

560 CRS CARE COORDINATION AND SERVICE PLAN MANAGEMENT

EFFECTIVE DATE: October 1, 2018

REFERENCES: A.R.S. 36-2912, A.A.C. R9-22-1303, A.A.C. R9-22-101

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

This policy establishes requirements regarding Children's Rehabilitative Services (CRS) care coordination for ALTCS members designated as having a CRS condition and defines the process for development and management of the member's service plan.

The AdSS is responsible for ensuring that:

- Every member has a Service Plan initiated upon notice of enrollment; and updating the Service Plan as the member's health condition or treatment plans change.
- Care is coordinated according to the Service Plan and in cooperation with other State Agencies, AHCCCS Contractors, or Fee-For-Service (FFS) programs with which the member is enrolled, and Community Organizations.

AHCCCS identifies members who meet a qualifying condition(s) for CRS and who require active medical, surgical, or therapy treatment for medically disabling or potentially disabling conditions, as defined in A.A.C. R9-22-1303. The AHCCCS Division of Member Services (DMS) will provide information to the AdSS related to the CRS qualifying condition(s) that are identified during the determination process. DMS may also provide information received for purposes of a CRS designation regarding care, services or procedures that may have been approved or authorized by the member's current health plan or FFS program.

Service delivery must be provided in a family-centered, coordinated and culturally competent manner in order to meet the unique physical, behavioral and holistic needs of the member.

Members with a CRS designation may receive care and specialty services from an MSIC or community based provider in independent offices that are qualified to treat the member's condition. The AdSS must ensure availability of alternative methods for providing services such as field clinics and telemedicine in rural areas.

The AdSS must ensure the development and implementation of a Service Plan for members designated as having a CRS Condition and are responsible for coordination of the member's health care needs and collaboration as needed with providers, communities, agencies, service systems, and members/guardians/designated representatives in development of the Service Plan.

The AdSS must ensure the Service Plan is accessible to all service providers and contains the behavioral health, physical health, and administrative information necessary to monitor a coordinated and integrated treatment plan implementation.

Definitions

- A. Active Treatment - a current need for treatment. The treatment is identified on the member's service plan to treat a serious and chronic physical, developmental or behavioral condition requiring medically necessary services of a type or amount beyond that generally required by members that lasts, or is expected to last one year or longer, and requires ongoing care not generally provided by a primary care

provider.

- B. CRS Condition - any of the covered medical conditions in A.A.C. R9-22-1303 which are referred to as covered conditions in A.R.S. 36-2912.
- C. Designated Representative - parent, guardian, relative, advocate, friend, or other person, designated in writing by a member or guardian who, upon the request of the member, assists the member in protecting the member's rights and voicing the member's service needs. See A.A.C. R9-22-101.
- D. Field Clinic - "clinic" consisting of single specialty health care providers who travel to health care delivery settings closer to members and their families than the Multi-Specialty Interdisciplinary Clinics (MSICs) to provide a specific set of services including evaluation, monitoring, and treatment for CRS-related conditions on a periodic basis.
- E. Multi-Specialty Interdisciplinary Clinic (MSIC) - established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.
- F. Multi-Specialty Interdisciplinary Team (MSIT) - team of specialists from multiple specialties who meet with members and their families for the purpose of determining an interdisciplinary treatment plan.
- G. Service Plan - complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

Care Coordination

The AdSS must establish a process to ensure coordination of care for members that includes:

- A. Coordination of member health care needs through a Service Plan
- B. Collaboration with members/guardians/designated representatives, other individuals identified by the member, groups, providers, organizations and agencies charged with the administration, support or delivery of services that is consistent with federal and state privacy laws
- C. Service coordination and communication, designed to manage the transition of care for a member who no longer meets CRS eligibility requirements or makes the decision to transition to another Division Contractor after the age of 21 years
- D. Service coordination to ensure specialty services related to a member's CRS condition(s) care completed, as clinically appropriate prior to the member's 21st birthday. Appropriate service delivery and care coordination must be provided regardless of the member's CRS designation ending.

Service Plan Development and Maintenance

- A. The AdSS is responsible for ensuring that:

- Each member designated to have a CRS Condition has a member-centric Service Plan and that the member's first provider visit occurs within 30 days of designation.
- Services are provided according to the Service Plan.

The Service Plan serves as a working document that integrates the member's multiple treatment plans, including behavioral health, into one document in a manner and format that is easily understood by the member/guardian/designated representative, and shared with the member/guardian/designated representative upon request or as part of the Multi-Specialty Interdisciplinary Team (MSIT), Child Family Team (CFT), or Adult Recovery Team (ART) meetings. The Service Plan identifies desired outcomes, resources, priorities, concerns, personal goals, and strategies to meet the identified objectives. The Service Plan must identify the immediate and long-term healthcare needs of each newly enrolled member and must include an action plan. The AdSS is responsible for ensuring that every member has an initial Service Plan developed by the AdSS within 14 days of the notice of designation utilizing information provided by AHCCCS DMS. The Service Plan must be monitored regularly and updated when there is a change in the member's health condition, desired outcomes, personal goals or care objectives.

- B. A comprehensive Service Plan must be developed within 60 calendar days from date of the first appointment for the CRS qualifying condition and must include, but is not limited to, all the following required elements:
- a. Member demographics and enrollment data
 - b. Medical diagnoses, past treatment, previous surgeries (if any), procedures, medications, and allergies
 - c. Action plan
 - d. The member's current status, including present levels of functioning in physical, cognitive, social, behavioral, and educational domains
 - e. Barriers to treatment, such as member/guardian/designated representative's inability to travel to an appointment
 - f. The member/guardian/designated representative's strengths, resources, priorities, and concerns related to achieving mutual recommendations and caring for the family or the member
 - g. Services recommended to achieve the identified objectives, including provider or person responsible and timeframe requirements for meeting desired outcomes.
- C. The AdSS must identify an interdisciplinary team to implement and update the Service Plan as needed.
- D. The AdSS must modify and update the Service Plan when there is a change in the member's condition or recommended services. This will occur periodically as determined necessary by the member/guardian/designated representative, or provider(s).

- E. The AdSS must identify a care coordinator responsible for ensuring implementation of interventions and the dates by which the interventions must occur, and who identifies organizations and providers with whom treatment must be coordinated.

Specialty Referral Timelines

The AdSS must have a policy and procedure that ensures adequate access to care through scheduling of appointments as specified in ACOM Policy 417.