

Title 21. CHILD SAFETY
CHAPTER 1. DEPARTMENT OF CHILD SAFETY - ADMINISTRATION
ARTICLE 2. ~~COMPREHENSIVE MEDICAL AND DENTAL PROGRAM DCS~~
COMPREHENSIVE HEALTH PLAN

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**ARTICLE 2. ~~COMPREHENSIVE MEDICAL AND DENTAL PROGRAM~~ DCS
COMPREHENSIVE HEALTH PLAN**

R21-1-201. Definitions

The definitions in A.R.S. § 8-501 and the following definitions apply to this Article.

1. "AHCCCS" means the Arizona Health Care Cost Containment System, which is the State's program for medical assistance available under Title XIX of the Social Security Act and state public insurance statutes, A.R.S. Title 36, Chapter 29.
2. ~~"AHCCCS fee schedule" means the allowable amounts established by AHCCCS for medical, dental, and behavioral health services under A.R.S. § 36-2904.~~
3. ~~"Behavioral health recipient" means a Title XIX or Title XXI CMDP Member who is eligible for, and is receiving the behavioral health services through Medicaid behavioral health contractors.~~
4. ~~2. "Child Safety Worker" means the same as A.R.S. § 8-801.~~
5. ~~"CMDP" or "Comprehensive Medical and Dental Program" means the program authorized by A.R.S. § 8-512 and these rules.~~
6. ~~"CMDP Member" means the same as in A.R.S. § 8-512, a child who is:~~
 1. ~~In a voluntary placement pursuant to section 8-806.~~
 2. ~~In the custody of the department in an out-of-home placement.~~
 3. ~~In the custody of a probation department and placed in foster care. The department shall not provide this care if the cost exceeds funds currently appropriated and available for that purpose.~~
7. ~~3. "Covered services" means those benefits as described in A.R.S. Title 36, Chapter 29, Article 1 and contained in the approved Medicaid State Plan.~~
4. "DCS CHP Member" means the same as in A.R.S. § 8-512, child who is:
 - a. In a voluntary placement under A.R.S. § 8-806.
 - b. In the custody of the Department in out-of-home placement.
 - c. In the custody of a probation department and placed in foster care. The Department shall not provide this care if the cost exceeds funds currently appropriated and available for that purpose.
5. "DCS Comprehensive Health Plan" or "DCS CHP" means the program authorized by A.R.S. § 8-512 and these rules.
8. ~~6. "Department" or "DCS" means the Department of Child Safety.~~
9. ~~"Director" means the Director of the Department of Child Safety.~~
10. ~~"Foster parent" means the same as A.R.S. § 8-501.~~

~~11.7.~~ “Medically necessary” means a covered service provided by a physician, or other licensed practitioner in the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

~~12.~~ “~~Non Title XIX Behavioral Health recipient,~~” “~~non Title XIX~~” or “~~State Only Member~~” means a CMDP Member who is not eligible for Title XIX or Title XXI, and is receiving all covered services ~~including behavioral health services through CMDP.~~

~~13.8.~~ “Out-of-home care provider” means the person or entity with whom a child resides in out-of-home placement.

~~14.~~ “Out of home placement” means the same as A.R.S. § 8-501.

9. “Title XIX Member” means a DCS CHP Member who is eligible for benefits under Title XIX or Title XXI of the Social Security Act and is receiving all covered services including behavioral health services through DCS CHP.

R21-1-202. Eligible Member

- A. The Department shall provide ~~CMDP~~ DCS CHP to a ~~CMDP~~ DCS CHP Member under A.R.S. § 8-512 ~~and this Article.~~
- B. The Department shall not provide ~~CMDP care and services~~ DCS CHP benefits to:
 - 1. An individual who no longer meets the eligibility in A.R.S. § 8-512 ~~and this Article;~~
 - 2. A child under the Bureau of Indian Affairs foster care program; or
 - 3. A child placed in Arizona by another state whether voluntarily or under jurisdiction of the court of another state.
- C. ~~AHCCCS determines the eligibility of a CMDP Member for Title XIX and Title XXI services, and~~ CMDP-DCS CHP shall notify AHCCCS if a Title XIX and Title XXI eligible ~~CMDP~~ DCS CHP Member no longer meets the criteria for coverage in A.R.S. § 8-512 and this Article.

R21-1-203. Exceptions, Limitations, and Exclusions

~~The Department shall not pay for a CMDP Member:~~

- ~~1. The cost of any medical or dental service that:
 - a. Is not medically necessary for prevention, diagnosis, or treatment of a condition, illness, or injury; or
 - b. Any health or medical service that is not eligible for reimbursement by AHCCCS in 9 A.A.C. 22, Article 2, and includes cosmetic procedures, experimental treatment, and personal care items.~~

- ~~2. The portion of the cost of any covered service that exceeds the charges set by the current and approved AHCCCS fee schedule. A medical, dental, or other health provider shall not submit a claim for charges that exceed the AHCCCS fee schedule to any party, including:
 - ~~a. The Department, its representatives, or any fiscal intermediary the Department may contract with to administer this program;~~
 - ~~b. The CMDP Member;~~
 - ~~c. The CMDP Member's;
 - ~~i. Guardian,~~
 - ~~ii. Custodian,~~
 - ~~iii. Estate,~~
 - ~~iv. Foster parent, or~~
 - ~~v. Birth parent.~~~~~~

A. DCS CHP shall not pay for:

1. Non-medically necessary health services.
2. Any health service that is not eligible for reimbursement by AHCCCS in 9 A.A.C. Chapter 22, Article 2, including cosmetic procedures, experimental treatment, and personal care items.
3. The cost of care and services payable through any federal, state, county, or municipal program to which a ~~CMDP~~ DCS CHP Member may be entitled, except for the cost of care and services in excess of any such program.
4. The cost of care and services payable through an insurance carrier that provides coverage for the ~~CMDP~~ DCS CHP Member under A.R.S. § 8-512, except for the cost of care and services in excess of any such insurance benefits.
5. Any admission, service, item, or otherwise uncovered service identified in A.R.S. Title 36, Chapter 29, Article 1, or the approved Medicaid State Plan.
- ~~6. The cost of care and services provided to a behavioral health recipient received through Medicaid behavioral health contractors.~~

B. A health provider shall not submit a bill to or seek payment from the following for any covered services:

1. DCS CHP Member; or
2. DCS CHP Member's:
 - a. Guardian,
 - b. Custodian,
 - c. Estate,
 - d. Foster parent, or
 - e. Birth parent.

R21-1-204. Prior Authorization

- A. ~~Medical, dental, and other health~~ Healthcare providers may be required to obtain authorization from ~~CMDP DCS CHP or delegated entity~~ before ~~certain covered~~ services are rendered in order for those services to be paid for under this Article and A.R.S. § 8-512.
- B. ~~The Department DCS CHP~~ shall not pay for any ~~covered~~ health service that requires prior authorization and was:
 - 1. Not submitted for prior authorization; or
 - 2. Submitted but ~~the Department did not grant~~ prior authorization is not granted.
- C. ~~Medical and dental~~ Healthcare providers shall ~~be required by CMDP to~~ obtain prior authorization from DCS CHP for certain services according to the provisions of A.R.S. Title 36, Chapter 29, Article 1, and 9 A.A.C. Chapter 22, Article 1.
- D. In instances where a prior authorization is required for a ~~covered~~ service but not obtained by the ~~medical, dental, or other health~~ healthcare provider, the ~~medical, dental, or other health~~ healthcare provider shall not submit a ~~bill~~ claim or invoice for a ~~covered~~ service to any party, including:
 - 1. The Department;
 - 2. The Department's representatives;
 - 3. Any ~~fiscal intermediaries~~ delegated entity the Department may contract with to administer this program;
 - 4. The ~~CMDP DCS CHP~~ Member; or
 - 5. The ~~CMDP DCS CHP~~ Member's;
 - a. Guardian,
 - b. Custodian,
 - c. Estate,
 - d. Foster Parent, or
 - e. Birth parent.

R21-1-205. Coordination of Benefits

- A. The Department shall determine the possible existence of any primary insurance coverage for a ~~CMDP DCS CHP~~ Member.
- B. The Department shall request that the court include a statement in the court order requiring a parent, guardian, or custodian of a ~~CMDP DCS CHP~~ Member to cooperate with the Department in coordinating benefits with any existing health insurance carrier, and to maintain any health insurance coverage presently existing which covers a ~~CMDP DCS CHP~~ Member.

- C. The Department shall advise the court when a parent or guardian of a ~~CMDP~~ DCS CHP Member refuses to cooperate with ~~CMDP~~ DCS CHP in providing or signing any document required to coordinate insurance benefits, or if the parent, guardian, or custodian fails to maintain any existing insurance coverage for the ~~CMDP~~ DCS CHP Member.
- D. In a voluntary placement, the parent or guardian shall cooperate with ~~CMDP~~ the Department by providing and signing appropriate documents required to coordinate health insurance benefits.

R21-1-206. Identification Card

- A. The Department shall issue a ~~CMDP~~ DCS CHP identification card for each ~~CMDP~~ DCS CHP Member.
- B. The Department shall, upon placement, inform the out-of-home care provider in writing that:
 - 1. The identification card is not transferable; and
 - 2. The out-of-home care provider shall only use the card for ~~medical, dental, or other~~ covered services for the ~~CMDP~~ DCS CHP Member, ~~whose name appears on the card; and~~
 - 3. ~~The out of home care provider shall only use the card while the CMDP Member remains eligible for CMDP coverage.~~
- ~~C. The Department shall give the out of home care provider oral and written instructions regarding the use of the identification card when procuring medical care, dental care, or other covered services for the CMDP Member.~~
- ~~D. The Department shall provide the name and contact information of the CMDP Member's behavioral health services provider.~~
- ~~E.~~ C. An out-of-home care provider shall return the ~~CMDP~~ DCS CHP Member's identification card when the ~~CMDP~~ DCS CHP Member is:
 - 1. No longer in out-of-home placement;
 - 2. Placed with another out-of-home care provider; or
 - 3. Runs away from the out-of-home placement.
- ~~F.~~ D. The out-of-home care provider who has possession of the card shall:
 - 1. Immediately return the identification card to the Department under subsections ~~(E)(1) and (2)~~ (C)(1) and (2); or
 - 2. Have seven days from the date the ~~CMDP~~ DCS CHP Member runs away from the out-of-home care provider to return the card to the Department under subsection ~~(E)(3)~~ (C)(3).

R21-1-207. Payment and Review of Claims

- A. A ~~medical, dental, or health~~ healthcare provider shall submit a claim for payment in the manner prescribed by the Department.

- B. ~~CMDP DCS CHP~~ shall not pay a claim for a ~~covered~~ service if the ~~CMDP DCS CHP~~ Member does not keep an appointment, or if a ~~covered~~ service was not provided.
- C. A ~~medical, dental, or other~~ healthcare provider shall provide a covered service to the ~~CMDP DCS CHP~~ Member before submitting a claim for the covered service to ~~CMDP DCS CHP~~.

R21-1-208. Fraud, Waste, and Abuse and Misuse of the Program

- A. The Department shall establish a procedure to investigate any alleged fraud, waste, and abuse of ~~CMDP DCS CHP~~. If the Department substantiates abuse, the Department shall take administrative action and may take legal action.
- B. The Department shall monitor the activity of ~~CMDP DCS CHP~~ to ensure compliance with the program requirements.

R21-1-209. Administration of the Program

- A. The Department may contract with any insurer, insurance plan, hospital service plan, or any health service plan authorized to do business in this ~~State~~ state, with any fiscal intermediary, or with any combination of such plans or methods as permitted in A.R.S. Title 36, Chapter 29, Article 1.
- B. Any contract with any of the entities listed in subsection (A), shall:
 - 1. Be specific as to the responsibilities of each party to the contract;
 - 2. Provide for reasonable payment to the contractor for its administrative and other services as required by the contract; and
 - 3. Be consistent with the rules in this Article and authorizing legislation. The parties may make changes to the contract by mutual consent signed by an authorized representative of the Department and the contractor to be consistent with current rules and legislation.

R21-1-210. Program Practices

- A. All ~~Federal~~ federal and ~~State~~ state laws, regulations, and rules regarding the disclosure and use of confidential health and personal information concerning a ~~CMDP DCS CHP~~ Member shall apply to ~~all covered services provided~~ under this Article.
- B. All ~~Federal~~ federal and ~~State~~ state non-discrimination laws, regulations, and rules shall apply to ~~all covered services provided~~ under this Article.
- C. The ~~Department~~ DCS CHP shall take into account the ~~CMDP DCS CHP~~ Member's and out-of-home care provider's literacy and culture and make interpreters and translation for health services available to a ~~CMDP DCS CHP~~ Member at no cost.

R21-1-211. Consent for Treatment

- A. For a ~~CMDP~~ DCS CHP Member in a voluntary placement under A.R.S. § 8-806 only, the Department shall obtain consent of the parent or guardian for medical treatment involving surgery, general anesthesia, or blood transfusion of the ~~CMDP~~ Member, except for an emergency situation described in subsection (B).
- B. In case of an emergency, in which the ~~CMDP~~ DCS CHP Member in voluntary placement is in need of immediate hospitalization, medical attention, or surgery, and when the parents of a ~~CMDP~~ DCS CHP Member in voluntary placement cannot readily be located, the ~~out-of-home care provider or the Child Safety Worker may give consent~~ shall be provided as described in A.R.S. § 8-514.05 .
- C. For a ~~CMDP~~ DCS CHP Member under ~~R21-1-201(6)(2)~~ R21-1-201(5)(b) who is in the custody of the Department in an out-of-home placement, the Department shall, if possible, obtain the consent of the parent or guardian of the ~~CMDP~~ DCS CHP Member for surgery, general anesthesia, or blood transfusion.

R21-1-212. ~~AHCCCS Fee Schedule~~ Payment

- ~~A. CMDP shall~~ DCS CHP may pay a medical, dental, and health ~~healthcare~~ provider in accordance with the established AHCCCS fee schedule unless otherwise permitted by A.R.S. § 8-512, or in the contract between the Department or subcontractor and ~~AHCCCS~~ a provider.
- ~~B. A current AHCCCS fee schedule is available for a medical, dental, other health provider, and CMDP Member on the AHCCCS website, <http://www.azahcccs.gov/>. The Department shall also make the fee schedule available upon request.~~

R21-1-213. Claim Disputes and Appeals

- ~~A. Claim disputes are governed by the Medicaid rules in 9 A.A.C. Chapter 34.~~
- ~~B. Appeals by Title XIX and Title XXI eligible CMDP Members are governed by the Medicaid rules for State Hearings in 9 A.A.C. Chapter 34.~~
- ~~C. Appeals by State Only Members are governed by Article 3 of this Chapter.~~
- A. Provider claim disputes and Member Appeals for a DCS CHP Member who is Medicaid eligible follow the rules prescribed in 9 A.A.C. 34.
- B. Provider claim disputes and Member Appeals for a DCS CHP Member who is not Medicaid eligible follow:
 - 1. A.A.C. R9-34-203. Computation of Time,
 - 2. A.A.C. R9-34-208. Who May File,
 - 3. A.A.C. R9-34-209. Enrollee Time-frame for Filing an Appeal or Grievance with the Contractor,

4. A.A.C. R9-34-210. Contractor General Requirements for Grievance or Appeal Process.
5. A.A.C. R9-34-213. Contractor Time-frame for Standard Resolution of an Appeal.
6. A.A.C. R9-34-214. Contractor Process for an Expedited Resolution of an Appeal.
7. A.A.C. R9-34-215. Contractor Time-frame for an Expedited Appeal Resolution.
8. A.A.C. R9-34-225. Reversed Appeal Resolutions.
9. A.A.C. R9-34-403. Computation of Time.
10. A.A.C. R9-34-404. Content of Claim Dispute, and
11. A.A.C. R9-34-405. Filing a Claim Dispute for a Claim Involving a Member Enrolled with a Contractor.

C. Provider claim disputes and Member Appeals hearing procedures for a DCS CHP Member who is not Medicaid eligible follow the rules prescribed in 21 A.A.C. Chapter 1, Article 3.