

**620 - CHILDREN’S REHABILITATIVE SERVICES MULTI-SPECIALTY CARE MODEL**

EFFECTIVE DATE: 04/01/21

APPROVAL DATE: 06/01/21

**I. PURPOSE**

This Policy establishes requirements for multi-specialty interdisciplinary evaluation, treatment, and monitoring of designated Children’s Rehabilitative Services (CRS) eligible members as specified in 42 CFR Part 457 and 42 CFR Part 438.

**II. DEFINITIONS**

**CHILDREN’S REHABILITATIVE SERVICES (CRS)** Program that provides covered medical services and covered support services as specified in A.A.C. R9-22-1303 and A.R.S. § 36-2912.

**COMMUNITY BASED SERVICES** For the purposes of this policy, all local services including service providers, governmental agencies, schools, private physician offices, hospitals, diagnostic services, and/or any other local setting.

**FIELD CLINIC** A single specialty health care provider 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, peer-and-recovery support, care coordination activities and strategies to assist the member in achieving an improved quality of life.

**TREATMENT PLAN**

A written plan of services and therapeutic interventions based on a complete assessment of a member's developmental and health status, strengths and needs that are designed and periodically updated by the multi-specialty, interdisciplinary team.

**III. POLICY**

This Policy sets parameters for the model of care at Multi-Specialty Interdisciplinary Clinics (MSICs) to develop and support treatment protocols to achieve desired member outcomes. Care should be evidence-based, conform to nationally accepted guidelines and standards, recognized by specialty societies, consider social, cultural, and person-centered needs for individuals and families, and provide integrated care that improves health outcomes and quality of life.

**A. MULTI-SPECIALTY INTERDISCIPLINARY CLINIC**

1. MSICs shall include the following:
  - a. Integrated, multi-specialty, interdisciplinary clinic management for outpatient services for members with special health care needs including members with a Children's Rehabilitative Services (CRS) eligible condition who could benefit from this multi-disciplinary approach,
  - b. An environment that is Americans with Disabilities Act (ADA) accessible with equipment needed to support the member population,
  - c. Audio/video synchronous or physical capacity for holding service and treatment planning with Multi-Specialty Interdisciplinary Team (MSIT) including the member and family,
  - d. A single Electronic Medical Record (EMR) or health record and service plan,
  - e. Demonstration of expertise for treatment of CRS conditions,
  - f. Monitoring of outcomes as specified in the treatment plan,
  - g. Engagement with national associations for individuals with these conditions and stay abreast of state-of-the-art treatment for CRS conditions,
  - h. Provision and coordination of MSIT specific to the member's CRS condition,
  - i. Provision of culturally competent and age appropriate care,
  - j. Additional MSIC services shall include but are not limited to:
    - i. Child life services,
    - ii. Therapy department (audiology, speech, feeding, occupational and physical),
    - iii. Social work and support services, and
    - iv. Behavioral health services (e.g. psychiatry, psychology, developmental-behavioral pediatrics, and/or counseling) either on-site or through coordination with the member's behavioral health provider, general dentistry and orthodontics, either on-site or through coordination with outpatient dental homes for members.

**B. GENERAL REQUIREMENTS**

1. Members shall be AHCCCS eligible, have a special health care need, or have a CRS eligible condition as specified in A.A.C. R9-22-1301.
2. MSICs shall provide evidence of providers receiving continuing education and are up to date in their knowledge and expertise.
3. At a minimum of quarterly, all MSICs will have cross functional meetings to discuss and institute current best practices and process improvements.
4. At a minimum of every other year, the MSICs shall review and update the guidelines and standards to ensure consistency across MSICs. These guidelines and standards are reviewed and adopted at the quarterly cross functional MSIC meetings.
  - a. Review and revision of guidelines and standards shall occur under the oversight and with the approval of a majority of the MSIC medical directors, and
  - b. The medical directors of the MSICs shall oversee the revision and adoption of updated guidelines and standards across the MSICs during quarterly reviews.

**C. MULTI-SPECIALTY INTERDISCIPLINARY TEAMS**

MSITs shall:

1. Perform an initial comprehensive assessment (intake assessment) to determine medical, developmental, behavioral, and social needs.
2. Have a lead physician specialist who is a specialist with expertise in the CRS condition being treated.
3. Designate a team leader for the planning meeting, who may be another licensed health care professional with expertise in the CRS condition.
4. Ensure the team has capability to educate families and members about CRS conditions with use of peer support and family advisors.
5. Ensure involvement by the member, family and member's supports in the development of goals and objectives for the member's care.
6. Create a Service Plan to address each of member's needs. Refer to AMPM Policy 560.
7. Develop a continuity of care plan across the continuum of care and a plan to manage care transitions.
8. Ensure Service Plans adhere to accepted standards, guidelines, or position statements issued by nationally recognized specialty societies or conferences.

9. Ensure team members are present (on-site or virtual real time) during team conferences to review the member's care and are available for inpatient consultation or coordination of care with inpatient admissions.
10. Perform ongoing evaluation and monitoring by the care team.
11. Annually, or as indicated by national guidelines, meet to address all aspects of the member's integrated care needs.

**D. COMMUNITY-BASED SERVICES**

Coordination of community-based services for a CRS member is the responsibility of the clinic based on the integrated care needs of the member, as identified in their service plan which includes, but is not limited to:

1. Pharmacy services, as per contracted health plan.
2. Speech, physical, occupational, and feeding therapy should be specialized with a focus on the CRS population and shall be coordinated with overall service and treatment plan within the MSIC to ensure treatment goals are aligned with state, educational and community services.
3. General dentistry – specialized services shall be coordinated with the MSIC. MSIC shall contract with dental specialists who have an expertise in cleft lip/cleft palate and craniofacial anomalies.

**E. OUTREACH FIELD CLINICS**

Field clinics are designed to provide a limited specific set of services including evaluation, monitoring, and treatment in settings closer to the member/family home than the MSIC. Treatment plan changes made by the field clinics shall be communicated to the MSIC and shall be incorporated into the electronic health record and overall service plan. Field clinic records or private practitioner office visits shall be coordinated with the MSIC to be incorporated into the electronic health record. Access to MSIC records (written or electronic) shall be provided to the field clinics by the MSIC for member visits that occur outside the MSIC.