TITLE Identifying Members with Special Health Care Needs	POLICY NUMBER HS-CC-03
RESPONSIBLE AREA Health Coordination	EFFECTIVE DATE 08/31/2023

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STATEMENT/PURPOSE

The Department of Child Safety Comprehensive Health Plan (DCS CHP) provides care coordination for members with special health care needs.

AUTHORITY

A.R.S. § 8-512, Comprehensive medical and dental care; guidelines.

A.R.S. § 8-514.05, Foster care provider and department access to child health information; consent to treatment.

A.A.C. § R9-22-509, Transition and Coordination of Member Care.

The Intergovernmental Agreement (IGA) between the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Child Safety (DCS) for DCS CHP outlines the contractual requirements for compliance with continuity and quality of care coordination for all members.

The contract between the Department of Child Safety (DCS) for the Comprehensive Health Plan (CHP) and its Managed Care Organization (MCO) contractor outlines the contractual requirements for compliance with quality and appropriateness of care/services.

The Child Abuse Prevention and Treatment Act (CAPTA) (P.L. I 04-235), as amended by the Keeping Children and Families Safe Act (P.L. I 08-36), requires States to refer a child under the age of three, who is the subject of a substantiated report of child abuse or neglect, for early intervention services available through the Individuals with Disabilities Education Action, Part C.

DEFINITIONS

Enrollment Transition Information (ETI): Member specific information the Relinquishing Contractor must complete and transmit to the Receiving Contractor or FFS Program for those members requiring coordination of services as a result of transitioning to another Contractor or FFS Program.

Member Transition: The process during which members change from one Contractor or FFS Program to another.

Special Health Care Needs: Serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that required by members generally; that lasts or is expected to last one year or longer and may require ongoing care not generally provided by a primary care provider.

POLICY

Members with special health care needs are members who have serious and chronic physical, developmental or behavioral conditions, and require medically necessary health and related services of a type or amount beyond that required by members generally.

DCS CHP's population of children in out-of-home care are children with special health care needs. DCS CHP identifies children with certain health conditions who are at high risk for care coordination as needed.

DCS CHP's "at-risk" categories include, but are not limited to:
- Members entering out-of-home placement that are known to be under-immunized or lacking immediate medical or behavioral health services;
- Pregnant members;
- Members with known Human Immunodeficiency Virus (HIV) and/or other Sexually-Transmitted Infections (STIs);
- Substance-Exposed Newborns (SEN);
- Neonatal Intensive Care Unit (NICU) graduates;
- Members diagnosed with Serious Combined Immunodeficiency (SCID);
- Members receiving services through the Arizona Early Intervention Program (AzEIP);
- Members with disabilities requiring incontinent briefs;
- Members with serious or chronic conditions, such as Asthma or Diabetes, that require ongoing specialist care and appointments;
- Members receiving chemotherapy and/or radiation or dialysis;
- Members who are transplant eligible and who are actively engaged in the transplant process for one year post transplant;
- Members hospitalized at the time of transition;
- Members enrolled in the Division of Developmental Disabilities (DDD) or the Arizona Long Term Care Services (ALTCS) program;
- Members enrolled in Children's Rehabilitative Services (CRS);
- Members who are medically complex and/or require intensive physical and or behavioral health support services;
- Members with ongoing medical needs, such as medical equipment, home care services, ongoing need for medically necessary transportation;

- Members who need pain management services or prescription medications where they have been stabilized through a step therapy process;
- Members who have a Serious Emotionally Disturbed (SED) diagnosis flag;
- Members with a diagnosis of autism or who are at risk for autism;
- Members identified as High Need/High Cost;
- Members who are covered under the EPSDT program and are receiving services that are not covered under the State Plan;
- Members with a medical condition that lasts, or is expected to last, one year or longer and/or requires ongoing care not generally provided by a Primary Care Provider (PCP); and
- Members who frequently contact AHCCCS, State and local officials, the Governor's Office and/or the media.

DCS CHP's Resource Coordination team contacts new members and conducts a brief telephonic screening for CRS conditions or other chronic health coordination and subsequent referral to care coordination.

DCS CHP's contracted MCO conducts health risk assessments on all new members. These assessments are instrumental in identifying children with special health care needs and referring them for the appropriate care coordination.

DCS CHP collaborates with other AHCCCS health plans to transfer member information and identify care coordination, through warm handoffs and review of conditions listed on ETI forms (*see DCS CHP Policy HS-CC-01, Transition of Members*).

PROCEDURES

DCS CHP and its contracted MCO reviews EPSDT forms for quality and completeness of exams. EPSDT forms are assessed for potential and actual referrals to:
- Children's Rehabilitative Services (CRS);
- Division of Developmental Disabilities (DDD);
- Arizona Long Term Care System (ALTCS);
- Arizona Early Intervention Program (AzEIP);
- Head Start; and
- Specialty services such as: Cardiology, neurology, dental services and all other specialties.

If referrals are identified, a notification is sent to the member's custodial agency representative to inform them of the referral and to provide assistance if needed. Referrals are followed until the visit with the requested specialty services is completed or determined as no longer needed by the referring provider.

Children with immunization delays are identified through EPSDT and immunization reviews and the DCS CHP's Resource Coordination process. Immunizations are confirmed via online access to the Arizona State Immunization Information System (ASIIS), which allows viewing of current immunization status and forecasting of needed immunizations.

Members are also identified through the medical management functions of prior authorization process, concurrent review, daily review of emergency department notifications, ETI forms, and through retrospective claims review.

Care Coordination and Transition

Once identified, the member is assigned for care coordination that is specific to the risk factor or condition identified. Care Coordination staff coordinate with the custodial agency representative and caregiver to streamline the care for the member. When a member is transferring to another health plan, medical care and treatment plan information, if available, is shared with the receiving health plan via ETI forms and warm handoffs.

Reporting

DCS CHP and its contracted MCO submit a quarterly report to AHCCCS identifying the number of special health care needs members who are in care management.

REFERENCES

AHCCCS Medical Policy Manual (AMPM) Chapter 500, Policy 520, Member Transitions

AHCCCS Medical Policy Manual (AMPM) Chapter 1000, Policy 1020, Medical Management Scope and Components

DCS Program Policy and Procedure Manual, Chapter 3, Section 7.1, Medical and Behavioral Health Services

FORMS

AHCCCS Medical Policy Manual (AMPM) 520, Attachment A, Enrollment Transition Information (ETI) Form