

1 **560 CRS CARE COORDINATION AND SERVICE PLAN MANAGEMENT**  
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3 REVISION DATE: [XX/XX/XXXX](#)

4 REVIEW DATE: 11/10/2023

5 EFFECTIVE DATE: October 1, 2018

6 REFERENCES: A.R.S. 36-2912, A.A.C. R9-22-1303, A.A.C. R9-22-101,  
7 [AMPM 560](#)

8  
9 **PURPOSE**

10  
11 ~~This policy applies to the Administrative Services Subcontractors (AdSS).~~

12 ~~This policy applies to the Administrative Services Subcontractors (AdSS).~~

13 This policy establishes requirements regarding Children’s Rehabilitative

14 Services (CRS) care coordination for [Arizona Long Term Care System](#)

15 [\(ALTCS\)](#) ~~m~~Members designated as having a [CRS Children’s Rehabilitative](#)

16 ~~Services (CRS)~~ condition and defines the process for development and

17 management of the ~~m~~Member’s [CRS-related s](#)Service ~~p~~Plan.

18  
19 ~~The AdSS is responsible for ensuring that:~~

20 ~~Every member has a Service Plan initiated upon notice of enrollment; and~~

21 ~~updating the Service Plan as the member’s health condition or treatment~~

22 ~~plans change.~~

23 ~~Care is coordinated according to the Service Plan and in cooperation with~~  
24 ~~other State Agencies, AHCCCS Contractors, or Fee For Service (FFS)~~  
25 ~~programs with which the member is enrolled, and Community Organizations.~~  
26 ~~AHCCCS identifies members who meet a qualifying condition(s) for CRS and~~  
27 ~~who require active medical, surgical, or therapy treatment for medically~~  
28 ~~disabling or potentially disabling conditions, as defined in A.A.C. R9-22-~~  
29 ~~1303. The AHCCCS Division of Member Services (DMS) will provide~~  
30 ~~information to the AdSS related to the CRS qualifying condition(s) that are~~  
31 ~~identified during the determination process. DMS may also provide~~  
32 ~~information received for purposes of a CRS designation regarding care,~~  
33 ~~services or procedures that may have been approved or authorized by the~~  
34 ~~member's current health plan or FFS program. Service delivery must be~~  
35 ~~provided in a family-centered, coordinated and culturally competent manner~~  
36 ~~in order to meet the unique physical, behavioral and holistic needs of the~~  
37 ~~member. Members with a CRS designation may receive care and specialty~~  
38 ~~services from an MSIC or community based provider in independent offices~~  
39 ~~that are qualified to treat the member's condition. The AdSS must ensure~~  
40 ~~availability of alternative methods for providing services such as field clinics~~

41 ~~and telemedicine in rural areas. The AdSS must ensure the development and~~  
42 ~~implementation of a Service Plan for members designated as having a CRS~~  
43 ~~Condition and are responsible for coordination of the member's health care~~  
44 ~~needs and collaboration as needed with providers, communities, agencies,~~  
45 ~~service systems, and members/guardians/designated representatives in~~  
46 ~~development of the Service Plan. The AdSS must ensure the Service Plan is~~  
47 ~~accessible to all service providers and contains the behavioral health,~~  
48 ~~physical health, and administrative information necessary to monitor a~~  
49 ~~coordinated and integrated treatment plan implementation.~~

50  
51 **DEFINITIONS**

- 52  
53 1. ~~"Active Treatment" means, for purposes of this policy, a current~~  
54 ~~need for treatment. The treatment is identified on the~~  
55 ~~mMember's service plan to treat a serious and chronic physical,~~  
56 ~~developmental or behavioral condition requiring medically~~  
57 ~~necessary services of a type or amount beyond that generally~~  
58 ~~required by mMembers that lasts, or is expected to last one year~~  
59 ~~or longer, and requires ongoing care not generally provided by a~~  
60 ~~primary care provider.~~

- 61 1. “Children’s Rehabilitative Services CRS Condition” or “CRS  
62 Condition” means any of the covered medical conditions in  
63 A.A.C. R9-22-1303 which are referred to as covered conditions in  
64 A.R.S. 36-2912.
- 65 2. “Children’s Rehabilitative Services Designation” or “CRS  
66 Designation” means a designation from Arizona Health Care Cost  
67 Containment System (AHCCCS) for Members under age 21 who  
68 have a qualifying CRS Condition.
- 69 ~~2.3. “Designated Representative” means a parent, guardian, relative,~~  
70 ~~advocate, friend, or other person, designated in writing by a~~  
71 ~~member or guardian who, upon the request of the member,~~  
72 ~~assists the member in protecting the member’s rights and~~  
73 ~~voicing the member’s service needs. See A.A.C. R9-22-101.~~
- 74 3. “Field Clinic” means a “clinic” consisting of single specialty health  
75 care providers who travel to health care delivery settings closer  
76 to ~~m~~Members and their families than the Multi-Specialty  
77 Interdisciplinary Clinics (MSICs) to provide a specific set of

- 78 services including evaluation, monitoring, and treatment for  
79 CRS-related conditions on a periodic basis.
- 80 4. “Multi-Specialty Interdisciplinary Clinic” ~~or (“MSIC”)~~ means an  
81 established facility where specialists from multiple specialties  
82 meet with ~~m~~Members and their families for the purpose of  
83 providing interdisciplinary services to treat ~~m~~Members.
- 84 5. “Multi-Specialty Interdisciplinary Team” ~~or (“MSIT”)~~ means a team  
85 of specialists from multiple specialties who meet with ~~m~~Members  
86 and their families for the purpose of determining an  
87 interdisciplinary treatment plan.
- 88 6. “Planning Document” means a written plan developed through  
89 an assessment of functional needs that reflects the services and  
90 supports, paid and unpaid, that are important for and important  
91 to the Member in meeting the identified needs and preferences  
92 for the delivery of such services and supports.
- 93 7. “Provider” means any individual or entity contracted with the  
94 AdSS that is engaged in the delivery of services, or ordering or

95 referring for those services, and is legally authorized to do so by  
96 the State.

97 8. "Responsible Person" means the parent or guardian of a minor  
98 with a developmental disability, the guardian of an adult with a  
99 developmental disability or an adult with a developmental  
100 disability who is a Member or an applicant for whom no guardian  
101 has been appointed.

102 6.9. "Service Plan" means a complete written description of all  
103 covered health services and other informal supports which  
104 includes individualized goals, family support services, care  
105 coordination activities and strategies to assist the ~~m~~Member in  
106 achieving an improved quality of life.

107  
108 **POLICY**

109  
110 A. GENERAL REQUIREMENTS

111 1. The AdSS shall ensure care is coordinated according to the CRS-  
112 related Service Plan and in cooperation with:

113 a. Division,

114 b. Other State Agencies, and

115 c. Community Organizations.

116 2. The AdSS shall ensure CRS-related service delivery is provided in  
117 a family-centered, coordinated and culturally competent manner  
118 in order to meet the unique physical, behavioral and holistic  
119 needs of the Member.

120 3. The AdSS shall ensure Members with a CRS Designation receive  
121 care and specialty services from an MSIC or community based  
122 Provider in independent offices that are qualified to treat the  
123 Member's condition.

124 4. The AdSS shall ensure the development and implementation of a  
125 CRS-related Service Plan for Members designated as having a  
126 CRS Condition as outlined in (B) (1) which is:

127 a. A separate document from the Planning Document, and

128 b. Created by the Provider or the Contractor.

129 5. The AdSS shall ensure coordination of the Member's health care  
130 needs and collaboration in the development of the CRS-related  
131 Service Plan with:

132 a. Member,

- 133 b. Responsible Person,
- 134 c. Providers,
- 135 d. Vendors,
- 136 e. Community Organizations,
- 137 f. Other Agencies, and
- 138 g. Service systems.
- 139 6. The AdSS shall ensure the CRS-related Service Plan is accessible
- 140 to all service Providers to monitor a coordinated and integrated
- 141 treatment plan implementation and contains:
- 142 a. Behavioral health,
- 143 b. Physical health, and
- 144 c. Administrative information.
- 145 7. The AdSS shall ensure coordination of the Member's health care
- 146 needs and collaboration as needed as outlined in (B) (1).
- 147 ~~A~~.8. The AdSS shall ensure availability of alternative methods for
- 148 providing services such as Field Clinics and telemedicine in rural
- 149 areas.
- 150 **B.** CARE COORDINATION ~~Care Coordination~~



151 The AdSS ~~shall~~ must establish a process to ensure coordination of care  
152 for ~~m~~Members that includes:

153 a. **Development and implementation of a CRS-related**  
154 **Service Plan for Members designated as having a**  
155 **CRS Condition**; ~~Coordination of member health care needs~~  
156 ~~through a Service Plan~~

157 b. Collaboration with those responsible for coordination of the  
158 Member's health care needs consistent with federal and  
159 state privacy laws, to include:

160 i. Responsible Person,

161 ii. Other individuals identified by the Member,

162 iii. Groups,

163 iv. Providers, and

164 v. Organizations and agencies charged with the  
165 administration, support or delivery of services.

166 ~~b.c.~~ with members/guardians/designated

167 ~~representatives, other individuals identified by the~~

168 ~~member, groups, providers, organizations and~~

- 169 ~~agencies charged with the administration, support of~~  
170 ~~delivery of services that is consistent with federal~~  
171 ~~and state privacy laws~~
- 172 c. Service coordination and communication, designed to  
173 manage the transition of care for a ~~m~~Member who no  
174 longer meets CRS eligibility requirements. ~~;~~ ~~or makes the~~  
175 ~~decision to transition to another Division Contractor after~~  
176 ~~the age of 21 years~~
- 177 d. Service coordination to ensure specialty services related to  
178 a ~~m~~Member's CRS condition(s) ~~are~~care completed, as  
179 clinically appropriate prior to the ~~m~~Member's 21st  
180 birthday;
- 181 e. Appropriate service delivery and care coordination shall be  
182 provided as a ~~m~~Member with a CRS ~~Condition~~designations  
183 transitions to adult services
- 184 e.f. Appropriate service delivery and care coordination shall be  
185 provided as a Member who had a CRS Designation and  
186 ~~ongoing~~ as an adult with special healthcare needs;

187 f.g. Allowing mMembers with a CRS designation turning 21 the  
188 choice to continue being served by an MSIC that is able to  
189 provide services and coordinate care for adults with special  
190 healthcare needs.

191 **C. CRS-RELATED SERVICE PLAN DEVELOPMENT AND MANAGEMENT**

192 **Service Plan Development and Maintenance**

193 1. The AdSS shall is responsible for ensureing that:

194 a. Each mMember designated to have a CRS Condition has a  
195 mMember-centric CRS-related Service Plan initiated upon  
196 notice of enrollment, and that

197 a.b. ~~†~~The mMember's first pProvider visit occurs within 30 days  
198 of designation.

199 b.c. Services are provided according to the CRS-related  
200 Service Plan.

201 d. ~~Every member has a Service Plan initiated upon notice of~~  
202 ~~enrollment~~

203 2. The AdSS shall ensure the CRS-related Service Plan serves as a  
204 working document that integrates the Member's multiple  
205

- 206 treatment plans, including behavioral health, into one document
- 207 that includes the following:
- 208 a. Written in a manner and format that is easily understood
- 209 by the Responsible Person, and
- 210 b. Shared with the Responsible Person upon request or as
- 211 part of:
- 212 i. Multi-Specialty Interdisciplinary Team,
- 213 ii. Child Family Team, or
- 214 iii. Adult Recovery Team meetings.
- 215 3. The AdSS shall ensure the CRS-related Service Plan identifies:
- 216 a. Desired outcomes,
- 217 b. Resources,
- 218 c. Priorities,
- 219 d. Concerns,
- 220 e. Personal goals, and
- 221 f. Strategies to meet the identified objectives.

222 4. The AdSS shall ensure the CRS-related Service Plan identifies  
223 the immediate and long-term healthcare needs of each newly  
224 enrolled Member and must include an action plan.

225 5. The AdSS shall ensure that every Member has an initial CRS-  
226 related Service Plan developed by the AdSS within 14 days of  
227 the notice of designation utilizing information provided by  
228 AHCCCS DMS.

229 6. The AdSS shall ensure CRS-related Service Plan are monitored  
230 regularly and updated when there is a change in:

231 a. Member's health condition,

232 b. Desired outcomes,

233 c. Personal goals, or

234 d. Care objectives.

235 7. The AdSS shall ensure a comprehensive CRS-related Service  
236 Plan is developed within 60 calendar days from the date of the  
237 first appointment for the CRS qualifying condition and includes:

238 a. Member demographics and enrollment data;

- 239            a. Member diagnoses, past treatment, previous surgeries,  
240            procedures, medications, and allergies;
- 241            b. Action plan;
- 242            c. Member's current status, including present levels of  
243            functioning in physical, cognitive, social, behavioral and  
244            educational domains;
- 245            d. Barriers to treatment;
- 246            e. Member or Responsible Person strengths, resources,  
247            priorities, and concerns related to achieving mutual  
248            recommendations and caring for the family or the Member;
- 249            f. Services recommended to achieve the identified objectives,  
250            including the Provider or person responsible and timeframe  
251            requirements for meeting desired outcomes; and
- 252            g. Identification of an interdisciplinary team to implement and  
253            update the CRS-related Service Plan as needed.
- 254            8. The AdSS shall modify and update the CRS-related Service Plan  
255            periodically as determined necessary by the Member or

- 256 Responsible Person when there is a change in the Member's  
257 condition or recommended services.
- 258 9. The AdSS shall identify a care coordinator responsible for:
- 259 a. Ensuring implementation of intervention and the dates by  
260 which the interventions shall occur, and
- 261 b. Who identifies organizations and Providers with whom  
262 treatment must be coordinated.

263 C. SPECIALITY REFERRAL TIMELINES

264 The AdSS shall ensure policies and procedures are developed to  
265 ensure adequate access care through scheduling of appointments as  
266 specified in ACOM Policy 417.

267 ~~3. A comprehensive Service Plan must be developed within 60~~  
268 ~~calendar days from date of the first appointment for the CRS~~  
269 ~~qualifying condition and must include, but is not limited to, all~~  
270 ~~the following required elements:~~

- 271 ~~a. Member demographics and enrollment data~~
- 272 ~~b. Medical diagnoses, past treatment, previous surgeries (if~~  
273 ~~any), procedures, medications, and allergies~~
- 274 ~~c. Action plan~~

- 275 ~~d. The member's current status, including present levels of~~  
276 ~~functioning in physical, cognitive, social, behavioral, and~~  
277 ~~educational domains~~
- 278 ~~e. The member's current status, including present levels of~~  
279 ~~functioning in physical, cognitive, social, behavioral, and~~  
280 ~~educational domains~~
- 281 ~~f. The member/guardian/designated representative's~~  
282 ~~strengths, resources, priorities, and concerns related to~~  
283 ~~achieving mutual recommendations and caring for the~~  
284 ~~family or the member~~
- 285 ~~g.a. Services recommended to achieve the identified objectives,~~  
286 ~~including provider or person responsible and timeframe~~  
287 ~~requirements for meeting desired outcomes.~~

288  
289 Signature of Chief Medical Officer:  
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297 SUPPLEMENTAL INFORMATION

298

299

300 General Information

301 AHCCCS identifies Members who meet a qualifying condition(s) for CRS and who require active medical,

302 surgical, or therapy treatment for medically disabling or potentially disabling conditions, as defined in

303 A.A.C. R9-22-1303. The AHCCCS Division of Member Services (DMS) will provide information to the AdSS

304 related to the CRS qualifying condition(s) that are identified during the determination process. DMS may

305 also provide information received for purposes of a CRS designation regarding care, services or

306 procedures that may have been approved or authorized by the Member's current health plan or FFS

307 program.