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2 **560 CRS CARE COORDINATION AND SERVICE PLAN MANAGEMENT**

3
4 EFFECTIVE DATE: **XX/XX/XXXX**

5 REFERENCES: A.R.S. 36-2912, A.A.C. R9-22-1303, A.A.C. R9-22-101,
6 AMPM 560

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9 **PURPOSE**

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11 This policy establishes requirements regarding Children’s Rehabilitative
12 Services (CRS) care coordination for Arizona Long Term Care System
13 (ALTCS) Members designated as having a CRS Condition and defines the
14 process for development and management of the Member’s Service Plan.

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16 **DEFINITIONS**

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18 1. “Children’s Rehabilitative Services Condition” or “CRS Condition”
19 Condition” means any of the covered medical conditions in
20 A.A.C. R9-22-1303 which are referred to as covered conditions in
21 A.R.S. 36-2912.
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23 2. “Children’s Rehabilitative Services Designation” or “CRS
24 Designation” means a designation from Arizona Health Care Cost
25 Containment System (AHCCCS) for Members under age 21 who
26 have a qualifying CRS Condition.

3. "Field Clinic" means a 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.
4. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
5. "Multi-Specialty Interdisciplinary Clinic" or "MSIC" means an established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.
6. "Multi-Specialty Interdisciplinary Team" or "MSIT" means a team of specialists from multiple specialties who meet with members and their families for the purpose of determining an interdisciplinary treatment plan.
7. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important

to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

8. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a mMember or an applicant for whom no guardian has been appointed.
9. "Service Plan" means a 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.
10. "Service Provider" means an agency or individual operating under a contract or service agreement with the Department to provide services to Division Members.

POLICY

A. GENERAL REQUIREMENTS

1. The Division shall ensure that a Planning Document is developed for all Members.
2. The Division shall ensure CRS-related service delivery is provided in a family-centered, coordinated and culturally competent manner in order to meet the unique physical, behavioral and holistic needs of the Member.
3. The Division shall require Members with a CRS Designation receive care and specialty services from an MSIC or community based provider in independent offices that are qualified to treat the Member's condition.
4. The Division shall require the development and implementation of a CRS-related Service Plan for Members designated having a CRS Condition as outlined in (B) (1).
5. The Division shall ensure coordination of the Member's health care needs and collaboration in the development of the CRS-related Service Plan with:
 - a. Member
 - b. Responsible Person,
 - c. Providers,

- d. Vendors,
 - e. Community organizations,
 - f. Other agencies,
 - g. Service systems, and
 - h. AdSS.
6. The Division shall require the CRS-related Service Plan be accessible to all Service Providers to monitor a coordinated and integrated treatment plan implementation and contains:
- a. Behavioral health,
 - b. Physical health, and
 - c. Administrative information.
7. The Division shall require coordination of the Member's health care needs and collaboration as needed as outlined in (B) (1).
8. The Division shall require availability of alternative methods for providing services including Field Clinics and telemedicine in rural areas.

B. CARE COORDINATION

The Division shall require the development and implementation of a CRS-related Service Plan to ensure coordination of care for Members designated as having a CRS Condition that includes:

- a. Health care needs,
- b. Collaboration with those responsible for coordination of the Member's needs consistent with federal and state privacy laws, to include:
 - i. Responsible Person;
 - ii. Other individuals identified by the Member;
 - iii. Groups;
 - iv. Providers; and
 - v. Organizations and agencies charged with the administration, support, or delivery of services.
- c. Service coordination and communication designed to manage the transition of care for a Member who no longer meets CRS eligibility requirements;
- d. Service coordination to ensure specialty services related to a Member's CRS Conditions are completed, as clinically appropriate prior to the Member's 21st birthday;

- e. Appropriate service delivery and care coordination be provided as a Member with a CRS Condition transitions to adult services;
- f. Appropriate service delivery and care coordination shall be provided as a Member who had a CRS Designation as an adult with special healthcare needs.

C. CRS-RELATED SERVICE PLAN DEVELOPMENT AND MANAGEMENT

- 1. The Division shall require:
 - a. Each Member designated to have a CRS Condition has a Member-centric CRS-related Service Plan initiated upon notice of enrollment,
 - b. The Member's first Service Provider visit occurs within 30 days of designation, and
 - c. Services are provided according to the CRS-related Service Plan.
- 2. The Division shall require the CRS-related Service Plan serves as a working document that integrates the Member's multiple

treatment plans, including behavioral health, into one document that includes:

- a. Written in a manner and format that is easily understood by the Responsible Person, and
 - b. Shared with the Responsible Person upon request or as part of:
 - i. Multi-Specialty Interdisciplinary Team,
 - ii. Child and Family Team, or
 - iii. Adult Recovery Team meetings.
3. The Division shall require the CRS-related Service Plan identifies:
- a. Desired outcomes,
 - b. Resources,
 - c. Priorities,
 - d. Concerns,
 - e. Personal goals, and
 - f. Strategies to meet the identified objectives.
4. The Division shall require that the CRS-related Service Plan identifies the immediate and long-term healthcare needs of each newly enrolled Member and must include an action plan.

5. The Division shall require that every Member has an initial CRS-related Service Plan developed within 14 days of the notice of designation utilizing information provided by AHCCCS Division of Member and Provider Services (DMPS).
6. The Division shall require CRS-related Service Plans are monitored regularly and updated when there is a change in:
 - a. Member's health condition,
 - b. Desired outcomes,
 - c. Personal goals, or
 - d. Care objectives.
7. The Division shall require that a comprehensive CRS-related Service Plan is developed within 60 calendar days from the date of the first appointment for the CRS qualifying condition and includes:
 - a. Member demographics and enrollment data;
 - a. Member diagnoses, past treatment, previous surgeries, procedures, medications, and allergies;
 - b. Action plan;

- c. Member's current status, including present levels of functioning in physical, cognitive, social, behavioral and educational domains;
 - d. Barriers to treatment;
 - e. Member or Responsible Person strengths, resources, priorities, and concerns related to achieving mutual recommendations and caring for the family or the member;
 - f. Services recommended to achieve the identified objectives, including the provider or person responsible and timeframe requirements for meeting desired outcomes; and
 - g. Identification of an interdisciplinary team to implement and update the CRS-related Service Plan as needed.
8. The Division shall ensure the CRS-related Service Plan is modified and updated periodically as determined necessary by the Member or Responsible Person when there is a change in the Member's condition or recommended services.
9. The Division shall ensure there is a care coordinator responsible for:

- a. Ensuring implementation of intervention and the dates by which the interventions shall occur, and
 - b. Identifying organizations and providers with whom treatment must be coordinated.
10. The Division shall implement and align the Planning Document with the CRS-related Service Plan.

D. SPECIALITY REFERRAL TIMELINES

The Division shall require policies and procedures are developed to ensure adequate access care through scheduling of appointments as specified in ACOM Policy 417.

E. AdSS MONITORING

The Division shall refer to Division Operations 438 for monitoring and oversight responsibilities of the AdSS.

SUPPLEMENTAL INFORMATION

General Information

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 DMPS will provide information to the Division related to the CRS qualifying condition(s) that are identified during the determination process. DMPS 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.

Signature of Chief Medical Officer: