



# Introduction to Back to Basics and Children's Rehabilitative Services (CRS) Changes

5/30/18

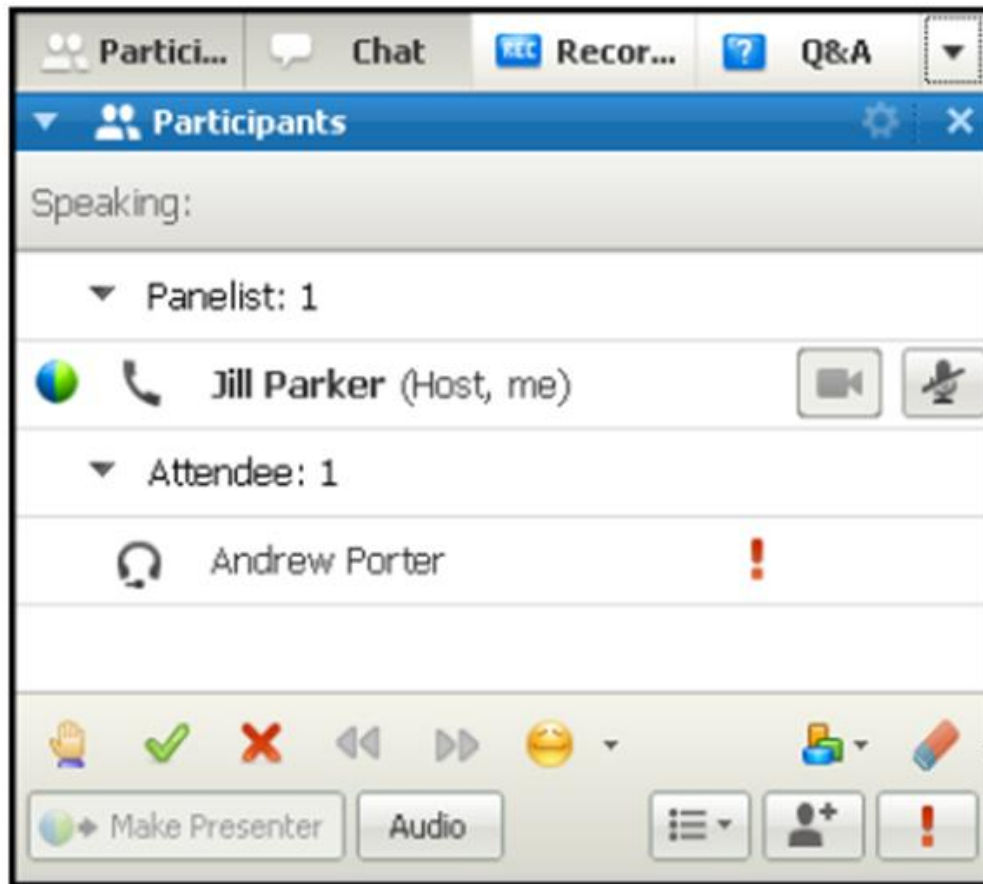


# WebEx For These Sessions

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- They will be recorded and available for future review
- All participants will be muted
- Four opportunities to provide feedback:
  - Feedback Panel
  - Chat (will be saved)
  - Q and A (will be saved as Parking Lot questions)
  - Polling Questions

# Feedback Tools



# Feedback Tools

## Feedback Tools



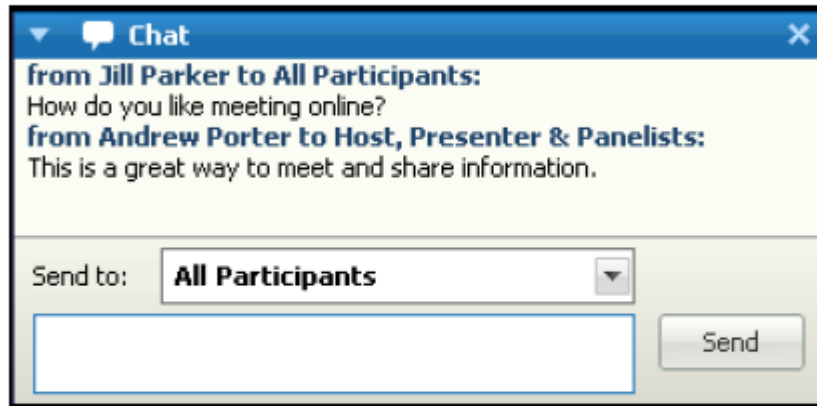
**Icons (l-r):** Raise Hand, Yes, No, Go Faster, Go Slower, Emoticons, Feedback Results, and Clear Feedback.

1. Click on one of the **Feedback** buttons at the bottom of the **Participants Panel**. *Your response appears on the Participants panel in the Feedback column.*
2. To request to speak in a session, click **Raise Hand**. *The Raise Hand icon appears next to your name.*

**Note:** Only a host or a panelist can see the order in which a hand is raised, displayed next to the Raise hand icon.

# Chat to the Presenter

## Chat Panel



The screenshot shows a chat window titled "Chat". The message history includes:

- from Jill Parker to All Participants:  
How do you like meeting online?
- from Andrew Porter to Host, Presenter & Panelists:  
This is a great way to meet and share information.

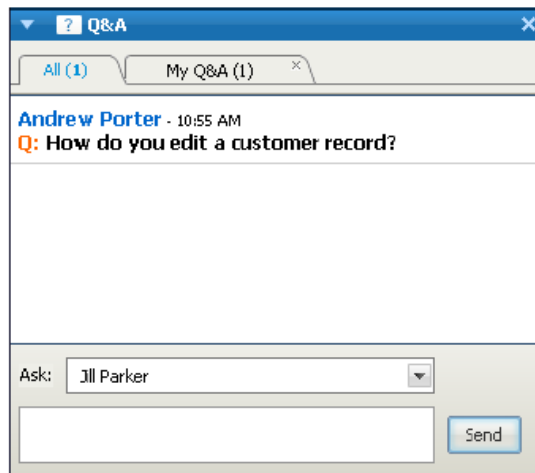
Below the history is a "Send to:" dropdown menu currently set to "All Participants". There is an empty text input field and a "Send" button.

1. Click in the **Chat Box** and type a message.
2. Select who you wish to receive the message from the **Send to:** drop down list.
3. Click **Send**.

# Ask a Question

To ask a question as an attendee:

1. Type a question in the box below the “Ask” pull-down menu in the Q&A Panel.



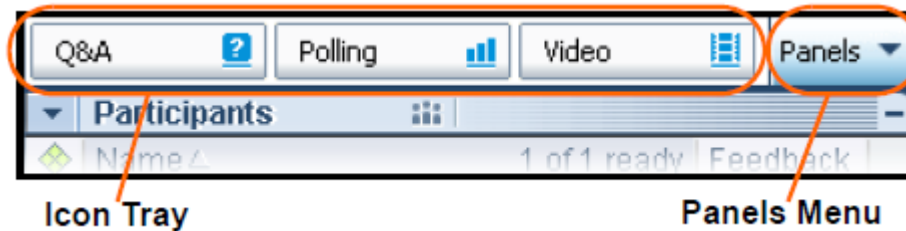
The screenshot shows a web browser window titled "Q&A". At the top, there are two tabs: "All (1)" and "My Q&A (1)". Below the tabs, the text "Andrew Porter - 10:55 AM" is displayed, followed by a question: "Q: How do you edit a customer record?". At the bottom of the window, there is an "Ask:" label, a dropdown menu with "Jill Parker" selected, a text input box, and a "Send" button.

**Note:** If your Q&A Panel is not active, click “Q&A” at the top of all panels.

2. From the “Ask” pull down-menu, select to whom you wish to direct your question.
3. Click **Send**. *Your message will be sent and appear in the Q&A panel.*

# Polling Feature

- From the Icon Tray, click the Polling option.
- When the poll is open, you will be allowed to provide input



# Back To Basics: Introduction

MATERNAL	EPSDT
PRENATAL CARE PP VISIT PARTICIPATION PP DEPRESSION SCREENING AND SERVICES LARC NAS/ILLICIT DRUG USE/CSPMP	WELL CHILD VISITS PARTICIPATION IMMUNIZATIONS LEAD SCREENING DEVELOPMENT/ASD SCREENING CASII- TIMELY COMPLETION AND FIDELITY
SOC	
ADULT	CHILD



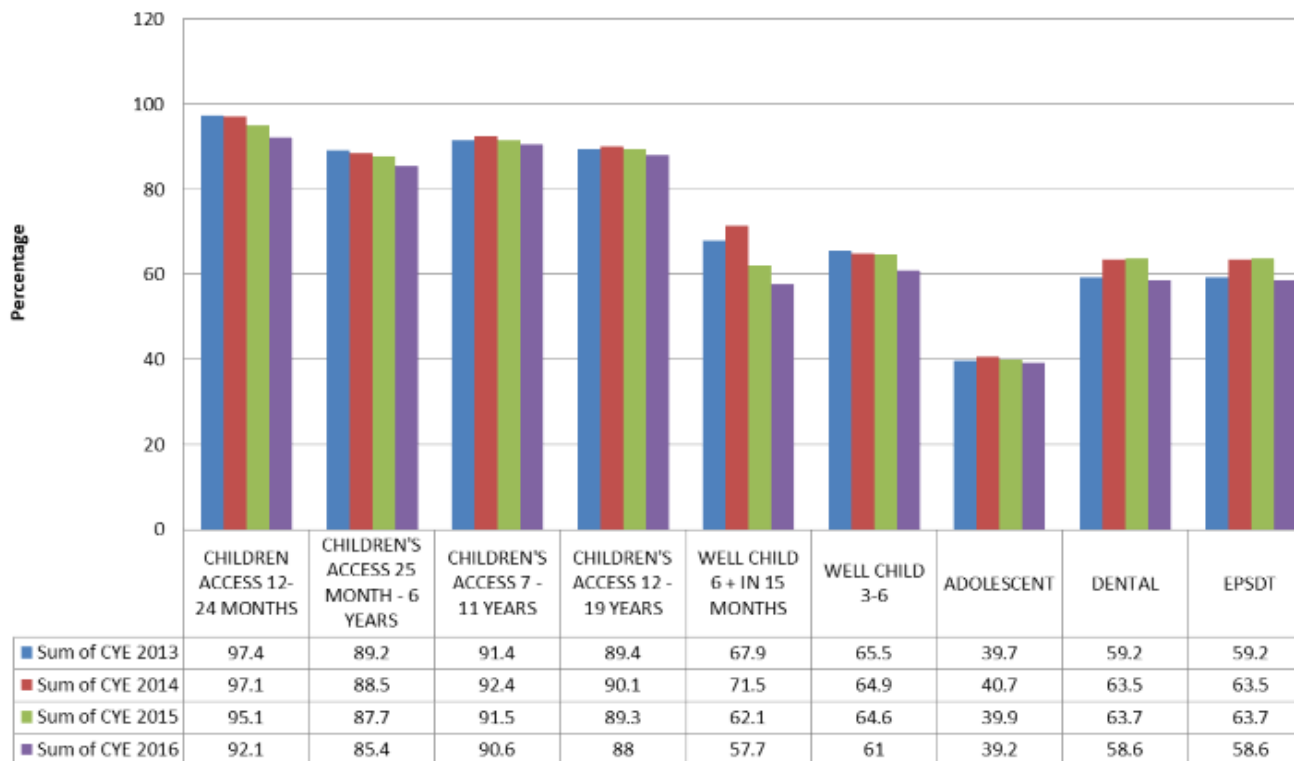
# From the Director

## Select Quality Measures

Measure	CYE 2013	CY 2014	CYE 2015	CYE 2016
Children's Access 12-24 mo	97.4	97.1	95.1	92.1
Children's Access 25 mo-6 y	89.2	88.5	87.7	85.4
Children's Access 7-11 y	91.4	92.4	91.5	90.6
Children's Access 12-19	89.4	90.1	89.3	88
<b>Well child 6+ in 15 months</b>	67.9	71.5	62.1	57.7
<b>Well Child 3-6</b>	65.5	64.9	64.6	61
<b>Adolescent</b>	39.7	40.7	39.9	39.2
<b>Dental</b>	59.2	63.5	63.7	58.6
EPSDT	59.2	63.5	63.7	58.6

# Select Quality Measures

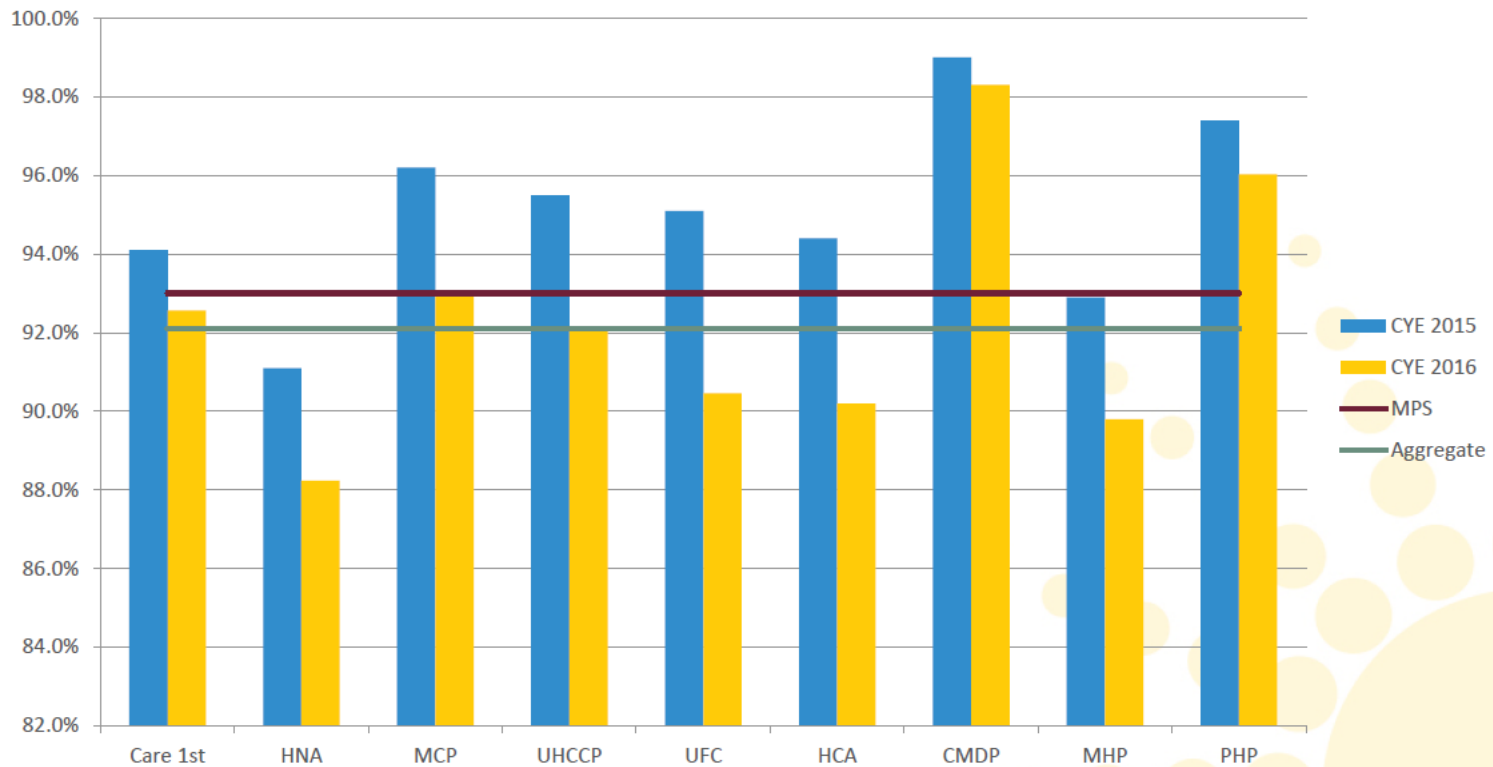
Select Quality Measures



MEASURE ▾

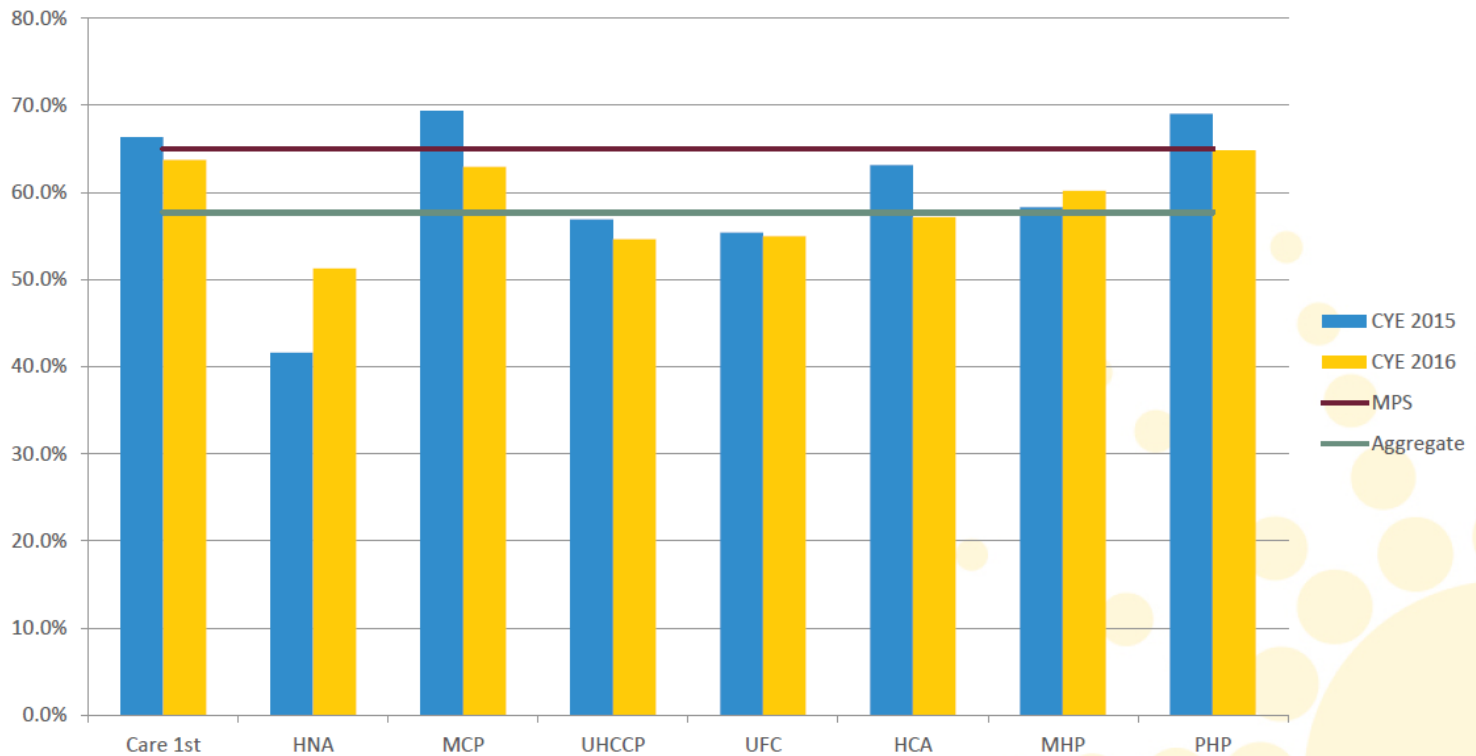
# Why Are These Sessions Necessary?

## Access to PCPs, 12-24 Months



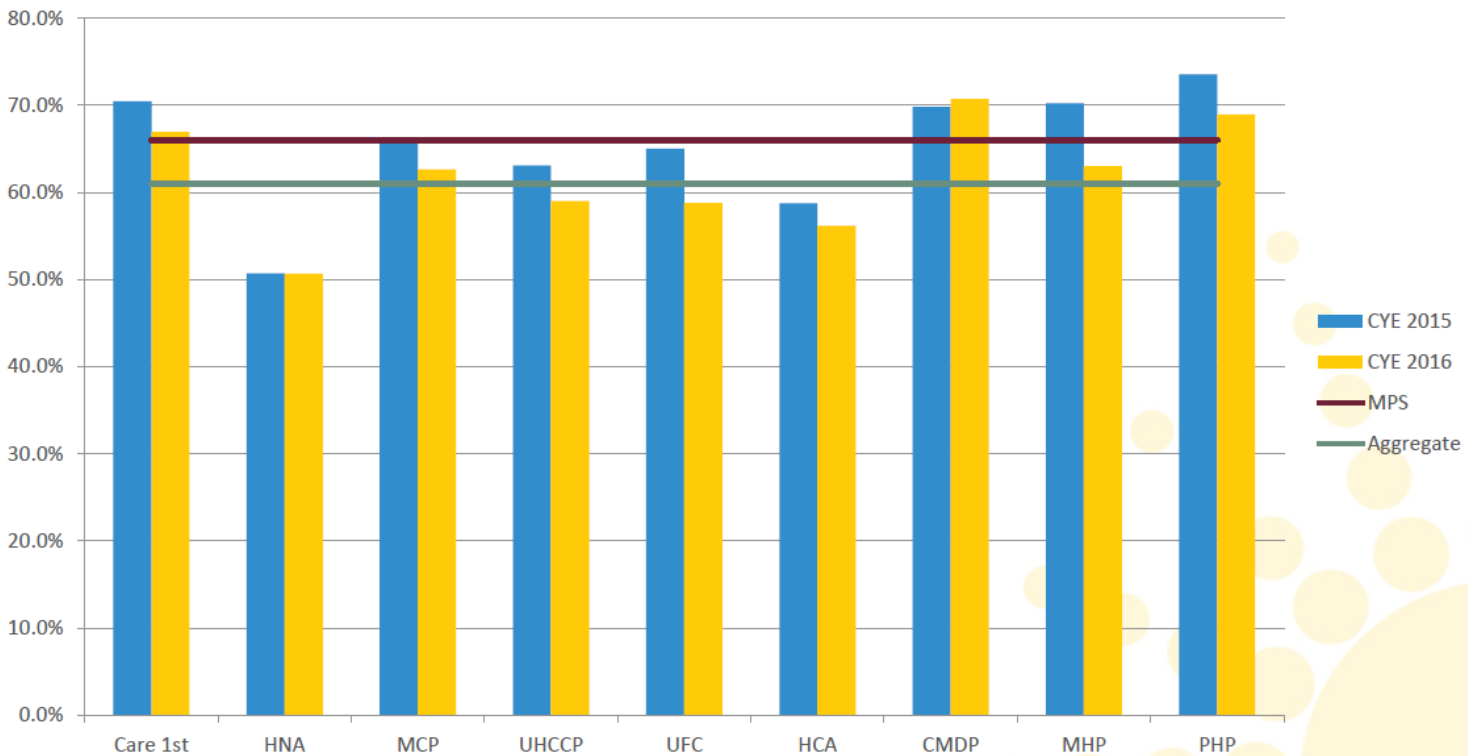
# Why Are These Sessions Necessary?

## Well Child, 15 months (6+ visits)



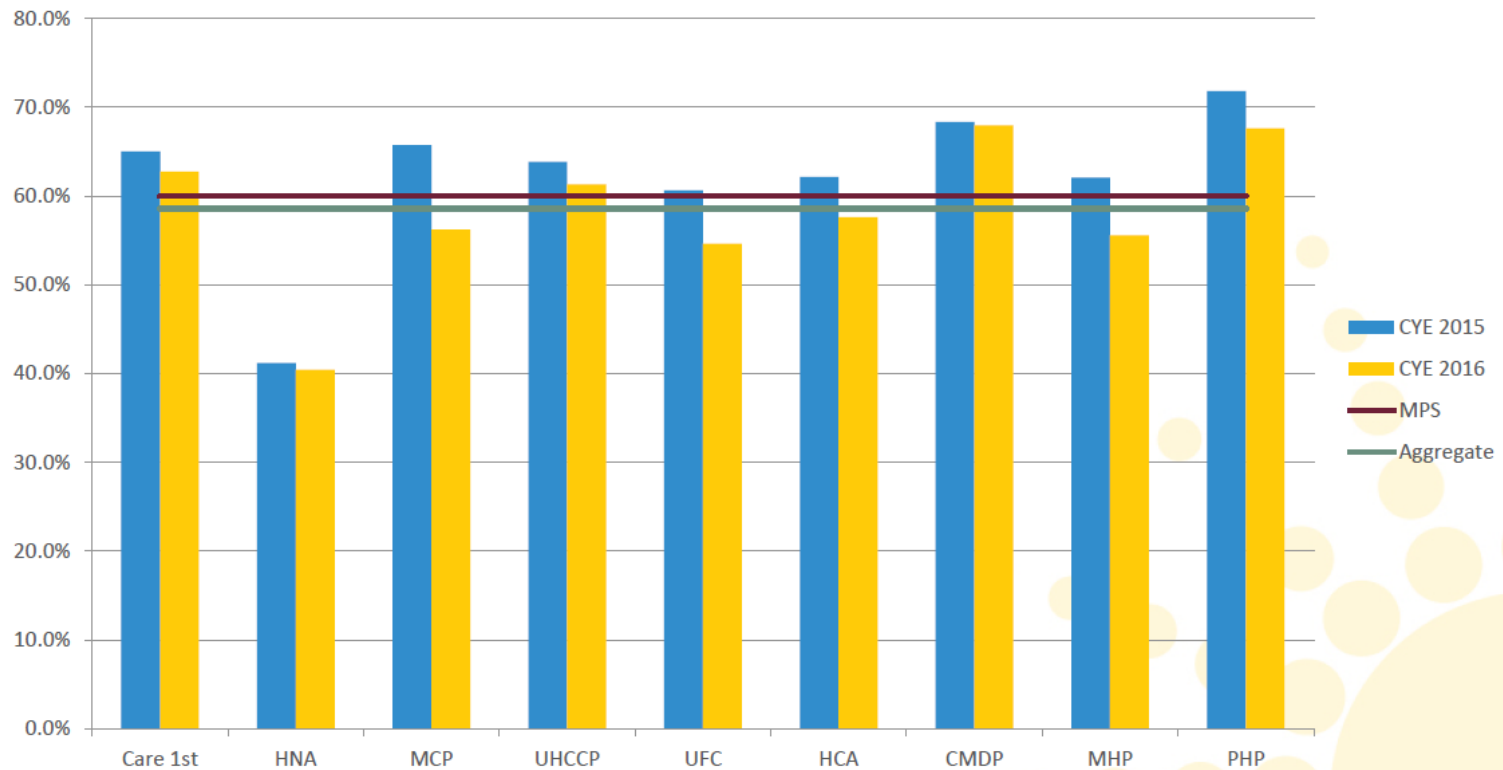
# Why Are These Sessions Necessary?

## Well Child, 3-6 Years



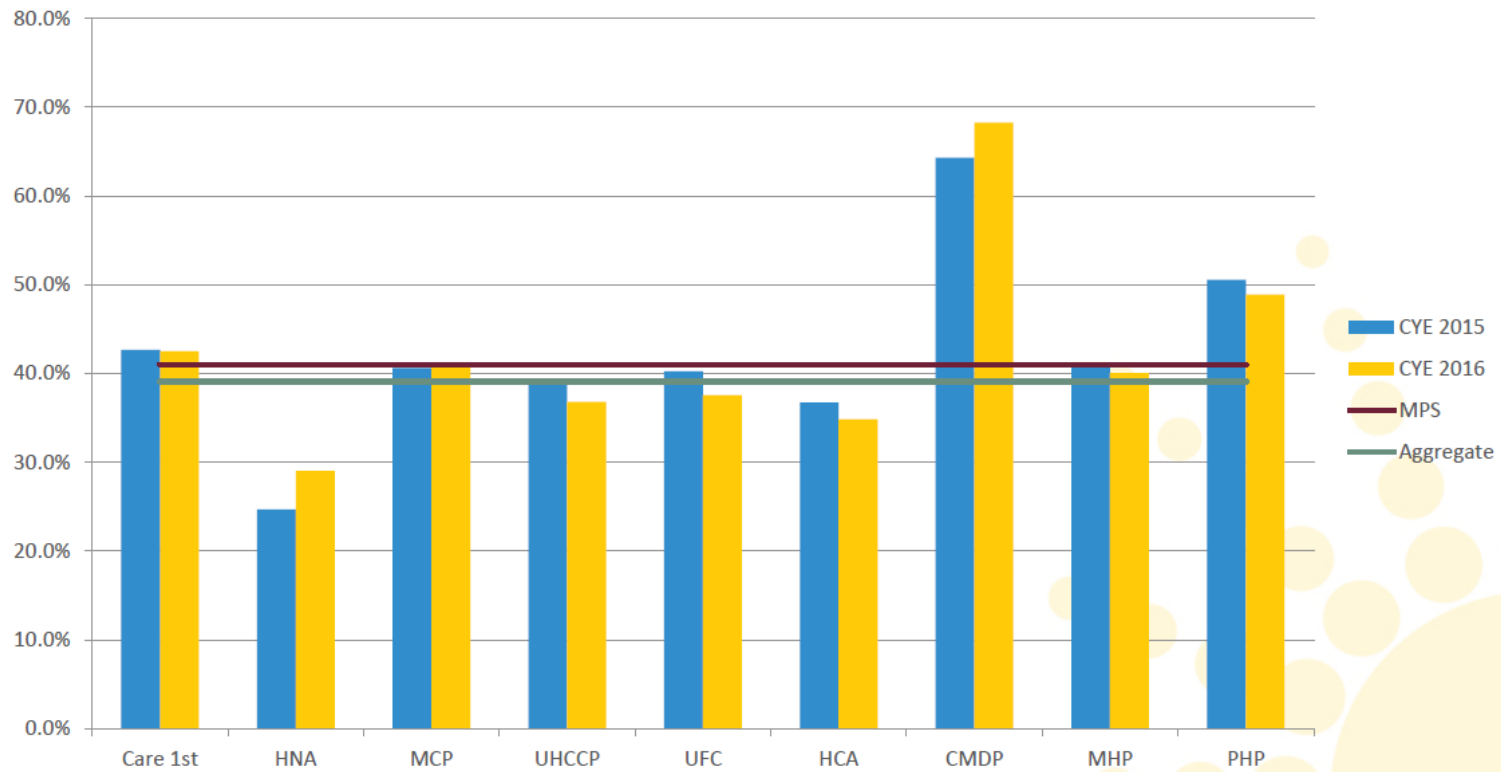
# Why Are These Sessions Necessary?

## Annual Dental Visits



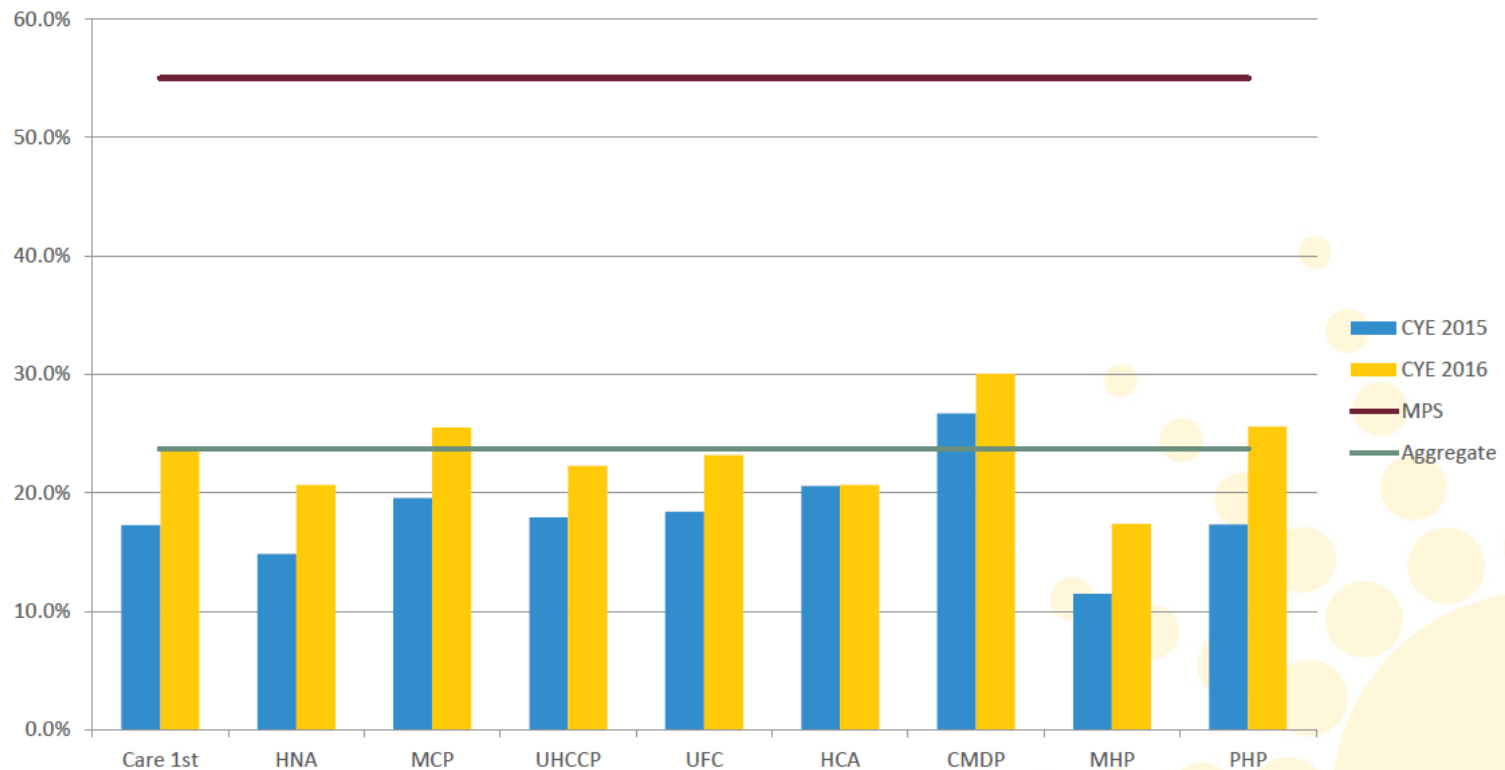
# Why Are These Sessions Necessary?

## Adolescent Well Care



# Why Are These Sessions Necessary?

## Developmental Screening





# Next Steps

- “Back to Basics” is being promoted across the clinical team
- Targeted priorities will be established by each clinical unit
- MCH: Well child visits, developmental screening, immunizations
- Timely and appropriate member care is the foundation of success

# Next Steps

- Fundamental care services are critically important
- MCOs need to assess internal protocols and rates related to service delivery
- AHCCCS technical assistance available to align with agency priorities
- “Champions do ordinary things better than everyone else” Chuck Noll

# Draft Syllabus

## DRAFT SYLLABUS BACK TO BASICS TA

MODULE/WEEK	DATE	TOPIC	RESPONSIBLE PRESENTER
1	5/30	INTRODUCTION CRS	•MCH
2	6/6	IMMUNIZATIONS PART 1 SCHEDULES AND STATUTES	•MCH
3	6/13	IMMUNIZATIONS PART 2 VFC/ASIS	•MCH
4	6/20	IMMUNIZATIONS PART 3 AUDIT RESULT	•MCH
5	6/27	DENTAL DATA OVERVIEW	
6	7/11	DENTAL VARNISH	
7	7/18	DENTAL SEALANTS	
8	7/25	DENTAL PREVENTATIVE- PARTICIPATION	
9	8/1	EPSDT PARTICIPATION	
10	8/8	EPSDT BIRTH – 3 YEARS	
11	8/15	EPSDT 4 - 7	
12	8/22	EPSDT 8 - 13	
13	8/29	EPSDT 14 - 21	
14	9/5	SCREENING - DEVELOPMENTAL	
15	9/12	SCREENING - NEWBORN	
16	9/19	SCREENING - CHD/AUDIO	•MCH
17	9/26	SCREENING - VISION	
18	10/3	MATERNITY CARE 1 PRENATAL/PP PARTICIPATION	•MCH
19	10/10	MATERNITY CARE 2 LARC	•MCH
20	10/17	MATERNITY CARE 3 PP DEPRESSION SCREENING	
21	10/24	MATERNITY CARE 4 NAS	
22	10/31	LEAD 1	
23	11/7	LEAD 2	
24	11/14	BH - CFT	•SOC
25	11/21	BH - CASII	•SOC
26	11/28	BH – AMPM POLICY REVIEW	•SOC
27	12/5	EPSDT TRACKING FORMS	

Reaching across Arizona to provide comprehensive  
quality health care for those in need

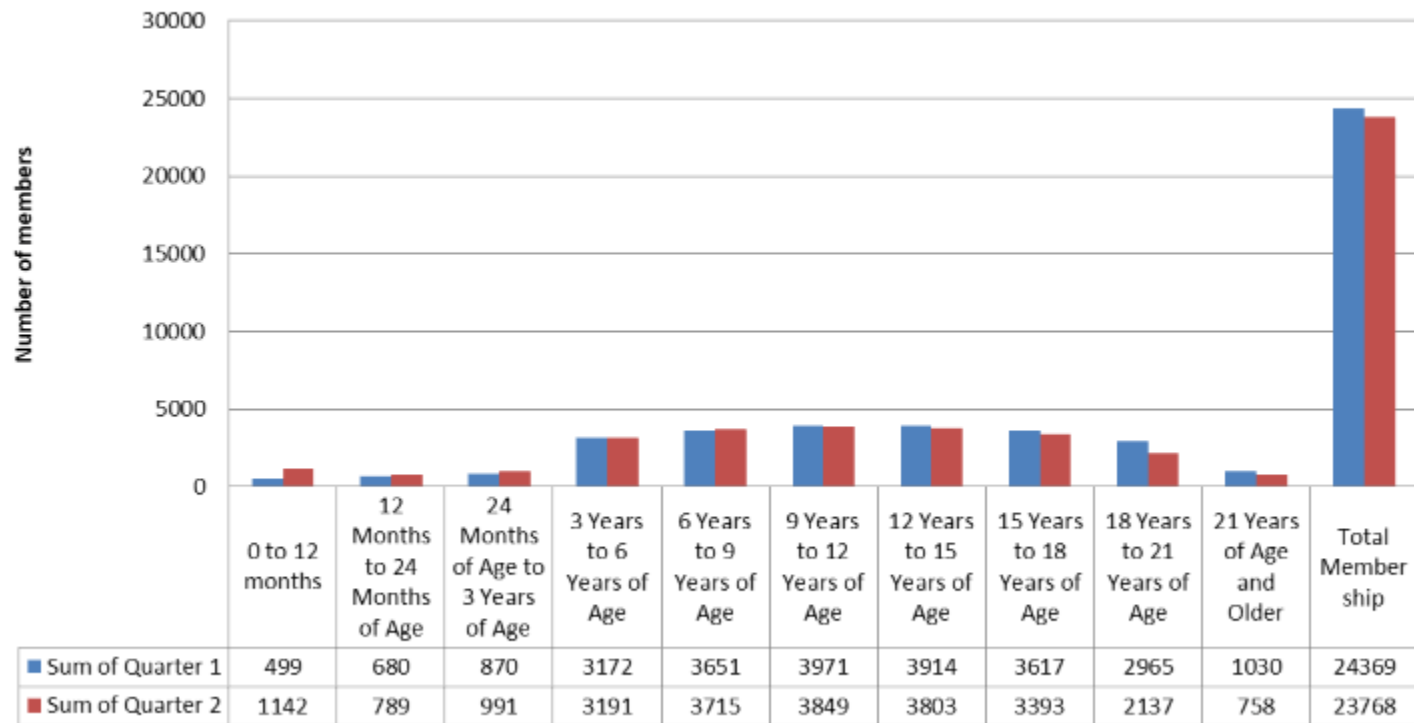
# CRS

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- What will happen to the CRS members on 10/1/18?
- What will my health plan be responsible for on 10/1/18?
- What TA will be available to assist with the transition?

# CRS Membership 4/18

CRS Enrollment 2018



Age Group ▾

# Covered CRS Conditions

- <https://www.azahcccs.gov/Members/Downloads/CRS/QualifyingMedicalConditions.pdf>
- A.A.C. R9-22-1303
- Previously, beginning Oct. 1, 2013, CRS members were given a one-time option to stay in the CRS program when they turn 21. This is for members who are enrolled in CRS before age 21. AHCCCS will send an Advance Notification letter 60 days prior to the enrolled member's 21st birthday month. This letter provides instructions for members to contact AHCCCS to choose to opt in to CRS.
- Now, they will be identified as "previously CRS but are adults with special health care needs". CRS designation will remain.

# CRS Member Assignments

- CRS members will have choice of ACC Plan
- Members currently enrolled with CRS for all physical health services will receive all physical health and behavioral health services from an ACC Plan.
- CRS members will continue to be identified and designated as CRS by AHCCCS

# CRS Members - DCS

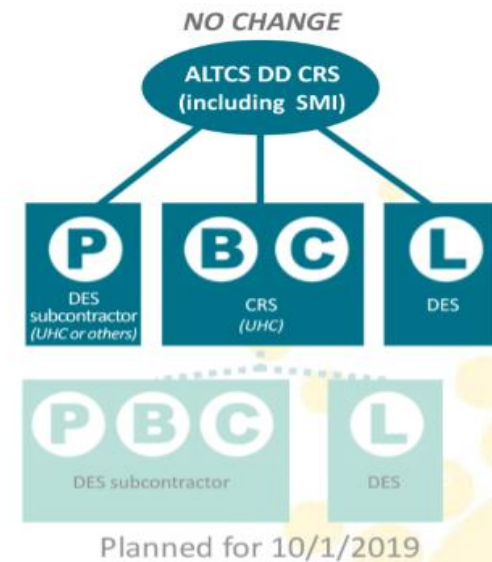
- Children in foster care with CRS conditions will receive physical health services, including services for CRS conditions, from CMDP.
- BH services will transition to RBHA





# CRS Members - DD

- CRS members enrolled with DES/DD will continue to receive physical and behavioral health services through United/CRS.
- <https://des.az.gov/service/s/disabilities/developmental-disabilities/integratedhealth-plan>



# CRS Members - SMI

- CRS members determined SMI and not enrolled with DES/DD will be moved to the RBHA.

1



*This represents a change only for SMI/CRS members.*

# RBHA

- Regional Behavioral Health Authorities (RBHAs) will no longer serve most adults and children as of October 1, 2018 (with exceptions below). Behavioral health services will be provided through the AHCCCS Complete Care (ACC) Plan.
- RBHAs will continue to provide and serve:
  - Foster children enrolled in CMDP
  - Members enrolled with DES/DD;
  - Individuals determined to have a serious mental illness (SMI)
  - Crisis services, grant funded, and state-only funded service

# ACC Requirements for CRS

- ***Children's Rehabilitative Services:*** The Contractor shall refer individuals to AHCCCS Division of Member Services (DMS) who are potentially in need of services related to CRS qualifying conditions, as specified in A.A.C. R9-22 Article 13, and A.R.S. Title 36. See ACOM Policy 426 for the processes used to process referrals for a CRS designation. In addition, the Contractor shall notify the member, or his/her parent/guardian/authorized representative, when a referral to a specialist for an evaluation of a CRS condition will be made. The Contractor shall provide covered services necessary to treat the CRS qualifying condition as well as other services described within this Contract. The Contractor shall establish a process for the identification of members under the age of 21 with a CRS designation who have completed treatment for the CRS condition, and do not have any other CRS eligible conditions. The Contractor is responsible for notifying the AHCCCS Division of Member Services (DMS) of the date when a member with a CRS designation is no longer in need of treatment for the CRS qualifying condition(s) as specified in Section F, Attachment F3, Contractor Chart of Deliverable and ACOM Policy 426. The notification requirements described above are applicable only to members under 21 years of age. In addition, the Contractor shall consider members with a CRS qualifying condition as members with special health care needs. Refer to **Section D, Paragraph 10**, Special Health Care Needs. The Contractor shall accept historical CRS identification numbers (ID's) as alternative member ID's for claims processing, as applicable.

# Newly Identified CRS Children

- ACC health plans will need to complete a CRS application
- Once eligible, the child will receive a CRS designation
- Must have the CRS designation to be reimbursed at the MSIC rate for services
- Members with a CRS qualifying condition are exempt from *any* copayments

# CRS Member Assignment

- ***Children's Rehabilitative Services (CRS) Member Assignment:*** CRS Fully Integrated members who are not determined to have a Seriously Mentally Ill and CRS Partially Integrated Acute members enrolled with the statewide CRS Contractor for acute services, will be passively enrolled to an AHCCCS Complete Care Contractor utilizing the methodology described below. After enrollment these members will be given an opportunity to choose another available Contractor in their service area. AHCCCS will initially utilize family continuity enrollment rules to identify another member in the case and assign that CRS member to the same Contractor as other family members (if awarded an AHCCCS Complete Care Contract). CRS members who do not have a family continuity assignment will be passively enrolled in proportion to each Contractor's estimated enrollment after the completion of Conversion Group and family continuity assignment.

# Access to a MSIC

- The Contractor is expected to contract with all MSICs in the awarded GSA(s) as well as any MSICs which have provided services to the Contractor's members.
- From the current contract: "Physicians (including adult and child psychiatrists), laboratory, x-ray and therapy services through a network of contracted MSICs to include a contract with at least one (1) MSIC site in Maricopa County, at least one (1) MSIC site in Pima County, at least one (1) MSIC site in the Prescott/Sedona/Flagstaff area, and at least one (1) MSIC site in the Yuma area."
- In the event the Contractor and an MSIC fail to negotiate a contract, the Contractor must continue to allow members to utilize the MSIC. In the absence of a contract, the Contractor shall reimburse the MSIC at the AHCCCS MSIC fee schedule.

# Access to a MISC

- In accordance with the requirements specified in ACOM Policy 436 the network shall be sufficient to provide covered services within designated time and distance limits. This includes a network such that 90% of its members residing within Pima and Maricopa counties do not have to travel more than 15 minutes or 10 miles to visit a PCP, dentist or pharmacy, unless accessing those services through the Multi-Specialty Interdisciplinary Clinic (MSIC). The Contractor must obtain hospital contracts as specified in ACOM Policy 436.
- The Contractor shall ensure that primary care services are available and accessible statewide in the communities in which CRS members would access routine health care services. In addition, the Contractor shall have a network of specialty providers available to provide care and services in the community setting in addition to those specialty and multi-disciplinary services that are available through the MSIC, thereby maximizing member choice.



# In Addition

- ACC plans not only have to contract with the MSICs but, if the MSIC can treat the member as an adult, they have to continue to allow the CRS member to access the MSIC after age 21
- When a CRS member reaches the age of 21 (or at the point of a member determined not to need treatment for a CRS condition) the member will show in the system as “former CRS”

# CRS Transition Requirements

Service Type	Provider Type	Adult	Child (under 21 years of age)
CRS Services	Specialist	The Contractor shall allow members receiving an active course of treatment, identified in the service plan for a serious and chronic physical, developmental or behavioral health condition to receive the services from their established provider for the duration of their treatment or six months; whichever occurs first, regardless of whether or not the specialist participates in the Contractor's provider network. Cases with extenuating circumstances will be resolved on a case by case basis.	The Contractor shall allow members receiving an active course of treatment, identified in the service plan for a serious and chronic physical, developmental or behavioral health condition to receive the services from their established provider for the duration of their treatment or six months; whichever occurs first, regardless of whether or not the specialist participates in the Contractor's provider network. Cases with extenuating circumstances will be resolved on a case by case basis.
CRS Services	MSIC	Transitioning members may continue to utilize their previous MSIC when the receiving Contractor has not been successful in contracting with the MSIC.	Transitioning members may continue to utilize their previous MSIC when the receiving Contractor has not been successful in contracting with the MSIC.

# Specific CRS Deliverable

- CRS-identified Member Initial Visit (within 30 days)
- MPS to be determined
- **Removed from Contract Amendment:**  
Quarterly report summarizing, by month, the number of grievances and complaints filed by or on behalf of members with a CRS designation categorized by access to care, health plan and provider satisfaction

# Sample ISP Template

INITIAL SERVICE PLAN		
<b>Member Information:</b>		
CRS Member ID:	Date of Service Plan Initiation:	Age: Gender:
Child's Name:	Date of Birth:	Relationship:
Legal Guardian:	Relationship:	State:
Address:	City:	Preferred Language:
Phone:	Ethnicity:	Payment Responsibility:
Other Insurance:	Other Insurance ID #:	Other Primary Insurance ID:
Other Primary Insurance Name:	Other Primary Insurance ID:	Other Secondary Insurance ID:
Other Secondary Insurance Name:	Other Secondary Insurance ID:	AHCCCS ID:
AHCCCS Status:	AHCCCS ID:	Coverage Type:
AHCCCS Health Plan:		
<b>Enrollment Information:</b>		
Application Received Date:		
Consent to Enroll Date:	Medical Determination Date:	
Date of Enrollment:	Expiration Date:	
CRS Clinic Affiliation:		
Financial Agreement Signature Date:		
<b>Medical Eligibility Note:</b>		
<b>CRS Diagnosis/Condition:</b>		
Primary Specialist:	Med Group:	
CRS Condition Type:		
<b>Other Diagnosis Information:</b>		
<b>Specialty Clinic:</b>		
<b>Care Coordination:</b>		
<b>Allergies:</b>		
Medications: (List)		Other: (List)
<b>Past Treatments and Surgeries (if known):</b>		
See attached medical record		
<b>Return information to: CRS:</b>		
Step 1: If you can not schedule the appointment by the requested date complete the following items and return this item form to CRS for discussion		
Reason for extension of first appointment date:		
_____ Family provider preference	_____ Family not available	
_____ Recommendation by specialist	_____ Other	
Step 2: If you can schedule the appointment - Complete next section and return form,		
Appointment Date: _____	Appointment Time: _____	
Clinic Assigned: _____	Lead Specialist Assigned: _____	
<b>First Appointment Recommendations:</b>		
Target Appt Date:	Clinic to be seen in:	
Specialist to be seen by:	Med Group:	
<b>Behavioral Health:</b>		
Is member in active care for behavioral health:		

# Sample ISP Template

Behavioral Health Provider Name:		
Last Name:		First Name:
Middle Name:		Provider Group Name:
Behavioral Health Provider Telephone Number:		
Behavioral Health Provider Fax Number:		
Behavioral Health Provider Address:		
Address Line 1:		Address Line 2:
City:	State:	Zip:
Last Appointment Date:		Next Scheduled Appointment Date:
Behavioral Health Clinic Date After Enrollment:		Behavioral Health Crisis Plan Initial Date :
Behavioral Health Crisis Plan Reviewed Date:		
<b>Behavioral Health diagnosis information:</b>		

# Sample ISP Template

## Additional Notes:

- Primary specialist: **Dr.**
  - Dr.** was found in Medical records and has clinic at the **MSIC**
  - No doctor indicated in the medical records. Therefore, MSIC can choose.
  - Dr.** was found in Medical records, is contracted with CRS but does not have clinic at any MSIC. Discussion at weekly rounds needed to identify new lead specialist.
  - Dr** ( ) was found in Medical records but is not a contracted provider. Therefore, MSIC can choose.
  - Other insurance validation in process
  - Verification found on application
  - Name on Policy: Policy number:  
Insurance company and number:

## Banner CRS Clinic Services:

- Urology
- GI
- Plastic Surgery
- Orthopedic
- Neurology
- Endocrinology

## Primary specialist at Banner: **Dr.**

- Dr ( ) was found in Medical records and has clinic at Banner.
- No doctor indicated in the medical records. Therefore, Banner can choose.
- Dr. ( ) was found in Medical records but is not a contracted provider. Therefore, Banner can choose

## Cardiology

- Phoenix MSIC

## Primary specialist with Banner: **Dr.**

- Dr. ( ) was found in Medical records and has clinic at MSIC.
- No doctor indicated in the medical records. Therefore, MSIC can choose cardiologist.

- APC/PCH

## Primary specialist at APC/PCH: **Dr.**

- Dr. ( ) was found in Medical records and is contracted with APC/PCH.
- No doctor indicated in the medical records. Therefore, APC/PCH can choose cardiologist.

## Dental Member:

- Send to

## NICU:

- Send to

# Questions to Ask

- What preparations are in place for your health plan to develop an ISP document?
- What plans are in place to contract with an established MSIC? To understand their special requirements?
- How will your health plan handle PA for services for CRS members?
- How will your health plan handle prior-approved PA?
- What process has been developed for care coordination for CRS members?

# Specific DHCM Expectations

- AHCCCS Medical Management is developing specific guidance for transition of these members.
- ACC plans will be expected to honor all CRS Prior Authorizations for at least \_\_\_ days after transitioning to the new ACC



# Future CRS Topics

- CRS Enrollment Process Workflow – showing the process from when the health plan receives new CRS member information (CRS application, clinical documentation and Coordination of Care document, if applicable)
- CRS Initial Service Plan (ISP) development Process Workflow
- CRS Comprehensive Service development Process Workflow
- CRS Age 21/Opt Out Process Workflow
- Example of a CRS Initial Service Plan (member info redacted)
- Example of a CRS Comprehensive Service Plan (for the same member above, with member info redacted)
- Example of a CRS member's High Needs, High Cost Completed forms (member info redacted)

# Preview for Next Week



# Thank You.

