

Arizona

Office for Children with Special Health Care Needs (OCSHCN)

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ELIGIBILITY CRITERIA

(For Children's Rehabilitative Services)

AGE:

Birth to 21 years of age, except for individuals age 21 if receiving an approved course of treatment, which must be completed prior to age 22, or age 21 and over with cystic fibrosis or sickle cell anemia and not receiving Medicaid.

RESIDENCY:

Applicant must be and intend to remain in Arizona. Verification of residency consists of a signed affidavit stating the individual's intent to remain in Arizona and one of the following: (1) rent/mortgage or utility receipt; (2) statement from landlord, nursing facility in which individual resides, or employer; (3) Arizona drivers license or vehicle registration; (4) other documents; or (5) must prove citizenship (non-citizens children are eligible this year but undocumented will be excluded next year).

MEDICAL ELIGIBILITY CRITERIA:

An individual is medically eligible for CRS services if the individual needs medical, surgical, or therapeutic treatment for a covered condition. An individual is also eligible if the individual has a medically or potentially handicapping condition, and functional improvement is potentially achievable.

Eligible Conditions:

Cerebral palsy	Scoliosis
Cleft lip/cleft palate	Sickle cell anemia
Cystic fibrosis	Spina bifida
Metabolic diseases	System disorders *
Neurofibromatosis	

* Includes cardiovascular system; dermatologic system; ear, nose and throat; endocrine system; gastrointestinal system; genetic/metabolic; genitourinary system; musculoskeletal system; nervous system; ophthalmologic; and respiratory system. However, not all conditions of these organ system disorders are covered.

Excluded Conditions:

Allergies	Developmental delay
Autism	Dyslexia/learning disorders
Burns	Eating disorders
Cancer/oncology	Failure to thrive
Chronic vegetative state/profound mental retardation	Hematologic disorders *
Deformity/dysfunction secondary to trauma/injury *	Hyperactivity
Dental/orthodontia *	Immunodeficiency, including
Depression/mental illness	AIDS-HIV

* May be covered if related to an eligible condition or if applicant meets age criteria.

FINANCIAL ELIGIBILITY CRITERIA:

General Financial Eligibility:

Not addressed. Contact the Program directly for more information.

Financial Eligibility for Initial Screening:

Not addressed. Contact the Program directly for more information.

Family Co-Payment or Financial Participation Requirements:

Families between 200% and 250% of poverty are responsible for 100% of costs based on Medicaid fee schedule. Families above 250% of poverty, or with children, who are undocumented regarding citizenship, are responsible for 100% of cost.

SCOPE OF SERVICES

SERVICES:

CRS provides medical, surgical, or therapy services for enrolled individuals who have the potential for functional improvement.

Eligible Services: *

Audiology services	Outpatient services
Child life services	Pharmaceuticals and medical supplies
Dental/orthodontia services	Physical/occupational therapy services
Diagnostic testing/laboratory services	Physician services
Education services	Prosthetic and orthotic devices
Equipment	Psychological/psychiatric services
Home health care services	Speech/language therapy services
Inpatient services	Social services
Nursing services	Vision services
Nutrition services	

* Scope of covered services may vary by diagnosed condition.

Excluded Services:

Isolated growth hormone	Long-term care or hospitalization
Newborn intensive care **	Long-term ventilatory support
Transplants	Long-term nutritional support for the sole purpose of maintaining the individual
Transportation *	

* Except between CRS contracted hospitals and facilities.

** This is covered through the Newborn Intensive Care Program

HOW/WHERE SERVICES ARE PROVIDED:

Services are provided through four contracted provider hospitals and physicians, special/multidisciplinary clinics throughout the state, and outreach clinics in 27 communities of the state.

Specialty Clinics/Programs:

Community/Field Clinics

Cardiac
Ear, nose and throat
Genetic
Neurology
Orthopedic
Plastic surgery

Specialty/Multidisciplinary

Amputee	Neurology
Arthritis/rheumatology	Neuromuscular
Cardiac	Neurosurgery
Craniofacial	Nutrition
Cystic fibrosis	Ophthalmology
Dental/orthodontia	Orthodontia
Ear, nose and throat	Orthopedics
Endocrine	Pediatrics
Epilepsy	Pediatric surgery
Gastroenterology	Plastics
Genetics	Pulmonary
Hand	Rheumatology
Metabolic	Rhyzotomy
Myelomeningocele	Sickle cell
Neurofibromatosis	Urology

Out-of-State Services:

Out-of-state treatment is not a CRS covered service unless all of the following are verified: (1) the medical specialty and/or the procedure is not available in Arizona, (2) two CRS participating medical specialists recommend out-of-state treatment, (3) the treatment is considered to be lifesaving and will result in significant functional improvement (nationally documented), and (4) the Office Chief and the CRS Medical Director have approved.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

CRS coordinates with the Division of Economic Services to screen patients for eligibility for Medicaid. Referrals are also made to Arizona Long-Term Care System. CRS is payor of last resort and will bill insurance providers for covered services.

Coordination of Services:

Care is coordinated through social workers, nurses, and other CRS staff. CRS coordinates services with Indian Health Services (IHS) providers. For infants or toddlers, coordination is provided through the Arizona Early Intervention Program.

SPECIALIZED OR UNIQUE SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

CRS provides interpreter/translator services to ensure that all enrolled individuals and their families understand the diagnosis and course of recommended treatment in a culturally sensitive manner. CRS contractors are required to pay families to serve on policy committees.

STATUTORY/REGULATORY AUTHORITY:

Ariz. Rev. Stat. Ann. § 36-261,262; 36-263,264; 36-797.43,.44 (1986)
Ariz. Comp. Admin. R. & Regs. § 9-7-101, et. seq.