

**440 - KIDSCARE (TITLE XXI)**

EFFECTIVE DATES: 02/01/99, 12/20/18, 06/04/24

APPROVAL DATES: 10/01/01, 04/01/04, 05/01/04, 08/01/05, 04/01/07, 10/01/08, 02/01/11,  
10/01/13, 04/01/14, 10/18/18, 05/09/24

**I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, DCS/CMDP (CMDP), Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: the American Indian Health Program (AIHP) and TRBHAs. This Policy provides information about the health care services available under the Federal Children's Health Insurance Program (Title XXI), known as the Arizona KidsCare Program (KidsCare).

**II. DEFINITIONS**

For purposes of this Policy, the following terms are defined as:

<b>AMERICAN INDIAN HEALTH PROGRAM (AIHP)</b>	An acute care Fee-For-Service program administered by AHCCCS for Title XIX/XXI eligible American Indians which reimburses for physical and behavioral health services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider.
<b>EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)</b>	A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

**KIDSCARE (TITLE XXI)**

Federal and State Children’s Health Insurance Program (Title XXI – CHIP) administered by AHCCCS. The KidsCare program offers comprehensive medical, preventive, treatment services, and behavioral health care services statewide to eligible children under the age of 19, in households with income between 133% and 225% of the Federal Poverty Level (FPL).

**NOTICE OF ADVERSE  
BENEFIT DETERMINATION  
(NOA)**

The written notice provided to the affected member which explains the Adverse Benefit Determination made by the Contractor or AHCCCS regarding the service authorization request and includes the information required by this Policy.

**PRIOR AUTHORIZATION  
(PA)**

For purposes of this Policy, a process by which the AHCCCS Division of Fee-For-Service (FFS) Management (DFSM) determines in advance whether a service that requires prior approval will be covered, based on the initial information received. PA may be granted provisionally (as a temporary authorization) pending receipt of required documentation to substantiate compliance with AHCCCS criteria. PA is not a guarantee of payment.

**TITLE XIX MEMBER**

Title XIX members include those eligible under Section 1931 provisions of the Social Security Act (previously AFDC), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI) or SSI-related groups, Medicare Cost Sharing groups, Adult Group at or below 106% Federal Poverty Level (Adults  $\leq$  106%), Adult Group above 106% Federal Poverty Level (Adults  $>$  106%), Breast and Cervical Cancer Treatment program, Title IV-E Foster Care and Adoption Subsidy, Young Adult Transitional Insurance, and Freedom to Work.

**TITLE XXI MEMBER**

Member eligible for acute care services under Title XXI of the Social Security Act, referred to in Federal legislation as the “Children’s Health Insurance Program” (CHIP). The Arizona version of CHIP is referred to as “KidsCare.”

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

**III. POLICY**

KidsCare is administered by AHCCCS and provides health care coverage statewide to eligible children under age 19.

AHCCCS determines whether a child is eligible for Medicaid (Title XIX) prior to a determination of eligibility for KidsCare (Arizona’s State Plan for KidsCare).

**A. COVERED SERVICES**

KidsCare offers comprehensive physical health, behavioral health, preventive, and treatment services, pursuant to A.R.S. Title 36, Chapter 29, Article 4. All covered services must be medically necessary and provided by a primary care provider or other AHCCCS registered providers who meet qualifications as described in AMPM Chapter 600.

KidsCare services shall be provided according to community standards and standards set forth for members enrolled under Title XIX for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Service descriptions and limitations included in AMPM Chapter 300 and AMPM Chapter 400, also apply.

Some services provided to KidsCare members will require Prior Authorization (PA), either from the Contractor with whom the member is enrolled, or from the AHCCCS Division of Fee-For-Service Management (DFSM) for members who are receiving services on a Fee-For-Service (FFS) basis. To obtain details regarding these PA requirements for specific services, contact the appropriate Contractor, or for FFS members, refer to AMPM Chapter 800.

Refer to ACOM Policy 414 and 9 A.A.C. 34 for Notice of Adverse Benefit Determination requirements if a service requiring PA is denied, reduced, suspended, or terminated by either a Contractor or AHCCCS.

**B. EXCLUDED SERVICES UNDER KIDSCARE**

The following exclusions apply for KidsCare:

1. Services listed in A.A.C. R9-31-205.
2. Services provided under the Medicaid School Based Claiming Program (Title XXI is not eligible for Medicaid School Based Claiming). See also AMPM Chapter 700.
3. Applicants who are in an Institution for Mental Disease (IMD) at the time of application or redetermination are excluded from enrollment in KidsCare. IMD services are only available to KidsCare members who are determined to require these services after enrollment and as outlined in Arizona's State Plan for KidsCare (refer to the AHCCCS website).

**C. CARE COORDINATION RESPONSIBILITIES**

Contractors and FFS Programs shall follow policies set forth in AMPM Chapter 500.

**D. MONITORING AND ASSESSING THE QUALITY OF CARE RECEIVED BY MEMBERS IN KIDSCARE**

Contractors shall comply with all Quality Management and Performance Improvement requirements specified in AMPM Chapter 900. In addition, Contractors shall comply with care management and utilization management requirements specified in AMPM Chapter 1000. Contractors are encouraged to include in their EPSDT Plan and Evaluation and quarterly progress reports, activities that will increase utilization of services and/or acknowledge that EPSDT activities and objectives apply to both Title XIX and Title XXI (KidsCare) members. See AMPM Policy 430.

Contractors are encouraged to implement PA, care coordination, and utilization management processes for KidsCare services whenever appropriate.

**E. SERVICE DELIVERY REQUIREMENTS FOR INDIAN HEALTH SERVICE (IHS) AND 638 TRIBAL FACILITIES**

KidsCare members who are American Indians may elect to enroll with either a Contractor or the American Indian Health Program to receive both their physical and behavioral health services. KidsCare members enrolled in AIHP may also choose to receive their behavioral health services through a TRBHA if a TRBHA is available. American Indian members enrolled with either a Contractor or AIHP (and a TRBHA if available) may choose to receive services through an IHS or 638 provider at any time.

Contractors shall work in collaboration with the tribes to ensure that appropriate, accessible, and culturally competent services are available. Contractors may enter into or maintain an agreement for services with interested tribes who want to be a subcontractor or other culturally competent tribal providers.

When a KidsCare member is enrolled with a Contractor and receives services at an IHS/638 facility, the services are reimbursed by the Contractor.

If AIHP is selected, covered services provided by IHS/638 providers are reimbursed by AHCCCS. In addition, covered services may be provided by other AHCCCS Fee-For-Service (FFS) providers and reimbursed through AHCCCS.

A non-IHS/638 provider or facility rendering AHCCCS covered services must obtain PA from AHCCCS/DFSM for services specified in AMPM Chapter 800 (PA is not required for services provided on an emergency basis). The benefit and coverage conditions for each service are addressed in AMPM Chapter 300 and AMPM Chapter 400.

All IHS and 638 Tribal Facilities shall ensure that providers who render services under KidsCare are registered with AHCCCS.