CARE COORDINATION REQUIREMENTS

POLICY 560

CRS CARE COORDINATION AND SERVICE PLAN (SP) MANAGEMENT

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REVISION DATES: XX/XX/XX

INITIAL

EFFECTIVE DATE: 3/1/2011 (Coordination content of the ADHS Contractor Policy &

Procedure Manual transitioned to the AMPM)

Description

This Policy defines the processes for development and management of a comprehensive Service Plan for Children's Rehabilitative Services (CRS) members. Contractor 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. Additionally, the CRS Contractor is responsible for ensuring that Care is coordinated according to the Service Plan and in cooperation with other State Agencies, AHCCCS Contractors with which the member is enrolled, and Community Organizations supporting disabled children to allow for mainstreaming of members as specified in the CRS contract.

Amount, Duration and Scope

A. CARE COORDINATION FOR CRS CONTRACTORS

- 1. The CRS Contractor must establish a process to ensure coordination of care for members that includes:
 - Coordination of CRS member health care needs through a Service Plan, a.
 - Collaboration with providers, communities, agencies, service systems, members, and families, and
 - Notifications sent to the referring physician.
 - CRS must provide 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 AHCCCS Contractor at the age of 21 years.
 - Appropriate notification of pending discharge from the CRS program as e. described in Policy 520 of this Chapter.

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B. SERVICE PLAN MANAGEMENT FOR CRS

- 1. The Service Plan (SP) serves as a working and guiding document for integrating the multiple treatment plans, including behavioral health, into language that the CRS member and/or family understand. The SP identifies desired outcomes, resources, priorities, concerns, and strategies to meet identified goals.
- 2. The SP shall identify the immediate and long-term healthcare needs of each newly enrolled member with an action plan. The comprehensive SP must be developed within 60 calendar days from date of the first CRS appointment and contain all the required elements.
- 3. The CRS Contractor modifies and updates the SP when there is a change in the member's condition or recommended services. This will occur periodically as determined by the member, family, or provider.
- 4. The CRS Contractor identifies a care coordinator responsible for ensuring implementation of interventions and the dates by which the interventions must occur and identifies organizations and providers with whom treatment must be coordinated.
- 5. The SP required elements consist of the following:
 - a. Member demographics and enrollment data.
 - b. CRS covered medical diagnoses, past treatment, previous surgeries (if any), medications, and allergies.
 - c. The member's current status, including present levels of function in physical, cognitive, social, and educational domains.
 - d. The member's or family's barriers to treatment, such as member's or family's ability to travel to an appointment.
 - e. The member or family's strengths, resources, priorities, and concerns related to achieving mutual recommendations and caring for the family or the child.
 - f. Services recommended to achieve the identified objectives, including provider or person responsible and timeframe requirements for meeting desired outcomes.



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g. The CRS Contractor must identify an interdisciplinary team, including but not limited to, care coordinator, Registered Nurse (RN), medical director, behavioral health provider if applicable, and PCP to develop, implement, and update the SP as needed.

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C. SPECIALTY REFERRAL TIMELINES FOR CRS CONTRACTORS

The CRS Contractor must have a policy and procedure that ensures adequate RALITATION INDICATED TO A SECOND CONTROL OF access to care through scheduling of appointments to specialists within 45 days of the date of a referral request. For urgent requests the timeframe for an