

## 560 - CHILDREN’S REHABILITATIVE SERVICES CARE COORDINATION AND SERVICE PLAN MANAGEMENT

EFFECTIVE DATES: 03/01/11, 09/27/17, 10/01/18, UPON PUBLISHING<sup>1</sup>

REVISION

APPROVAL DATES: 10/01/13, 09/21/17, 05/03/18, 07/05/24<sup>2</sup>

### I. PURPOSE

This Policy applies to ~~AHCCCS Complete Care (ACC)~~, ~~ACC-RBHA~~<sup>3</sup>, ~~DCS/CMDP-CHP (CMDP-CHP)~~<sup>4</sup>, ~~and DES/DDD (DDD)~~, ~~and RBHA~~ Contractors; Fee-For-Service (FFS) Programs ~~as delineated within this Policy~~ including: the American Indian Health Program (AIHP), ~~DES/DDD Tribal Health Program (DDD/THP)~~, ~~Tribal ALTCS~~, ~~Tribal Regional Behavioral Health Authorities (TRBHA)~~<sup>5</sup> and all FFS populations, ~~excluding Federal Emergency Services Program (FES)~~. (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements regarding care coordination for members designated as having a Children’s Rehabilitative Services (CRS) condition and defines the process for development and management of the member’s Service Plan.

### II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including<sup>6</sup>:

<u>ACTIVE TREATMENT</u>	<u>ADULT RECOVERY TEAM (ART)</u>	<u>CHILD AND FAMILY TEAM (CFT)</u>
<u>CHILDREN’S REHABILITATION SERVICES (CRS)</u>	<u>DESIGNATED REPRESENTATIVE (DR)</u>	<u>FIELD CLINIC</u>
<u>HEALTH CARE DECISION MAKER (HCDM)</u>	<u>MEMBER</u>	<u>MULTI-SPECIALTY INTERDISCIPLINARY CLINIC (MSIC)</u>
<u>MULTI-SPECIALTY INTERDISCIPLINARY TEAM (MSIT)</u>	<u>SERVICE PLAN</u>	

<sup>1</sup> Date policy is effective

<sup>2</sup> Date policy is approved

<sup>3</sup> Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC Contractors.

<sup>4</sup> Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan (CHP) effective April 1, 2021, due to CHP behavioral health integration.

<sup>5</sup> Added TRBHAs

<sup>6</sup> Adding an identification table of terms used in this Policy that can be found in the AHCCCS Contract and Policy Dictionary

**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~~

**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.~~

**DESIGNATED REPRESENTATIVE**

~~A 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.~~

**FIELD CLINIC**

~~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.~~

**MULTI-SPECIALTY INTERDISCIPLINARY CLINIC (MSIC)**

~~An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.~~

**MULTI-SPECIALTY INTERDISCIPLINARY TEAM (MSIT)**

~~A team of specialists from multiple specialties who meet with members and their families for the purpose of determining an interdisciplinary treatment plan.~~

**SERVICE PLAN**

~~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.~~

### **III. POLICY**

~~AHCCCS identifies A members who meet a qualifying condition(s) for CRS, as defined in AAC R9-22-1303, and who require active medical, surgical, or therapy treatment for medically disabling or potentially disabling conditions, may submit an application to AHCCCS for the CRS designation consideration, for additional information refer to ACOM Policy 426.<sup>7</sup> as defined in A.A.C. R9-22-1303. The AHCCCS Division of Member Services (DMS) will provide information to the Contractor or DFSM 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.<sup>8</sup>~~

~~The Contractors, subcontracted subcontractors, TRBHAs<sup>9</sup> and FFS providers shall ensure the development and implementation of a sService pPlan for members designated as having a CRS Condition. and In addition, they are responsible for coordination of the member's health care needs and collaboration as needed with providers, communities, agencies, service systems, and members/guardiansHealth Care Decision Makers (HCDM), / and Designated Rrepresentatives (DR) in development of the sService pPlan.~~

~~The Contractors shall 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.~~

~~Service delivery shall be provided in a family-centered, coordinated and culturally competent manner to meet the unique physical, behavioral, and holistic needs of the member. Members with a CRS designation may receive care and specialty services from a Multi-Specialty Interdisciplinary Clinic (MSIC) or community-based provider in independent offices that are qualified to treat the member's condition. The Contractor shall educate members and HCDM about the value and benefits of receiving services at an MSIC. The Contractor shall ensure availability of alternative methods for providing services such as field clinics and telemedicine in rural areas.~~

#### **A. CARE COORDINATION**

1. The Contractor ~~and FFS provider~~ shall 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~~HCDM, ~~/designated representatives~~,DR, and 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,

<sup>7</sup> Revised to clarify role of AHCCCS and procedure for members.

<sup>8</sup> Removed; not pertinent to Policy as it applies to internal procedures

<sup>9</sup> Added TRBHAs for applicability

- d. Service coordination to ensure specialty services related to a member's CRS condition(s) are completed, as clinically appropriate prior to the member's 21<sup>st</sup> birthday.
- e. Appropriate service delivery and care coordination shall be provided as a member with a CRS designation transitions to adult services and ongoing as an adult with special healthcare needs, and
- f. Allowing members with a CRS designation turning 21 the choice to continue being served by an MSIC that is able to provide services and coordinate care for adults with special healthcare needs.

## **B. SERVICE PLAN DEVELOPMENT AND MANAGEMENT**

The Contractor is responsible for ensuring that each member designated to have a CRS Condition has a member-centered Service Plan and that the member's first provider visit occurs within 30 days of designation. Additionally, the Contractor is responsible for ensuring services are provided according to the Service Plan. The Service Plan serves as a working document which 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 HCDM, DR, and shared with the member/guardian/designated representative HCDM, DR 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 shall identify the immediate and long-term healthcare needs of each newly designated member and shall include an action plan.

The Contractor is responsible for ensuring that every member has an initial Service Plan developed by the Contractor within 14 days of the notice of designation utilizing information provided by AHCCCS DMPS. The Service Plan shall be monitored regularly and updated when there is a change in the member's health condition, desired outcomes, personal goals, or care objectives.

1. A comprehensive Service Plan shall be developed within 60 calendar days from date of the first appointment for the CRS qualifying condition and shall include, but is not limited to all the required elements as follows:
  - a. Member demographics and enrollment data,
  - b. Member diagnoses, past treatment, previous surgeries (if any), procedures, medications, and allergies,
  - c. Action plan,
  - d. The member's current functional/clinical status, including present levels of functioning in physical, cognitive, social, behavioral and educational domains,
  - e. Barriers to treatment, such as member/guardian/designated representative HCDM, DR's inability to travel to an appointment,
  - f. The member/guardian/designated representative HCDM, DR'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 the provider or person responsible and timeframe requirements for meeting desired outcomes, and

- h. The Contractor shall identify ~~an n interdisciplinary team~~ (MSIT) to implement and update the Service Plan as needed.
2. The Contractor shall modify and update the Service Plan when there is a change in the member’s condition or recommended services. This ~~will~~ shall occur periodically as determined necessary by the member/~~guardian/designated representative~~ HCDM, DR, or provider(s).
3. The Contractor shall identify a ~~care coordinator~~ the individual responsible for ensuring implementation of interventions and the dates by which the interventions shall occur and who identifies organizations and providers with whom treatment must be coordinated.

**C. SPECIALTY REFERRAL TIMELINES**

The Contractor shall have written a policies and procedures that ensures adequate access to care ~~through including monitoring of meeting scheduling of~~ standards<sup>10</sup> as specified in ACOM Policy 417.

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<sup>10</sup> Revised for clarity