaluation and monitoring by the care team.

11. Annually, or as indicated by national guidelines, meet to address all aspects of the member's integrated care needs.

D. COMMUNITY-BASED SERVICES

Coordination of community-based services for a CRS member is the responsibility of the clinic based on the integrated care needs of the member, as identified in their service plan which includes, but is not limited to:

1. Pharmacy services, as per contracted health plan.

2. Speech, physical, occupational, and feeding therapy should be specialized with a focus on the CRS population and shall be coordinated with overall service and treatment plan within the MSIC to ensure treatment goals are aligned with state, educational and community services.

3. General dentistry – specialized services shall be coordinated with the MSIC. MSIC shall contract with dental specialists who have an expertise in cleft lip/cleft palate and craniofacial anomalies.

4. Educational component on Behavioral Health Services and Social Determinants of Health regarding referrals to these services.

E. OUTREACH FIELD CLINICS

Field clinics are designed to provide a limited specific set of services including evaluation, monitoring, and treatment in settings closer to the member/family home than the MSIC. Treatment plan changes made by the field clinics shall be communicated to the MSIC and shall be incorporated into the electronic health record and overall service plan. Field clinic records or private practitioner office visits shall be coordinated with the MSIC to be incorporated into the electronic health record. Access to MSIC records (written or electronic) shall be provided to the field clinics by the MSIC for member visits that occur outside the MSIC.