

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

PREAMBLE

1. Articles, Parts, or Sections Affected

Rulemaking Action:

R9-22-1302	Amend
R9-22-1303	Amend
R9-22-1305	Amend
R9-22-1306	Repeal

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. §§ 36-2904 and 36-2903.01

Implementing statute: A.R.S. § 36-261

3. The effective date of the rule:

The agency selected an effective date of 60 days from the date of filing with the Secretary of State as specified in A.R.S. § 41-1032(A).

4. Citations to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:

Notice of Rulemaking Docket Opening: 24 A.A.R. 1754, June 22, 2018.

Notice of Proposed Rulemaking: 24 A.A.R. 1716, June 22, 2018.

5. The agency's contact person who can answer questions about the rulemaking:

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6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

Through this rulemaking, the Agency proposes three major types of changes to these rules. This rulemaking will remove existing references to a singular CRS contractor and replace them with references to plural contractors, as well as remove references to the CRS program and replace them with references to CRS services. These changes are necessary since all Managed Care Organizations (MCO's) will be responsible for supplying these services as of October 1, 2018. Managed Care Organizations are private health plans for acute care, long term care and behavioral health that pay claims, assess member risk and develop innovative intervention protocols. Finally, R9-22-1306 will be repealed because there will no longer be a transition out of the CRS program since services to treat members with CRS conditions will be provided through all MCO's rather than through a single CRS Contractor for the State.

In addition, to clarify the scope of services available to members, MCO's are required to provide all services to eligible members, including Children's Rehabilitative Services and behavioral health services when medically necessary. Failure to promulgate these changes may result in unnecessary financial and administrative burdens on Contractors and the AHCCCS Program, diminished member choice, reduced competition, and narrower provider networks available to members.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon when revising these regulations.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision:

This rulemaking does not diminish a previous grant of authority of a political subdivision.

9. A summary of the economic, small business, and consumer impact:

The Administration anticipates no economic impact because the same services will be provided to the same eligible class of members, they will merely be provided by all contractors and not just a designated CRS contractor.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

No changes between the proposed rulemaking and the final rulemaking have been made.

11. An agency's summary of the public or stakeholder comments made about the rule making and the agency response to the comments:

No comments were received.

12. Other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules.

There are no other matters prescribed by statute applicable to rulemaking specific to this agency, to this specific rule, or to this class of rules.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require the provider to obtain a permit or a general permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

There is no applicable federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No such analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

The rule does not include any incorporation by reference of materials as specified in statute.

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

The rule was not previously made, amended or repealed as an emergency rule.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Section

R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements

R9-22-1303. Medical Eligibility

R9-22-1305. CRS Redetermination

R9-22-1306. ~~Transition or Termination~~Repealed

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall ~~enroll with the CRS contractor~~ be given a CRS Designation. An American Indian member ~~shall obtain~~ can choose to receive CRS services through an American Indian Health Plan or a contractor the CRS contractor. A member enrolled in CMDP shall ~~also obtain~~ CRS services through CMDP. ~~Initial enrollment with the CRS contractor is limited to individuals under the age of 21.~~ The CRS contractor shall provide covered services necessary to treat the ~~CRS~~ condition(s) and other services described within the ~~CRS~~ contract. The effective date of ~~enrollment in CRS~~ the CRS Designation shall be as specified in contract.

R9-22-1303. Medical Eligibility

The following lists identify those medical condition(s) that do qualify for ~~the CRS program services~~ as well as those that do not qualify for ~~the CRS program services~~. The list of condition(s) that qualify for a CRS medical eligibility Designation is all inclusive. The list of condition(s) that do not qualify for a CRS medical eligibility Designation is not an all-inclusive list.

1. Cardiovascular System
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Arrhythmia,
 - ii. Arteriovenous fistula,
 - iii. Cardiomyopathy,
 - iv. Conduction defect,
 - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),
 - vi. Coronary artery and aortic aneurysm,
 - vii. Renal vascular hypertension,
 - viii. Rheumatic heart disease, and
 - ix. Valvular disorder.
 - b. Condition(s) not medically eligible for CRS:
 - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
 - ii. Benign heart murmur;
 - iii. Branch artery pulmonary stenosis;
 - iv. Essential hypertension;
 - v. Patent foramen ovale (PFO);
 - vi. Peripheral pulmonary stenosis;
 - vii. Postural orthopedic tachycardia; and
 - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
2. Endocrine system:
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Addison's disease,
 - ii. Adrenogenital syndrome,
 - iii. Cystic fibrosis (including atypical cystic fibrosis),
 - iv. Diabetes insipidus,
 - v. Hyperparathyroidism,
 - vi. Hyperthyroidism,
 - vii. Hypoparathyroidism, and
 - viii. Panhypopituitarism.
 - b. Condition(s) not medically eligible for CRS
 - i. Diabetes mellitus,
 - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
 - iii. Isolated growth hormone deficiency, and
 - iv. Precocious puberty.
3. Genitourinary system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Ambiguous genitalia,
 - ii. Bladder extrophy,
 - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
 - iv. Ectopic ureter,
 - v. Hydronephrosis, that is not resolved with antibiotics,
 - vi. Polycystic and multicystic kidneys,
 - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,

- viii. Ureteral stricture, and
- ix. Vesicoureteral reflux, at a grade 3 or higher.
- b. Condition(s) not medically eligible for CRS:
 - i. Enuresis,
 - ii. Hydrocele,
 - iii. Hypospadias,
 - iv. Meatal stenosis,
 - v. Nephritis, infectious or noninfectious,
 - vi. Nephrosis, vii. Phimosis, and
 - viii. Undescended testicle.
- 4. Ear, nose, or throat medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cholesteatoma,
 - ii. Congenital/Craniofacial anomaly that is functionally limiting,
 - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
 - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
 - v. Microtia that requires multiple surgical interventions,
 - vi. Neurosensory hearing loss, and
 - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
 - b. Condition(s) not medically eligible for CRS:
 - i. A craniofacial anomaly that is not functionally limiting,
 - ii. Adenoiditis,
 - iii. Cranial or temporal mandibular joint syndrome,
 - iv. Hypertrophic lingual frenum,
 - v. Isolated preauricular tag or pit,
 - vi. Nasal polyp,
 - vii. Obstructive apnea,
 - viii. Perforation of the tympanic membrane,
 - ix. Recurrent otitis media,
 - x. Simple deviated nasal septum,
 - xi. Sinusitis,
 - xii. Tonsillitis, and
 - xiii. Uncontrolled salivation.
- 5. Musculoskeletal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Achondroplasia,
 - ii. Arthrogyrosis (multiple joint contractures),
 - iii. Bone infection that continues 90 days or more after the initial diagnosis,
 - iv. Chondrodysplasia,
 - v. Chondroectodermal dysplasia,
 - vi. Clubfoot,
 - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
 - viii. Congenital or developmental cervical spine abnormality,
 - ix. Congenital spinal deformity,
 - x. Diastrophic dysplasia,
 - xi. Enchondromatosis,
 - xii. Femoral anteversion and tibial torsion,
 - xiii. Fibrous dysplasia,
 - xiv. Hip dysplasia,
 - xv. Hypochondroplasia,

- xvi. Joint infection that continues 90 days or more after the initial diagnosis,
 - xvii. Juvenile rheumatoid arthritis,
 - xxviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
 - xix. Larsen syndrome,
 - xx. Leg length discrepancy of two centimeters or more,
 - xxi. Legg-Calve-Perthes disease,
 - xxii. Limb amputation or limb malformation,
 - xxiii. Metaphyseal and epiphyseal dysplasia,
 - xxiv. Metatarsus adductus,
 - xxv. Muscular dystrophy,
 - xxvi. Orthopedic complications of hemophilia,
 - xxvii. Osgood Schlatter's disease that requires surgical intervention,
 - xxviii. Osteogenesis imperfecta,
 - xxix. Rickets,
 - xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
 - xxxii. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
 - xxxiii. Slipped capital femoral epiphysis,
 - xxxiii. Spinal muscle atrophy,
 - xxxiv. Spondyloepiphyseal dysplasia, and
 - xxxv. Syndactyly.
- b. Condition(s) not medically eligible for CRS:
- i. Back pain with no structural abnormality,
 - ii. Benign bone tumor,
 - iii. Bunion,
 - iv. Carpal tunnel syndrome,
 - v. Deformity and dysfunction secondary to trauma or injury,
 - vi. Ehlers Danlos,
 - vii. Flat foot,
 - viii. Fracture,
 - ix. Ganglion cyst,
 - x. Ingrown toenail,
 - xi. Kyphosis under 50 degrees,
 - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
 - xiii. Polydactyly without bone involvement,
 - xiv. Popliteal cyst,
 - xv. Trigger finger, and
 - xvi. Varus and valgus deformities.
- 6.** Gastrointestinal system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
- i. Anorectal atresia,
 - ii. Biliary atresia,
 - iii. Cleft lip,
 - iv. Cleft palate,
 - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
 - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
 - vii. Diaphragmatic hernia,
 - viii. Gastroschisis,
 - ix. Hirschsprung's disease,
 - x. Omphalocele, and
 - xi. Tracheoesophageal fistula.
- b. Condition(s) not medically eligible for CRS:
- i. Celiac disease,

- ii. Crohn's disease,
 - iii. Hernia other than a diaphragmatic hernia,
 - iv. Intestinal polyp,
 - v. Malabsorption syndrome, also known as short bowel syndrome,
 - vi. Pyloric stenosis,
 - vii. Ulcer disease, and
 - viii. Ulcerative colitis.
- 7.** Nervous system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Benign intracranial tumor,
 - ii. Benign intraspinal tumor,
 - iii. Central nervous system degenerative disease,
 - iv. Central nervous system malformation or structural abnormality,
 - v. Cerebral palsy,
 - vi. Craniosynostosis requiring surgery,
 - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
 - viii. Hydrocephalus,
 - ix. Muscular dystrophy or other myopathy,
 - x. Myelomeningocele, also known as spina bifida,
 - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamyositis, progressive bulbar palsy, polio,
 - xii. Neurofibromatosis,
 - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
 - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
 - xv. Residual dysfunction that continues 90 days or more after near drowning,
 - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
 - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
 - b. Condition(s) not medically eligible for CRS:
 - i. Central apnea secondary to prematurity,
 - ii. Febrile seizures,
 - iii. Headaches,
 - iv. Near sudden infant death syndrome,
 - v. Plagiocephaly, and
 - vi. Spina bifida occulta.
- 8.** Ophthalmology:
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cataracts,
 - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
 - iii. Disorder of the optic nerve,
 - iv. Glaucoma,
 - v. Non-malignant enucleation and post-enucleation reconstruction, and
 - vi. Retinopathy of prematurity.
 - b. Condition(s) not medically eligible for CRS:
 - i. Astigmatism,
 - ii. Ptosis,
 - iii. Simple refraction error, and
 - iv. Strabismus.
- 9.** Respiratory system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:

- i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.
 - b. Condition(s) not medically eligible for CRS:
 - i. Allergies,
 - ii. Asthma,
 - iii. Bronchopulmonary dysplasia,
 - iv. Chronic obstructive pulmonary disease,
 - v. Emphysema, and
 - vi. Respiratory distress syndrome.
- 10.** Dermatological system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. A burn scar that is functionally limiting,
 - ii. A hemangioma that is functionally limiting that requires laser or surgery,
 - iii. Complicated nevi requiring multiple procedures,
 - iv. Cystic hygroma such as lymphangioma, and
 - v. Malocclusion that is functionally limiting.
 - b. Condition(s) not medically eligible for CRS:
 - i. A deformity that is not functionally limiting,
 - ii. Ectodermal dysplasia,
 - iii. Isolated malocclusion that is not functionally limiting,
 - iv. Pilonidal cyst,
 - v. Port wine stain,
 - vi. Sebaceous cyst,
 - vii. Simple nevi, and
 - viii. Skin tag.
- 11.** Metabolic CRS condition(s) that qualify for CRS medical eligibility:
 - i. Amino acid or organic acidopathy,
 - ii. Biotinidase deficiency,
 - iii. Homocystinuria,
 - iv. Inborn error of metabolism,
 - v. Maple syrup urine disease,
 - vi. Phenylketonuria, and
 - vii. Storage disease.
- 12.** Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
 - a. Sickle cell anemia, and
 - b. Thalassemia.
- 13.** Additional medical/behavioral condition(s) which are not medically eligible for CRS:
 - a. Allergies,
 - b. Anorexia nervosa or obesity,
 - c. Attention deficit disorder,
 - d. Autism,
 - e. Cancer,
 - f. Depression or other mental illness,
 - g. Developmental delay,
 - h. Dyslexia or other learning disabilities,
 - i. Failure to thrive,
 - j. Hyperactivity, and
 - k. Immunodeficiency, such as AIDS and HIV.

R9-22-1305. CRS Redetermination

- A. Continued eligibility for ~~the CRS program services~~ shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
1. The ~~CRS Contractor~~ is responsible for notifying the AHCCCS Administration of the date when a ~~CRS~~-member with a CRS Designation is no longer in active treatment for the ~~CRS~~-qualifying condition(s).
 2. The Administration may request, at any time, that the ~~CRS~~ contractor submit the medical documentation to the Administration for a CRS medical redetermination~~requested in the CRS medical redetermination form~~ within the specified time-frames in contract.
 3. The Administration shall notify the ~~CRS~~-member or authorized representative of the outcome of the redetermination process.
- B. If the Administration determines that a ~~CRS~~-member is no longer medically eligible for a CRS Designation, the Administration shall provide the ~~CRS~~-member or authorized representative a written notice that informs the ~~CRS~~-member that the Administration is transitioning the CRS member's enrollment ending the member's CRS Designation according to R9-22-1306. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.
- C. ~~Upon reaching his or her 21st birthday, the CRS member will be enrolled with a non CRS contractor unless the member requests to continue enrollment with the CRS contractor.~~Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

R9-22-1306. ~~Transition or Termination~~Repealed

- ~~A. The Administration shall transition a CRS member from the CRS contractor when the Administration determines the CRS member does not meet the medical eligibility requirements under this Article.~~
- ~~B. The Administration shall terminate a CRS member from the CRS contractor and the AHCCCS program when the Administration determines the CRS member does not meet the AHCCCS eligibility requirements. The member may appeal the termination under Chapter 34.~~
- ~~C. If the Administration transitions a CRS member from the CRS contractor, the Administration shall provide the CRS member, or authorized representative a written notice of transition. The member may appeal the transition under Chapter 34.~~