

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ADMINISTRATION

PREAMBLE

1. Article, Part, or Section Affected (as applicable)

Rulemaking Action:

R9-22-1301

Amend

R9-22-1303

Amend

R9-22-1304

Amend

2. Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. §§ 36-2904 and 36-2903.01

Implementing statute: A.R.S. § 36-2912

3. The effective date of the rule:

The agency selected an effective date of October 1, 2015. The date requested is less than 60 days which meets the immediate effective date requirements of A.R.S. § 41-1032(A)(1), to preserve the public health with the clarification of the medical conditions that qualify for the CRS program.

4. Citations to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:

Notice of Rulemaking Docket Opening: 21 A.A.R. 839, June 12, 2015

Notice of Proposed Rulemaking: 21 A.A.R. 823, June 12, 2015

5. The agency's contact person who can answer questions about the rulemaking:

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6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The AHCCCS Administration is proposing to amend the current CRS rules to more precisely delineate those conditions which qualify for CRS medical eligibility as well as those conditions which do not qualify for CRS medical eligibility. It is expected that the rules will specify additional conditions that qualify for CRS medical eligibility due to the complexity of the medical condition and the need for active treatment by multiple medical

specialists. Additionally, the proposed rules will clarify those medical conditions that do not qualify for CRS eligibility due to their acute nature. In those situations, members will have choice of available acute Contractors where the primary care physician can refer the member to a specialist to effectively manage the member's condition whenever necessary.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon when revising the regulations for CRS.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable.

9. A summary of the economic, small business, and consumer impact:

The Administration anticipates no economic impact on the implementing agency, small businesses and consumers. The medical condition changes made that remove conditions from CRS coverage will continue to be covered under the acute services rather than by CRS. Clarifying the CRS rules will reduce ambiguity and coverage disputes by members and providers, thus reducing the regulatory burden while achieving the objective of implementing a CRS Program for those conditions that benefit from specialized expertise. The public will also benefit from a greater understanding of coverage responsibility of the CRS Program through the CRS Contractor and the coverage requirements provided by non CRS Contractors.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

The changes made between the proposed rulemaking and the final rulemaking were resulting from the public comments received. These changes are for clarifying purposes, such as, "Varus and valgus deformities" have been added as a non qualifying CRS condition under item 5 to clarify that they do not qualify for CRS medical eligibility as part of the limb amputation or limb malformation qualifying condition or revert to existing language in Code. The definition of "CRS condition" has been clarified to avoid confusion with the terminology of "covered services".

11. An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

The following comments were received as of the close of the comment period of July 13, 2015.

Item #	Rule Cite Line #	Comment From and Date rec’d.	Comment	Analysis/ Recommendation
1.	R9-22-1301	Mimi Coomler (Children’s Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus’ revised comments 07/13/15 (written)	Add definition “Condition(s) not medically eligible for CRS” means when no other CRS condition is causing listed condition. We recommend clarification of what AHCCCS expectation that conditions related to the CRS condition should be covered by CRS if Partially Integrated Behavioral Health or CRS only plan coverage types.	The Rule specifies the medical conditions that qualify an AHCCCS member for the CRS Program. AHCCCS is unable to include in Rule all possible conditions that may be related to a CRS condition as they are dependent on the health status of the member, the treatment provided, outcomes from the treatment, etc. The CRS Program is responsible for providing care and services for treating the CRS condition(s) and all conditions that are related to the CRS condition. Clarification is provided under R9-22-1303.
2.	R9-22-1303	Mimi Coomler (Children’s Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus’ revised comments 07/13/15 (written)	Page 825 1. Cardiovascular System a. i. Congenital heart defect other than small VSD, PDA, ASD Insert word "isolated" to read the following: 1. a. i. Congenital heart defect other than isolated small VSD,PDA,ASD, helps differentiate from when there are multiple congenital heart defects when then the usually not eligible small VSD, PDA or ASD would then be part of covered congenital heart defects.	Agreed, change made.
3.	R9-22-1303	Mimi Coomler (Children’s	Page 825 Cardiovascular System	The Administration agrees with the recommended change to add aortic aneurism.

		Clinics) Recd 07/10/15 (written) And Dr.Leslie Paulus' revised comments 07/13/15 (written)	ADD x. Aortic aneurism Recommend to ADD aortic aneurism to covered conditions as many are grandfathered in but not truly congenital heart defect	
4.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System i.Hypothyroidism Recommend to KEEP hypothyroidism as a covered CRS condition. As this effects rural Arizona per provider input, Robert Cannel, MD, in that they do not feel local pediatricians can manage appropriately and shortage of endocrinologist in area, unless work with CRS. Also changes the mix for CRS makes much higher acuity would need rate adjustment	The Administration does not support this recommendation. CRS is only located in four locations statewide so the argument regarding limited specialty availability is a universal issue for many pediatric sub-specialties. Pediatricians are trained in managing most pediatric conditions and are able to refer out for consults or patient management of conditions that they are unable to provide care for.
5.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System viii. Panhypopituitarism Panhypopituitarism (as defined by 3 pituitary hormones showing deficiency or 2 deficient with known n septum optic dysplasia) Recommend adding criteria: with a hormone deficiency	The Administration recommends retaining the condition of panhypopituitarism, without further defining the condition, for purposes of CRS medical eligibility based on the diagnosis of the specialist. The recommended language suggested by the commenter is restrictive.
6.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15	Page 826 Endocrine System: ix. Type I Diabetes Mellitus	The Administration considers the addition of Diabetes Mellitus to be a substantive change to the proposed rules which would require a supplemental rulemaking as well as

		(written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Recommend to ADD Diabetes Mellitus to covered conditions as this requires multispecialty, interdisciplinary approach, some CRS conditions predispose to this condition as well such as cystic fibrosis, some of mitochondrial myopathies, secondary to treat.	extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
7.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 3. Genitourinary system medical conditions: b. ix. Isolated hydronephrosis that is resolved with antibiotics Recommend REMOVING from b. ix. Isolated hydronephrosis that is resolved with antibiotics Condition(s) not medically eligible for CRS as this is duplicated above in description of what is covered.	Agreed, change made.
8.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827 Ear, nose, or throat medical condition(s): vii. Microtia that requires multiple surgical interventions Recommend ADD wording: Microtia that requires multiple surgical interventions and is functionally limiting. This will prevent surgery for only cosmetic reasons	The addition of the term "functionally limiting" adds an additional and unnecessary requirement for a member to qualify for CRS eligibility. The Administration does not support the change.
9.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised	Page 827- Musculoskeletal system medical condition(s): xiii. Juvenile rheumatoid arthritis Recommend to KEEP JAS as a covered CRS condition. Juvenile rheumatoid arthritis or Juvenile idiopathic arthritis are autoimmune collagen vascular disease and it has	The Administration agrees to retain Juvenile rheumatoid arthritis.

		comments 07/13/15 (written)	significant multispecialty interdisciplinary care needed, fits within model of CRS as do other collagen vascular diseases	
10.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827- Musculoskeletal system medical condition(s): xix. Limb amputation and malformation (excluding polydactyly without bone involvement) xxxiv. b.x polydactyly without bone involvement) Recommend REMOVING from description, (excluding polydactyly without bone involvement) and list under b. Condition(s) not medically eligible for CRS and separating out limb malformation to a stand alone condition	The Administration agrees with the change of polydactyly to move the exclusion to section (b). The Administration has clarified the limb malformation separate from limb amputation.
11.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827 Musculoskeletal system medical condition(s): xxix. Metatarsus adductus limb malformation with significant functional limitation (excludes flat foot, bunion and metatarsus primus varu) Recommend REPLACE as a covered condition with "Lower limb malformation with significant junctional/imitation (excludes /flat foot bunion and metatarsus prim us varu)". Create own criteria to allow conditions needing surgery or bracing with significant functional limitation, valgus or varus abnormalities or recurrent non traumatic dislocation of patella, etc.	The addition of the term "functionally limiting" adds additional and unnecessary requirements for a member to qualify for CRS eligibility. The Administration does not support the change. "Varus and valgus deformities" have been added as a non qualifying CRS condition under item 5 to clarify that they do not qualify for CRS medical eligibility as part of the limb amputation or limb malformation qualifying condition. The Administration considers the suggested criteria to be a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
12.	R9-22-1303	Mimi Coomler (Children's Clinics)	Page 828 Musculoskeletal system medical condition(s) xxxi. Collagen vascular disease, including but not limited to, ankyloses	The Administration agrees to keep Rheumatoid arthritis and has updated the rule accordingly.

		<p>Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)</p>	<p>spondylitis, polymyositis, derma myositis, polyarthritis, nodosa, psoriatic arthritis, scleroderma and lupus; but excluding rheumatoid arthritis and Ehlers Danlos</p> <p>Recommend KEEP Rheumatoid arthritis; see comments for Juvenile rheumatoid arthritis recommendation.</p> <p>Recommend not to include exclusion of Ehlers Danlos. This will be identified if genetic condition meets other CRS conditions such as cardiac or extremity malformation and functional limitation.</p>	<p>Ehlers Danlos is not currently a qualifying condition, and, the addition of Ehlers Danlos is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking. However, if the member has other qualifying conditions in addition to the Ehlers Danlos, s/he would otherwise qualify for CRS and the Ehlers Danos will be treated.</p>
13.	R9-22-1303	<p>Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)</p>	<p>Page 828</p> <p>6. Gastrointestinal system medical condition(s)</p> <p>b. Condition(s) not medically eligible for CRS</p> <p>ii. Crohn's</p> <p>v. Ulcerative colitis</p> <p>vii. Celiac Disease</p> <p>Recommend ADD as covered conditions: CRS condition(s) that qualify for CRS medical eligibility: Celiac Disease . Crohn's Disease, Ulcerative Colitis if functionally limiting or needs multispecialty care. Necrotizing Entero Colitis (NEC) if functionally limiting after 90 d</p> <p>Necrotizing entero colitis (NEX) if functional/limitations after 90 days. Frequently seen with other prematurity related disorders such as cerebral palsy, creates more integrated approach for growth issues with cerebral palsy if nutrition issues covered for problems related to NEC.</p>	<p>The addition of celiac, Crohns disease, ulcerative colitis and necrotizing enterocolitis are substantive changes to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p>

			<p>Celiac disease, ulcerative colitis, Crohn's Disease that is functionally limiting Crohns Disease Ulcerative Colitis The recommendation to add as these conditions as they may cause growth issues, skin issues, arthritis, and behavioral health issues and require multispecialty interdisciplinary approach.</p>	
14.	R9-22-1303	<p>Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)</p>	<p>Page 828- Nervous system medical condition(s): a. CRS condition(s) that qualify for CRS medical eligibility: i. Uncontrolled seizure disorder, in which there have been more than two seizures with documented adequate blood levels of one or more medications; or if not blood levels documentation of adequate dose of medications for weight/age were given during time of breakthrough seizures.</p> <p>Nervous System medical condition(s): iv. Myoneural disorder including but not limited to amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamyositis, progressive bulbar palsy, polio</p> <p>Recommend to REMOVE examples and keep general description</p>	<p>The Administration agrees to clarify the patient compliance of seizure medication. The Administration agreed to remove the specific reference to blood levels because certain seizure medications may not allow for measurement of blood level.</p> <p>The Administration has added the suggested examples to allow easier referral decisions for providers.</p>
15.	R9-22-1303	<p>Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)</p>	<p>Page 828- Nervous System medical condition(s): v. Neuropathy/polyneuropathy hereditary or idiopathic</p> <p>Recommend REMOVE hereditary or idiopathic. This allows neuropathies to be included which are not hereditary or idiopathic but functionally limiting.</p> <p>Recommend ADD wording Neuropathy/polyneuropathy, with functional/imitations.</p>	<p>The removal of the terms hereditary or idiopathic is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p>

				The addition of the term “functionally limiting” adds additional and unnecessary requirements for a member to qualify for CRS eligibility. The Administration does not support the change.
16.	R9-22-1303	Mimi Coomler (Children’s Clinics) Recd 07/10/15 And Dr. Leslie Paulus’ revised comments 07/13/15 (written)	Page 829- Nervous System medical condition(s): a.xiii. Touretts syndrome Recommend KEEP Tourette syndrome as a Covered condition. The integrated treatment approach between the neurologist and behavioral health providers is now achievable through the integrated CRS model.	The Administration does not support this recommendation. The rationale for the recommendation does not support the need for an integrated clinic approach. Care and services should be coordinated through the Acute Contractor.
17.	R9-22-1303	Mimi Coomler (Children’s Clinics) Recd 07/10/15 And Dr. Leslie Paulus’ revised comments 07/13/15 (written)	Page 829- 7. Nervous System medical condition(s) a. vii. Tuberos Sclerosis Recommend ADD condition as covered: Tuberos sclerosis: Tuberos sclerosis complex (TSC) is a genetic disorder that causes non-malignant tumors to form in many different organs, primarily in the brain, eyes, heart, kidney, skin and lungs. The aspects of TSC that most strongly impact quality of life are generally associated with the brain: seizures, developmental delay, intellectual disability and autism. Treatment requires a mult’ldisciplinary approach that is currently available through the CRS Multi-specialty interdisciplinary clinics. Historically has been covered last 20 + years.	The condition of Tuberos Sclerosis may exist in one or more of the qualifying conditions specified in rule, depending upon which organ(s) is involved,
18.	R9-22-1303	Mimi Coomler (Children’s Clinics) Recd 07/10/15 And Dr. Leslie Paulus’ revised	Page 829- Ophthalmology CRS conditions that qualify for medical eligibility. ADD Severe Pstosis with functional limitations iv. Ptosis without functional limitations iv. Ptosis	The addition of Severe Ptosis with or without functional limitation is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.

		comments 07/13/15 (written)	Recommend ADD Severe Ptosis with functional/limitations as a covered condition, as this may cause blindness in one eye if not corrected. Recommend insert wording Ptosis without functional/imitations	
19.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829- 9. Respiratory system b. Conditions not medically eligible for CRS: vii. Acute or chronic respiratory Respiratory condition requiring venting for the neuromuscularly impaired Recommend REMOVING "condition requiring venting for the nueromuscularly impaired." Respiratory conditions requiring venting are associated with multiple CRS conditions and should be covered as related, such as muscular dystrophy or degenerative brain disorders. It makes no sense to have this excluded but then require CRS to cover related conditions. AHCCCS has had CRS cover ventilation services related to the CRS condition since 10-1-2013	The Administration agrees to remove the condition since it is not a specific condition.
20.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829- 10. Dermatological system medical conditions: a. iv. Cystic hygroma Recommend ADD wording in description for Cystic hygroma to include "lymphangioma with functional/imitations"	The Administration agrees to add "lymphangioma" for clarification purposes. The term "functional/limitations" is too restrictive.
21.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments	Page 830- 10. Dermatological system medical conditions: a. vi. ADD Ectodermal Dysplasia with Functional limitations Recommend ADD as covered condition: Ectodermal Dysplasia with functional/imitations as this requires multispecialty interdisciplinary approach	The addition of Ectodermal Dysplasia at this time would be considered a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.

		07/13/15 (written)		
22.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830- 12. Hemoglobinopathies CRS condition(s) Recommend CHANGE category to HEMATOLOGIC Recommend ADD as a covered condition: HEMATOLOGY ADD HEMACHROMATOSIS Note that the issue with having kept the orthopedic isolated joint bleeds related to hemachromotosis which was removed from section 5 a. above was that without control of the bleeding disorder itself, it made working with the condition challenging. Adding to this area would then allow for whatever complications occur related to the Hemochromatosis. Need to change title of the section to meet move of diagnosis to this area.	The addition of Hemachromatosis is considered a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
23.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830 13. Additional Medical/Behavioral condition(s) which are not medical eligible for CRS: Vegetative state: Recommend ADD a definition to what AHCCCS determines "vegetative state". " and ADD the word PERSISTENT, to clarify or use in determinations such as Merk Manual A vegetative state is absence of responsiveness and awareness due to overwhelming dysfunction of the cerebral hemispheres, with sufficient sparing of the diencephalon and brain stem to preserve autonomic and motor reflexes and sleep- wake cycles. Patients may have complex reflexes, including eye movements, yawning, and involuntary movements to noxious stimuli, but show no awareness of self or environment.... Traditionally, a vegetative state that lasts > 1 mo is considered to be a persistent vegetative state For the rare case where member improves then can reapply. http://www.merckmanuals.com/professional/neurologic-disorders/coma-and-impaired-consciousness/vegetative-state-and-minimally-conscious-state	The Administration removed "vegetative state" because the term is rarely documented by practitioners.
24.		Dr. Leslie	Will submit comments in writing.	NA

		Paulus United health care/CRS medical director Rec'd 07/13/15 (verbal comment)		
25.		Mimi Coomler/CEO Childrens Clinic Rec'd 07/13/15 (verbal comment)	<p>Have submitted written recommendations but will like to call out three significant diagnosis: Juvenile Rheumatoid Arthritis it is recommended to be removed in the proposed rule, but after conversations with our physicians and patients we recommend that JRA remain a CRS eligible medical condition. These patients require a multidisciplinary approach, particularly collaborating with optamologist, orthopedics, and benefit from social services as well. A letter of support from our Rheumatologist is also available. [To be submitted].</p> <p>Down Syndrome, there are a variety of different recommendations in rule to remove flat foot, moderate hypothyroidism and mild congenital cardiac condition, we do not specifically object to the removal of these conditions, but while talking to providers they have identified that children with down syndrome get incorporated into the CRS program with these conditions. It is found these patients become very complex and need the multi disciplinary approach that CRS offers. We strongly recommend incorporating Down Syndrome up through 21 as a CRS eligible condition.</p> <p>The multidisciplinary/multispecialty approach CRS offers has fantastic outcomes for patients. As a parent of Type 1 diabetic, my son does not benefit from the coordinated medical approach for behavioral health, shared electronic health record, and additional social support that the CRS program has. I strongly recommend that Type 1 diabetes and Type 2 diabetes be incorporated as a CRS eligible condition. I am not sure what caused Type 1 or diabetes to be excluded in the past, as this disease has been studied over the years, a percentage of these children have a syliac disease, need to see an optamologist every year, strong need for behavioral health support, see a gi doctor, kidney involvement, need to see a nephrologist, etc. This population would greatly benefit to be incorporated into the CRS program.</p>	<p>The Administration will retain JRA as a CRS eligible condition. Same response as item 9 and 12.</p> <p>The addition of Down Syndrome is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p> <p>The addition of Diabetes is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p>

			<p>[Dr Paulus added] As an auto-immune type of disorder you tend to have auto antibodies present and you may also have a rheumatologist visit within the multidisciplinary approach.</p> <p>[Mimi Coomler response] Interestingly the Angelwing clinic, the only pediatric and endocrinology clinic in southern Arizona attempted to incorporate behavioral health services through a grant, the grant ended and they had to sunset. They believed it was important to provide the behavioral health services and were concerned they were no longer able to provide integrated behavioral health services. By adding CRS services this provides a greater opportunity for us to do so and there is greater coordination between the specialists with CRS. That information does not flow automatically electronically and with the CRS program we have a care coordinator that specifically ensure that the information is shared and reviewed by all of the specialists.</p> <p>[Sydney Rice, Medical Director at Childrens Clinics in Tucson] Taking on Diabetes into the system would be challenging but the care coordination for children who have diabetes is so important, we are looking at conditions that we have chosen for this system to be the complex medically fragile children, you cannot have a diagnosis that is more complicated or complex than one with diabetes. We strongly support the comments.</p> <p>[Dr. Paulus stated] CRS conditions are seen along with Type 1 diabetes specifically some of the mitochondrial disorders and psystic fibrosis may be predisposed to that as well. If not a stand alone, definitely would not exclude diabetes when it is associated with the CRS conditions.</p>	<p>Contractors are responsible for coordinating care for all children, including those diagnosed with diabetes. All Contractors are required to coordinate care between primary, specialty and behavioral health care.</p>
26.		<p>Wendy Burkholder Care coordination operator, District Medical group Rec'd 07/13/15 (verbal</p>	<p>We appreciate all the efforts on the Juvenile Rheumatoid Arthritis. As a sibling of a down syndrome child the multi-disciplinary care that is provided in our integrated system is very important to them. Everything from behavioral health services to optamology services, I understand that services can be provided elsewhere but it is certainly not in the nature of an integrated model where there is collaborative efforts from the physicians, team working on the care of the child. I understand there are different levels of down syndrome, and some might need care in the integrated model, but if it cant be considered as a stand alone but if at least has other diagnosis, that it be considered as part of the care, the</p>	<p>See response in item 25.</p>

		comment)	<p>care the CRS system has will lead to a higher quality of care. It helps the families with the coordination of care as well.</p> <p>[Troy Nelson, Medical Director] We see many of the down syndrome children at the facility, with accompanying issues such as heart disease. The frustrating thing is that we cannot take care of all of the pieces and families do not understand why. We would support this recommendation.</p>	
27.		<p>Kim Lonsway Parent Rec'd 07/13/15 (verbal comment)</p>	<p>Parent of type 1 diabetic, the continuity of care is not available. We have to run to different appointments at different offices with physicians that are not speaking to each other. If another specialty is needed, we are finding ourselves in positions to call friends to see who they are seeing; it is not a coordinated effort. It would be very helpful to have the services in one place for the continuity of care and medical records.</p> <p>As an occupational therapist in a public school system and having worked with different teams I find that the teams that work together in multi-disciplinary care provide more positive outcomes for parents, children and teams as a whole if everyone is working together.</p>	See item 6.
28.		<p>Dr. Paulus Rec'd 07/13/15 (verbal comment)</p>	<p>There may be an easy diagnosis to take care of in the metropolitan areas, there are issues in the rural areas. Hypothyroidism is one for example. In Yuma, Dr. Robert Canal, prior CRS medical director and currently a provider has stated that when care is left to primary care managing or attempting to manage on their own because they do not know they need to refer, he has seen less than optimal results. This is a concern.</p>	See comments above #4
29.		<p>Mimi Coomler Rec'd 07/13/15 (verbal comment)</p>	<p>Pg. 828 On the Gastrointestinal system we recommend adding GI Necrotizing enterocolitis with functional limitations greater than 90 days, celiac disease and crones disease is functionaly limiting, these conditions need multidisciplinary care, such as nutrition and gi. The care that is provided in an integrated model for these patients and conditions, everything from behavioral health to gi, to integrated, to nutritional issues the patient may have, it is especially beneficial when the condition is greater than 90 days.</p> <p>[Dr. Paulus added] This condition is frequently associated with prematurity types of disorders, you see it in a usual association with retina, prematurity, cerable palsy and tricular and hemorage of the brain. It also allows better coordination of taken care. It is hard to separate out</p>	Same response as item 13.

			what is nec bowel disorder versus the disfasia, the inability the bowel is not working because of the cns effects on the esophagus, stomach and bowel related to the cerabal policy that is developed.	
30.		Jacqueline Larson Parent Rec'd 07/13/15 (verbal comment)	Parent of a child with cerabal palsy due to a brain injury. My child receives all his services in one location. The Primary care last week could look up other doctors notes from a year ago where I didn't have to remember what each specialist said to me. I am able to coordinate appointments and have to make less trips to clinics. It is great having that coordination of care.	Thank you for your support of the CRS program.
31		Sydney Rice Medical Director Children's Clinics 07/13/15 (written comment)	<p>1. Children with Down syndrome need the coordinated care of an interdisciplinary setting.</p> <p>2. Cardiac conditions: Atrial septal defect may be able to come out, since they usually close on their own or can be addresssed with a simple intervention. Ventricular septal defects are more complicated and the children who have had surgery have higher risk for cognitive, behavioral and sleep disorder. I would recommend keeping these children in the program.</p> <p>3. Diabetes: This could be a challenge, but children would greatly benefit from the care coordination supported in the CRS system. While children can receive individual specialty care, they do not usually receive the psychosocial support available through CRS.</p>	<p>see item 25.</p> <p>The Administration agrees, and a clarification was made in rule that a "small" ASD and VSD are not CRS eligible conditions. However, if the septal defects are moderate or large, they are medically eligible CRS conditions..</p> <p>see item 6</p>
32.		Scott E. Klewer, M.D., The University of Arizona College of Medicine - Tucson 07/13/15 (written comment)	<p>I feel strongly that the removal of Ventricular Septal Defects (VSD) should be reconsidered.</p> <p>The Multi-Specialty approach at Children's Clinics is essential to the care provided to the CRS population, and allows families to receive complex coordinated care in one place. This is critical for children with VSDs, as it is becoming better recognized that many affected children have previously unrecognized multi-system syndromes. In addition, many children with VSDs will require open heart surgery/cardiopulmonary bypass with its inherent effects on future learning, behavior and other systems. The complexity of patients with VSDs therefore often involves treatment by additional specialists, and often requires the assistance of an education specialist and social worker, both of which are on site at Children's Clinics and regularly assist with children who have VSD.</p>	See item 31.

			For these reasons, I cannot support the removal of VSD from eligible CRS diagnoses.	
33.		Troy Nelson MD Medical Director CRS at DMG	There is a proposed change to scoliosis care. I received feedback from some of the Orthopedic Surgeons. Their concern is that if there is a longer delay in getting care at CRS that many opportunities are missed for proper recommendations and possibly bracing before surgery is needed. If referral is delayed as well, patients may be seeing surgeons who are not up to date with current recommendations. It obviously becomes more difficult to sever the relationship and establish a new CRS relationship. They feel since it is already difficult enough this new change would only make the situation worse.	The Administration does not support the recommendation. By narrowing the criteria to those members who need specific treatment, delays are expected to be reduced.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

No other matters are applicable.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

Not applicable.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

Not applicable.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:

None

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ADMINISTRATION

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Section

R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions

R9-22-1303. Medical Eligibility

R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

"Active treatment" means there is a current need for treatment ~~or evaluation for continuing treatment~~ of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

~~"Chronic" means expected to persist over an extended period of time.~~

"CRS condition" means ~~any of the covered~~ a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. §36-2912.

~~"CRS provider" means a person who is authorized by employment or written agreement with the Administration to provide covered CRS medical services to a member or covered support services to a member or a member's family.~~

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a ~~CRS~~ provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

R9-22-1303. Medical Eligibility

The following lists identify those medical condition(s) that do qualify for the CRS program as well as those that do not qualify for the CRS program. ~~The covered list of condition(s) that qualify for CRS medical eligibility list~~ is all inclusive. The list of condition(s) that do not qualify for CRS medical eligibility ~~not covered by CRS~~ is not an all-inclusive list :

1. Cardiovascular System
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. ~~Congenital heart defect,~~
 - ii. ~~Cardiomyopathy,~~
 - iii. ~~Valvular disorder,~~
 - iv. ~~Arrhythmia,~~
 - v. ~~Conduction defect,~~
 - vi. ~~Rheumatic heart disease,~~

- ~~vii. Renal vascular hypertension;~~
 - ~~viii. Arteriovenous fistula, and~~
 - ~~ix. Kawasaki disease with coronary artery aneurysm;~~
 - i. Arrhythmia,
 - ii. Arteriovenous fistula,
 - iii. Cardiomyopathy,
 - iv. Conduction defect,
 - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),
 - vi. Coronary artery and aortic aneurysm
 - vii. Renal vascular hypertension,
 - viii. Rheumatic heart disease, and
 - ix. Valvular disorder.
- b. Condition(s) not medically eligible for CRS:
- ~~i. Essential hypertension;~~
 - ~~ii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance;~~
 - ~~iii. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function; and~~
 - ~~iv. Benign heart murmur;~~
 - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function,
 - ii. Benign heart murmur,
 - iii. Branch artery pulmonary stenosis,
 - iv. Essential hypertension,
 - v. Patent foramen ovale (PFO),
 - vi. Peripheral pulmonary stenosis,
 - vii. Postural orthopedic tachycardia, and
 - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
2. Endocrine system:
- a. CRS condition(s) that qualify for CRS medical eligibility:
- ~~i. Hypothyroidism,~~
 - ~~ii. Hyperthyroidism,~~
 - ~~iii. Adrenogenital syndrome,~~
 - ~~iv. Addison's disease,~~
 - ~~i. Hypoparathyroidism,~~
 - ~~ii. Hyperparathyroidism,~~
 - ~~iii. Diabetes insipidus,~~
 - ~~viii. Cystic fibrosis, and~~
 - ~~ix. Panhypopituitarism.~~

- i. Addison's disease,
 - ii. Adrenogenital syndrome,
 - iii. Cystic fibrosis (including atypical cystic fibrosis),
 - iv. Diabetes insipidus,
 - v. Hyperparathyroidism,
 - vi. Hyperthyroidism,
 - vii. Hypoparathyroidism, and
 - viii. Panhypopituitarism.
- b. Condition(s) not medically eligible for CRS:
- i. Diabetes mellitus,
 - ii. Isolated growth hormone deficiency,
 - iii. Hypopituitarism encountered in the acute treatment of a malignancy, and
 - iv. Precocious puberty;
- i. Diabetes mellitus,
 - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
 - iii. Isolated growth hormone deficiency, and
 - iv. Precocious puberty.
3. Genitourinary system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
- i. ~~Vesicoureteral reflux, with at least mild or moderate dilatation and tortuosity of the ureter and mild or moderate dilatation of renal pelvis;~~
 - ii. ~~Ectopic ureter;~~
 - iii. ~~Ambiguous genitalia;~~
 - iv. ~~Ureteral stricture;~~
 - v. ~~Complex hypospadias;~~
 - vi. ~~Hydronephrosis,~~
 - vii. ~~Deformity and dysfunction of the genitourinary system secondary to trauma after the acute phase of the trauma has passed;~~
 - viii. ~~Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required;~~
 - ix. ~~Multicystic dysplastic kidneys;~~
 - x. ~~Nephritis associated with lupus erythematosus; and;~~
 - xi. ~~Hydrocele associated with a ventriculo-peritoneal shunt;~~
- i. Ambiguous genitalia,

- ii. Bladder extrophy.
 - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred.
 - iv. Ectopic ureter.
 - v. Hydronephrosis, that is not resolved with antibiotics.
 - vi. Polycystic and multicystic kidneys.
 - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required.
 - viii. Ureteral stricture, and
 - ix. Vesicoureteral reflux, at a grade 3 or higher.
- b. Condition(s) not medically eligible for CRS:
- i. ~~Nephritis, infectious or noninfectious;~~
 - ii. ~~Nephrosis;~~
 - iii. ~~Undescended testicle;~~
 - iv. ~~Phimosis;~~
 - v. ~~Hydrocele not associated with a ventriculo-peritoneal shunt;~~
 - vi. ~~Enuresis;~~
 - vii. ~~Meatal stenosis; and~~
 - viii. ~~Hypospadias involving isolated glandular or coronal aberrant location of the urethral meatus without curvature of the penis;~~
 - i. Enuresis.
 - ii. Hydrocele.
 - iii. Hypospadias.
 - iv. Meatal stenosis.
 - v. Nephritis, infectious or noninfectious.
 - vi. Nephrosis.
 - vii. Phimosis, and
 - viii. Undescended testicle.
4. Ear, nose, or throat medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
- i. ~~Cholesteatoma;~~
 - ii. ~~Chronic mastoiditis;~~
 - iii. ~~Deformity and dysfunction of the ear, nose, or throat secondary to trauma, after the acute phase of the trauma has passed;~~
 - iv. ~~Neurosensory hearing loss;~~
 - v. ~~Congenital malformation;~~

- vi. ~~Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels, that despite medical treatment, requires a hearing aid;~~
- vii. ~~Craniofacial anomaly that requires treatment by more than one CRS provider; and~~
- viii. ~~Microtia that requires multiple surgical interventions;~~

- i. Cholesteatoma.
- ii. Congenital/Craniofacial anomaly that is functionally limiting.
- iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred.
- iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition.
- v. Microtia that requires multiple surgical interventions.
- vi. Neurosensory hearing loss, and
- vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.

b. Condition(s) not medically eligible for CRS

- i. ~~Tonsillitis,~~
- ii. ~~Adenoiditis,~~
- iii. ~~Hypertrophic lingual frenum,~~
- iv. ~~Nasal polyp,~~
- v. ~~Cranial or temporal mandibular joint syndrome,~~
- vi. ~~Simple deviated nasal septum,~~
- vii. ~~Recurrent otitis media,~~
- viii. ~~Obstructive apnea,~~
- ix. ~~Acute perforation of the tympanic membrane,~~
- x. ~~Sinusitis,~~
- xi. ~~Isolated preauricular tag or pit, and~~
- xii. ~~Uncontrolled salivation;~~

- i. A craniofacial anomaly that is not functionally limiting.
- ii. Adenoiditis.
- iii. Cranial or temporal mandibular joint syndrome.
- iv. Hypertrophic lingual frenum.
- v. Isolated preauricular tag or pit.
- vi. Nasal polyp.
- vii. Obstructive apnea.
- viii. Perforation of the tympanic membrane.
- ix. Recurrent otitis media.
- x. Simple deviated nasal septum.
- xi. Sinusitis.

xi. Tonsillitis, and

xii. Uncontrolled salivation.

5. Musculoskeletal system medical condition(s):

a. CRS condition(s) that qualify for CRS medical eligibility:

- i. Achondroplasia;
- ii. Hypochondroplasia;
- iii. Diastrophic dysplasia;
- iv. Chondrodysplasia;
- v. Chondroectodermal dysplasia;
- vi. Spondyloepiphyseal dysplasia;
- vii. Metaphyseal and epiphyseal dysplasia;
- viii. Larsen syndrome;
- ix. Fibrous dysplasia;
- x. Osteogenesis imperfecta;
- xi. Rickets;
- xii. Enchondromatosis;
- xiii. Juvenile rheumatoid arthritis;
- xiv. Seronegative spondyloarthropathy;
- xv. Orthopedic complications of hemophilia;
- xvi. Myopathy;
- xvii. Muscular dystrophy;
- xviii. Myoneural disorder;
- xix. Arthrogyposis;
- xx. Spinal muscle atrophy;
- xxi. Polyneuropathy;
- xxii. Chronic stage bone infection;
- xxiii. Chronic stage joint infection;
- xxiv. Upper limb amputation;
- xxv. Syndactyly;
- xxvi. Kyphosis;
- xxvii. Scoliosis;
- xxviii. Congenital spinal deformity;
- xxix. Congenital or developmental cervical spine abnormality;
- xxx. Hip dysplasia;
- xxxi. Slipped capital femoral epiphysis;
- xxxii. Femoral anteversion and tibial torsion;
- xxxiii. Legg Calve Perthes disease;
- xxxiv. Lower limb amputation, including prosthetic sequelae of cancer;

- xxxv. Metatarsus adductus;
- xxxvi. Leg length discrepancy of five centimeters or more;
- xxxvii. Metatarsus primus varus;
- xxxviii. Dorsal bunions;
- xxxix. Collagen vascular disease;
- xxxx. Benign bone tumor;
- xxxxi. Deformity and dysfunction secondary to musculoskeletal trauma;
- xxxxii. Osgood-Schlatter's disease that requires surgical intervention;
- xxxxiii. Complicated flat foot, such as rigid foot, unstable subtalar joint, or significant calcaneus deformity; and
- xxxxiv. Club foot
- i. Achondroplasia,
 - ii. Arthrogyrosis (multiple joint contractures),
 - iii. Bone infection that continues 90 days or more after the initial diagnosis,
 - iv. Chondrodysplasia,
 - v. Chondroectodermal dysplasia,
 - vi. Clubfoot,
 - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermamyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
 - viii. Congenital or developmental cervical spine abnormality,
 - ix. Congenital spinal deformity,
 - x. Diastrophic dysplasia,
 - xi. Enchondromatosis,
 - xii. Femoral anteversion and tibial torsion,
 - xiii. Fibrous dysplasia,
 - xiv. Hip dysplasia,
 - xv. Hypochondroplasia,
 - xvi. Joint infection that continues 90 days or more after the initial diagnosis,
 - xvii. Juvenile rheumatoid arthritis,
 - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
 - xix. Larsen syndrome,
 - xx. Leg length discrepancy of two centimeters or more,
 - xxi. Legg-Calve-Perthes disease,
 - xxii. Limb amputation or limb malformation,
 - xxiii. Metaphyseal and epiphyseal dysplasia,
 - xxiv. Metatarsus adductus,
 - xxv. Muscular dystrophy,
 - xxvi. Orthopedic complications of hemophilia,

- xxvii. Osgood Schlatter's disease that requires surgical intervention.
- xxviii. Osteogenesis imperfecta.
- xxix. Rickets.
- xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery.
- xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis.
- xxxii. Slipped capital femoral epiphysis.
- xxxiii. Spinal muscle atrophy.
- xxxiv. Spondyloepiphyseal dysplasia, and
- xxxv. Syndactyly.

b. Condition(s) not medically eligible for CRS

- ~~i. Ingrown toenail;~~
- ~~ii. Back pain with no structural abnormality;~~
- ~~iii. Ganglion cyst;~~
- ~~iv. Flat foot other than complicated flat foot;~~
- ~~v. Fracture;~~
- ~~vi. Popliteal cyst;~~
- ~~vii. Simple bunion; and~~
- ~~viii. Carpal tunnel syndrome;~~
- ~~ix. Deformity and dysfunction secondary to trauma or injury if:~~
 - ~~1. Three months have not passed since the trauma or injury; and~~
 - ~~2. Leg length discrepancy of less than five centimeters at skeletal maturity.~~
- i. Back pain with no structural abnormality.
- ii. Benign bone tumor.
- iii. Bunion.
- iv. Carpal tunnel syndrome.
- v. Deformity and dysfunction secondary to trauma or injury.
- vi. Ehlers Danlos.
- vii. Flat foot .
- viii. Fracture.
- ix. Ganglion cyst.
- x. Ingrown toenail.
- xi. Kyphosis under 50 degrees.
- xii. Leg length discrepancy of less than two centimeters at skeletal maturity.
- xiii. Polydactyly without bone involvement.
- xiv. Popliteal cyst.
- xv. Trigger finger, and
- xvi. Varus and valgus deformities.

6. Gastrointestinal system medical condition(s):

a. CRS condition(s) that qualify for CRS medical eligibility:

- i. ~~Tracheoesophageal fistula;~~
- ii. ~~Anorectal atresia;~~
- iii. ~~Hirschsprung's disease;~~
- iv. ~~Diaphragmatic hernia;~~
- v. ~~Gastroesophageal reflux that has failed treatment with drugs or biologicals and requires surgery;~~
- vi. ~~Deformity and dysfunction of the gastrointestinal system secondary to trauma, after the acute phase of the trauma has passed;~~
- vii. ~~Biliary atresia;~~
- viii. ~~Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract;~~
- ix. ~~Cleft lip;~~
- x. ~~Cleft palate;~~
- xi. ~~Omphalocele; and~~
- xii. ~~Gastroschisis;~~

- i. Anorectal atresia,
- ii. Biliary atresia,
- iii. Cleft lip,
- iv. Cleft palate,
- v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
- vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
- vii. Diaphragmatic hernia,
- viii. Gastroschisis,
- ix. Hirschsprung's disease,
- x. Omphalocele, and
- xi. Tracheoesophageal fistula.

b. Condition(s) not medically eligible for CRS

- i. ~~Malabsorption syndrome, also known as short bowel syndrome,~~
- ii. ~~Crohn's disease,~~
- iii. ~~Hernia other than a diaphragmatic hernia,~~
- iv. ~~Uleer disease,~~
- v. ~~Ulcerative colitis,~~
- vi. ~~Intestinal polyp,~~
- vii. ~~Pyloric stenosis, and~~

- viii. Celiac disease;
- i. Celiac disease,
- ii. Crohn's disease,
- iii. Hernia other than a diaphragmatic hernia,
- iv. Intestinal polyp,
- v. Malabsorption syndrome, also known as short bowel syndrome,
- vi. Pyloric stenosis,
- vii. Ulcer disease, and
- viii. Ulcerative colitis.

7. Nervous system medical condition(s):

a. CRS condition(s) that qualify for CRS medical eligibility:

- i. ~~Uncontrolled seizure disorder, in which there have been more than two seizures with documented adequate blood levels of one or more medications;~~
 - ii. ~~Cerebral palsy;~~
 - iii. ~~Muscular dystrophy or other myopathy;~~
 - iv. ~~Myoneural disorder;~~
 - v. ~~Neuropathy, hereditary or idiopathic;~~
 - vi. ~~Central nervous system degenerative disease;~~
 - vii. ~~Central nervous system malformation or structural abnormality;~~
 - viii. ~~Hydrocephalus;~~
 - ix. ~~Craniosynostosis of a sagittal suture, a unilateral coronal suture, or multiple sutures in a child less than 18 months of age;~~
 - x. ~~Myasthenia gravis, congenital or acquired;~~
 - xi. ~~Benign intracranial tumor;~~
 - xii. ~~Benign intraspinal tumor;~~
 - xiii. ~~Tourette's syndrome;~~
 - xiv. ~~Residual dysfunction after resolution of an acute phase of vascular accident, inflammatory condition, or infection of the central nervous system;~~
 - xv. ~~Myelomeningocele, also known as spina bifida;~~
 - xvi. ~~Neurofibromatosis;~~
 - xvii. ~~Deformity and dysfunction secondary to trauma in an individual;~~
 - xviii. ~~Residual dysfunction after acute phase of near drowning; and~~
 - xix. ~~Residual dysfunction after acute phase of spinal cord injury;~~
- i. Benign intracranial tumor,
 - ii. Benign intraspinal tumor,
 - iii. Central nervous system degenerative disease,
 - iv. Central nervous system malformation or structural abnormality,

- v. Cerebral palsy.
 - vi. Craniosynostosis requiring surgery.
 - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident.
 - viii. Hydrocephalus.
 - ix. Muscular dystrophy or other myopathy.
 - x. Myelomeningocele, also known as spina bifida.
 - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamyositis, progressive bulbar palsy, polio,
 - xii. Neurofibromatosis.
 - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic.
 - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system.
 - xv. Residual dysfunction that continues 90 days or more after near drowning.
 - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
 - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
- b. Condition(s) not medically eligible for CRS
- i. ~~Headaches;~~
 - ii. ~~Central apnea secondary to prematurity;~~
 - iii. ~~Near sudden infant death syndrome;~~
 - iv. ~~Febrile seizures;~~
 - v. ~~Occipital plagiocephaly, either positional or secondary to lambdoidal synostosis;~~
 - vi. ~~Trigonocephaly secondary to isolated metopic synostosis;~~
 - vii. ~~Spina bifida occulta;~~
 - viii. ~~Near drowning in the acute phase; and~~
 - ix. ~~Spinal cord injury in the acute phase;~~
 - x. ~~Chronic vegetative state;~~
 - i. Central apnea secondary to prematurity.
 - ii. Febrile seizures.
 - iii. Headaches.
 - iv. Near sudden infant death syndrome.
 - v. Plagiocephaly, and
 - vi. Spina bifida occulta.
8. Ophthalmology:
- a. CRS condition(s) that qualify for CRS medical eligibility:

- i. ~~Cataracts;~~
 - ii. ~~Glaucoma;~~
 - iii. ~~Disorder of the optic nerve;~~
 - iv. ~~Non-malignant enucleation and post-enucleation reconstruction;~~
 - v. ~~Retinopathy of prematurity; and~~
 - vi. ~~Disorder of the iris, ciliary bodies, retina, lens, or cornea;~~
 - i. Cataracts,
 - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
 - iii. Disorder of the optic nerve,
 - iv. Glaucoma,
 - v. Non-malignant enucleation and post-enucleation reconstruction, and
 - vi. Retinopathy of prematurity.
- b. Condition(s) not medically eligible for CRS
- i. ~~Simple refraction error,~~
 - ii. ~~Astigmatism,~~
 - iii. ~~Strabismus, and~~
 - iv. ~~Ptosis;~~
 - i. Astigmatism,
 - ii. Ptosis,
 - iii. Simple refraction error, and
 - iv. Strabismus.
9. Respiratory system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
- i. Anomaly of the larynx, trachea, or bronchi that requires surgery;₂ and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi;₂
- b. Condition(s) not medically eligible for CRS:
- i. ~~Respiratory distress syndrome,~~
 - ii. ~~Asthma,~~
 - iii. ~~Allergies,~~
 - iv. ~~Bronchopulmonary dysplasia,~~
 - v. ~~Emphysema,~~
 - vi. ~~Chronic obstructive pulmonary disease, and~~
 - vii. ~~Acute or chronic respiratory condition requiring venting for the neuromuscularly impaired;~~
 - i. Allergies,
 - ii. Asthma,

- iii. Bronchopulmonary dysplasia,
- iv. Chronic obstructive pulmonary disease,
- v. Emphysema, and
- vi. Respiratory distress syndrome.

10. ~~Integumentary~~ Dermatological system medical condition(s):

- a. CRS condition(s) that qualify for CRS medical eligibility:
 - ~~i. A craniofacial anomaly that is functionally limiting,~~
 - ~~ii. A burn scar that is functionally limiting,~~
 - ~~iii. A hemangioma that is functionally limiting,~~
 - ~~iv. Cystic hygroma, and~~
 - ~~v. Complicated nevi requiring multiple procedures;~~
 - i. A burn scar that is functionally limiting,
 - ii. A hemangioma that is functionally limiting that requires laser or surgery,
 - iii. Complicated nevi requiring multiple procedures,
 - iv. Cystic hygroma such as lymphangioma, and
 - v. Malocclusion that is functionally limiting.
- b. Condition(s) not medically eligible for CRS:
 - ~~i. A deformity that is not functionally limiting,~~
 - ~~ii. A burn other than a burn scar that is functionally limiting;~~
 - ~~iii. Simple nevi,~~
 - ~~iv. Skin tag,~~
 - ~~v. Port wine stain,~~
 - ~~vi. Sebaceous cyst,~~
 - ~~vii. Isolated malocclusion that is not functionally limiting,~~
 - ~~viii. Pilonidal cyst,~~
 - ~~ix. Ectodermal dysplasia, and~~
 - ~~x. A craniofacial anomaly that is not functionally limiting;~~
 - i. A deformity that is not functionally limiting,
 - ii. Ectodermal dysplasia,
 - iii. Isolated malocclusion that is not functionally limiting,
 - iv. Pilonidal cyst,
 - v. Port wine stain,
 - vi. Sebaceous cyst,
 - vii. Simple nevi, and
 - viii. Skin tag.

11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:

- i. ~~Amino acid or organic acidopathy,~~
- ii. ~~Inborn error of metabolism,~~
- iii. ~~Storage disease,~~
- iv. ~~Phenylketonuria,~~
- v. ~~Homocystinuria,~~
- vi. ~~Maple syrup urine disease,~~
- vii. ~~Biotinidase deficiency,~~
- i. Amino acid or organic acidopathy,
- ii. Biotinidase deficiency,
- iii. Homocystinuria,
- iv. Inborn error of metabolism,
- v. Maple syrup urine disease,
- vi. Phenylketonuria, and
- vii. Storage disease.

12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:

- a. Sickle cell anemia, and
- b. Thalassemia.

13. Additional medical ~~Medical~~/behavioral condition(s) which are not medically eligible for CRS:

- a. ~~Allergies;~~
- b. ~~Anorexia nervosa or obesity;~~
- c. ~~Autism;~~
- d. ~~Cancer;~~
- e. ~~Depression or other mental illness;~~
- f. ~~Developmental delay;~~
- g. ~~Dyslexia or other learning disabilities;~~
- h. ~~Failure to thrive;~~
- i. ~~Hyperactivity;~~
- j. ~~Attention deficit disorder; and~~
- k. ~~Immunodeficiency, such as AIDS and HIV.~~

- a. Allergies,
- b. Anorexia nervosa or obesity,
- c. Attention deficit disorder,
- d. Autism,
- e. Cancer,
- f. Depression or other mental illness,
- g. Developmental delay,

- h. Dyslexia or other learning disabilities.
- i. Failure to thrive.
- j. Hyperactivity, and
- k. Immunodeficiency, such as AIDS and HIV.

R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

- A.** To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
1. CRS application,
 2. ~~Documentation from a provider who evaluated the individual, stating the individual's diagnosis;~~
Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis,
 3. Diagnostic test results that support the individual's diagnosis, and
 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B.** The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.