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1109 Children's Rehabilitative Services

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A Overview

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Children's Rehabilitative Services (CRS) is a program that provides medical treatment, rehabilitation, and related support services for children with special health care needs.

To be enrolled with CRS, the child must meet the following requirements:

- Be under the age of 21 at the time of initial enrollment;
- Have a CRS-covered condition requiring active treatment; and
- Be receiving full AHCCCS Medical Assistance.

Definitions

Term	Definition
Active Treatment	<p>"Active treatment" of a CRS qualifying condition means:</p> <ul style="list-style-type: none"> • There is a current need for treatment or evaluation for continuing treatment or • It is anticipated that treatment or evaluation for continuing treatment will be needed within the next 18 months from the last date of treatment.

Programs and Legal Authorities

Program	Legal Authorities

Children's Rehabilitative Services (CRS)	ARS 36-263 9 AAC 22, Article 13
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B CRS Application and Enrollment

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1) CRS Application

A CRS application must be filled out and turned in with medical records for the CRS condition. The medical records needed include information about the person's medical condition, need for treatment; and diagnostic test results.

Anyone can complete a CRS application for the customer, including a family member, doctor, or health plan representative. The completed application along with the medical records can be mailed, faxed or dropped off in person to the CRS Enrollment Unit.

A copy of the CRS application with instructions and contact information for the CRS Enrollment Unit are available on the AHCCCS website at:

<http://www.azahcccs.gov/Commercial/CRS.aspx>

2) Processing and Timeframes

The CRS decision must be completed within 60 days of the date that a complete CRS application is submitted to AHCCCS. The customer is sent a letter with the CRS eligibility decision. CRS enrollment starts the date the eligibility determination is made.

SEE [CRS APPLICATION PROCESSING](#) FOR MORE DETAILS.

An AHCCCS provider or health plan may ask for a rush on the CRS decision when the customer has an urgent need for treatment. The CRS Enrollment Unit reviews these requests and works with the health plan to coordinate the process as needed.

SEE [CRS EXPEDITED PROCEDURE](#) FOR DETAILS.

3) Coverage Types

Upon approval, customers are enrolled under one of four CRS coverage types. See the following chart for details:

If the coverage type is...	And the customer is...	Then the customer receives...
CRS Fully Integrated		All acute health, behavioral health and CRS-related services from the CRS Contractor.
CRS Partially Integrated – Acute	An American Indian enrolled with a TRBHA	<ul style="list-style-type: none"> ● All acute health and CRS-related services from the CRS Contractor; and ● Behavioral health services from a TRBHA.
CRS Partially Integrated – Behavioral Health	A CMDP or DDD ALTCS customer	<ul style="list-style-type: none"> ● All behavioral health and CRS-related services from the CRS contractor; and ● Acute health services from the primary program of enrollment.
CRS Only	An American Indian enrolled with AIHP, CMDP or DDD	<ul style="list-style-type: none"> ● All CRS-related services from CRS; ● Acute health services from the primary program of enrollment; and ● Behavioral health services as follows: <ul style="list-style-type: none"> ○ CMDP and DDD American Indian customers from a TRBHA; or ○ AIHP customers from a TRBHA. <p>NOTE CRS Only- also includes ALTCS/EPD American Indian FFS customers.</p>

4) AHCCCS Responsibilities for CRS Services

Customers that qualify for CRS are enrolled with the CRS contracted health plan. Customer’s that also have private insurance or Medicare can choose to get CRS services through the CRS health plan or from the other insurance’s provider network.

NOTE If the customer refuses to be enrolled (“opts out”) of the CRS health plan, and wants to be enrolled with a different AHCCCS health plan, the other health plan is generally not responsible to cover CRS-related services. The customer’s parent or guardian must sign a statement saying that they understand the other AHCCCS health plan will not be responsible for covering any CRS-related conditions, and that these services will be the customer’s responsibility.

See the following table for more details based on enrollment choices:

If the customer...	And...	Then...
Enrolls with CRS	Does not have other insurance coverage.	The CRS health plan is responsible for coverage of the CRS condition.
	Uses private insurance or Medicare for treatment of the CRS condition	The CRS health plan is responsible for any deductibles and copayments remaining after payment by private insurance or Medicare.
“Opts out” - Refuses enrollment with the CRS health plan and chooses another AHCCCS plan	Does not have other insurance coverage.	The other AHCCCS health plan is not responsible for coverage of the CRS condition.
	Uses private insurance or Medicare for treatment of the CRS condition	The other AHCCCS health plan is responsible for any deductibles and copayments remaining after payment by private insurance or Medicare.
	The customer’s private insurance or Medicare does not pay for treatment of the CRS condition.	The other AHCCCS health plan is not responsible for coverage of the CRS condition. NOTE If services were not paid because benefit limits were reached or the other insurance ended, the customer is referred for a CRS eligibility determination.
Chose to disenroll from CRS after three years without receiving CRS	Needs CRS-related services again.	The customer is referred for a new CRS eligibility determination. The other AHCCCS health plan is responsible for coverage of

services (see MA1109C.4)	the CRS condition until the customer is determined eligible for CRS.
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5) AHCCCS non-CRS Contractor Responsibilities (21 and Over)

For customers age 21 years or older, the AHCCCS health plan with whom the member is enrolled IS responsible for payment of services related to a CRS condition regardless of whether the member has private insurance or Medicare.

Definitions

Term	Definition
Comprehensive Medical and Dental Program (CMDP)	The health plan for children in state foster care.
Tribal Regional Behavioral Health Authority (TRBHA)	Tribal entity under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled American Indian customers.

Programs and Legal Authorities

This requirement applies to the following program:

Program	Legal Authorities
Children's Rehabilitative Services (CRS)	ARS 36-263 9 AAC 22, Article 13



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CRS Enrollment Changes

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1) Disenrollment

2) Re-enrollment

3) CRS Customers Turning 21

4) Enrollment choice for customers that are not in active treatment

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Disenrollment

CRS enrollment ends when the customer:

- No longer meets the medical eligibility requirements for the CRS program (has completed treatment for the CRS condition(s));
- Is disenrolled from AHCCCS;
- Turns 21 years of age and does not choose to stay enrolled with the CRS health plan;
- Transitions to ALTCS/EPD; or
- Asks for enrollment in the CRS program to be ended.

Re-enrollment

CRS customers under age 21 that lose AHCCCS eligibility but regain it within 12 months are re-enrolled with CRS without a new referral or application.

Customers may also be enrolled with CRS without a new application when they have opted out of CRS enrollment, but change their minds within 12 months.

The AHCCCS CRS Enrollment Unit may use the information already in the system to determine if the customer is eligible for CRS enrollment, or may need updated documentation.

SEE [CRS RE-ENROLLMENT](#) FOR DETAILS.

CRS Customers Turning 21

Customers enrolled with CRS can choose to stay enrolled with the CRS health plan once they turn age 21. The customer is notified of this choice in the month before turning 21, and instructed to contact AHCCCS if he or she wants to stay enrolled with the CRS health plan. If the customer does not contact AHCCCS to make a choice between the CRS Program or a different plan, he or she will be automatically assigned to an AHCCCS health plan starting the month after turning 21. The customer will then be given a 30-day period to choose a different AHCCCS health plan, but cannot re-enroll in CRS.

SEE [CRS CUSTOMER TURNING 21](#) FOR MORE INFORMATION.

Enrollment choice for customers that are not in active treatment

When customers have not received any CRS services for a three-year period, they are offered the opportunity to disenroll from CRS and choose another health plan.

This opportunity to choose a different health plan is offered by AHCCCS, and is different from the customer “opting-out” and refusing CRS enrollment.

SEE [ENROLLMENT CHOICE AFTER 3 YEARS OF NO CRS SERVICES](#) FOR DETAILS.

Definitions

Term	Definition
Active Treatment	There is a current need for treatment or evaluation for continuing treatment, or it is anticipated that either will be needed within 18 months from the date of a CRS treatment.
ALTCS/EPD	Customers who are not developmentally disabled but have been determined medically eligible for ALTCS based on physical disabilities.

Programs and Legal Authorities

Program	Legal Authorities
Children's Rehabilitative Services (CRS)	ARS 36-263 9 AAC 22, Article 13



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CRS Eligibility Reviews

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Continued eligibility for CRS is reviewed when the customer is no longer in active treatment for a CRS qualifying condition. The CRS health plan notifies AHCCCS that the CRS customer is no longer in active treatment.

The AHCCCS CRS Enrollment Unit reviews the customer's continued need for services. If needed, additional medical documentation is requested from the CRS health plan.

If the customer no longer needs treatment for a CRS qualifying condition, notice is sent to the customer that CRS eligibility is ending, the need to change health plans and the customer's right to appeal the decision. The CRS health plan is also notified of the decision.

If it is determined that the customer is still eligible for CRS, there is no change to the customer's enrollment and the CRS health plan is notified of the decision.

Definitions

Term	Definition
CRS qualifying condition	<p>One of the physical conditions listed in the Arizona Administrative Code at R9-22-1303. These include conditions affecting the following:</p> <ul style="list-style-type: none"> ● Cardiovascular system; ● Endocrine system; ● Genitourinary system; ● Ear, nose, or throat; ● Musculoskeletal system; ● Gastrointestinal system;

- Nervous system;
- Vision;
- Respiratory system;
- Integumentary system;
- Metabolic system; and
- Hemoglobinopathies.

Programs and Legal Authorities

Program	Legal Authorities
Children's Rehabilitative Services (CRS)	ARS 36-263 AAC R9-22-1305

