



Section 3.1 Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance

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I. STATEMENT OF PURPOSE:

The Pascua Yaqui (PY) Centered Spirit Program (CSP) serves members of the Pascua Yaqui Tribe, family members and others determined to be eligible for services. Because CSP operates as a Tribal Regional Behavioral Health Authority (TRBHA), eligibility status for Arizona's public behavioral health system is also considered. CSP encourages all clients who may be eligible to become enrolled in AHCCCS. As part of the screening and intake process at CSP, current eligibility status and enrollment status are reviewed. This review includes determining if there are other sources of coverage, such as another health insurance plan.

II. REFERENCES:

The following citations and AHCCCS document and website can serve as additional resources for this content area:

42 CFR Part 400
42 CFR Part 403
42 CFR Part 411
42 CFR Part 417
42 CFR Part 422
42 CFR Part 423
A.R.S. § 36-3408
AHCCCS/TRBHA Intergovernmental Agreement (IGA) 2021
azahcccs.gov



III. **STANDARDS:**

- CSP screens all clients to determine eligibility for services.
- Potential clients determined to be ineligible for services are informed about why, and in accordance with their choice the family and/or referral source is informed as to why, and they are provided with a list of other TRBHAs, RBHAs, or other possible alternative services.
- Clients are screened to determine if they have “third-party” or other sources of insurance.
- Title XIX and Title XXI eligibility is determined during the screening appointment.
- Clients who are eligible are encouraged to apply for AHCCCS. CSP provides support to assist clients in completing the application process.

IV. **PROCEDURES:**

A. Client eligibility status:

1. At intake, the Intake Specialist documents a potential client’s eligibility for service based on the tribal enrollment status:
 - a. This documentation is recorded on the Partner/ Spouse/ Parent Documentation form.
 - b. Copies of supporting documentation and the signed form is kept in the client chart.
2. The following documentation is required in the following situations:
 - a. Tribally enrolled member: Verification of enrollment through PY Enrollment computer program;
 - b. Spouse of a tribally enrolled member: Copy of marriage certificate AND verification of spouse’s enrollment through PY Enrollment computer program, AND a signed copy of the Verification Form.
3. Partner of a tribally enrolled member:
 - a. Copy of a utility bill in both parties names;
 - b. Verification of partner’s enrollment through PY Enrollment computer program, and a signed copy of this documentation form.



4. Live-in parent of a tribally enrolled child age 18 and younger:
 - a. Copy of the child's birth certificate;
 - b. Verification of child's enrollment through PY Enrollment computer program, and a signed copy of this Verification form.
5. For the Guadalupe Outpatient Treatment Center clients will present one of the following types of identification at the time of screening: a driver's license, birth certificate, passport, state ID, school ID, or tribal enrollment card.

B. Requesting insurance information:

The CSP intake worker requests information from clients about existing sources of insurance and documents pertinent information about "third-party" payers.

C. Accessing Title XIX/XXI eligibility information:

Behavioral health providers who need to verify the eligibility and enrollment of an AHCCCS member can use one of the alternative verification processes 24 hours a day, 7 days a week. These processes include:

- AHCCCS' web-based verification
<https://scertsrv.ahcccs.state.az.us/Home.asp>);
- AHCCCS' contracted Medical Electronic Verification Service (MEVS). MEVS uses "swipe card" technology to verify eligibility and enrollment. For information on MEVS, contact one of the MEVS vendors: Envoy at 1-800-366-5716 or Potomac Group at 1-800-444-4336;
- Interactive Voice Response (IVR) system IVR allows unlimited verifications by entering information on a touch-tone telephone. Providers may call IVR at: Phoenix at (602) 417-7200 and all others at 1-800-331-5090; and
- Eligibility Verification System (EVS) EVS, also known as Medifax, allows providers to use a PC or terminal to access eligibility and enrollment information. For information on EVS, contact the Potomac Group at 1-800-444-4336.

If a person's Title XIX or Title XXI eligibility status still cannot be determined using one of the above methods, a behavioral health provider must:

Call **Centered Spirit Program at (520) 879-6060** for assistance during normal business hours (8:00 am through 5:00 pm, Monday-Friday); or after normal



business hours, call the AHCCCS Verification Unit, which is available until midnight. On weekends and holidays, the AHCCCS Verification Unit is available between 6:00 a.m. and midnight. Callers from outside Maricopa County can call 1-800-962-6690. In Maricopa County, call (602) 414-7000. When calling the AHCCCS Verification Unit, the behavioral health provider must be prepared to provide the verification unit operator the following information:

- The behavioral health provider's identification number;
- The recipient's name, date of birth, AHCCCS identification number and social security number (if known); and
- Dates of service(s).

D. Interpreting eligibility information:

A behavioral health provider will access two important pieces of information when using the eligibility verification methods described in Step #1: AHCCCS eligibility key codes and/or AHCCCS rate codes. Key codes and rate codes are assigned to AHCCCS eligibility categories and are important for determining:

- If a person is eligible for Title XIX/XXI covered behavioral health services; and
- If AHCCCS (behavioral health providers) is responsible for providing the person's Title XIX/XXI covered behavioral health services; or whether it is the AHCCCS Health Plan or Arizona Long Term Care System (ALTCS) Contractor's responsibility.

Available Resources for Interpreting Eligibility Information

PM Attachment 3.1.1 is a behavioral health eligibility key code index and may be used by behavioral health providers to interpret key code information. The key code index will indicate if the AHCCCS system (and TRBHA contracted behavioral health provider) is responsible for the delivery of Title XIX/XXI covered behavioral health services.

PM Attachment 3.1.2 is a listing of all AHCCCS rate codes and descriptions that include Title XIX/XXI behavioral health covered services that are provided by a TRBHA and/or contracted behavioral health provider.

PM Attachment 3.1.3 is a summary of AHCCCS rate codes for use by TRBHAs and/or contracted behavioral health providers in determining responsibility for providing behavioral health services.



If Title XIX or Title XXI eligibility status and behavioral health provider responsibility is confirmed, the behavioral health provider must provide any needed covered behavioral health services.

There are some instances that a person may be Title XIX eligible but the AHCCCS behavioral health system is not responsible for providing covered behavioral health services. This includes persons enrolled as elderly or physically disabled (EPD) under the ALTCS Program and persons eligible for family planning services only through the SOBRA Extension Program. A person who is Title XIX eligible through ALTCS must be referred to their ALTCS case manager to arrange for provision of Title XIX behavioral health services. However, ALTCS-EPD individuals who are Seriously Mentally Ill may also receive Non-Title XIX SMI services from the TRBHA. ALTCS-Division of Developmental Disabilities (DDD) persons' behavioral health services are provided through the AHCCCS behavioral health system.

If the person is not currently Title XIX or Title XXI eligible, proceed to step #3 and conduct a screening for Title XIX/XXI eligibility.

E. Screening for Title XIX/XXI eligibility:

The TRBHA or behavioral health provider must screen all Non-Title XIX/XXI persons:

- Upon initial request for behavioral health services;
- At least annually thereafter, if still receiving behavioral health services; and
- When significant changes occur in the person's financial status.

A screening is not required at the time an emergency service is delivered, but must be initiated within five (5) days of the emergency service if the person seeks or is referred for ongoing behavioral health services.

When conducting a screening for eligibility the TRBHA or behavioral health provider meets with the person and completes the AHCCCS Eligibility Screening Tool (PM Form AHCCCS AE-01) for all Non-Title XIX persons.

Once the screening tool is completed, the screening tool will indicate one of two options:

1. **That the person is potentially AHCCCS eligible.** Pending the outcome of the Title XIX or Title XXI eligibility determination, the person may be provided services in accordance with *Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding*.



Upon the final processing of an application, it is possible that a person may be determined ineligible for AHCCCS health insurance. If the person is determined ineligible for Title XIX or Title XXI benefits, the person may be provided behavioral health services in accordance with *Section 3.4, Co-payments* and *Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding*.

2. **That the person does not appear Title XIX/XXI eligible.** If the screening tool indicates that the person does not appear Title XIX or Title XXI eligible, the person may be provided behavioral health services in accordance with *Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding*.

CSP will enroll and offer behavioral health services to non-eligible Title XIX/XXI persons who meet client eligibility status as defined in *Section A*.

F. Reporting requirements for Title XIX/XXI eligibility screening:

The number of screenings completed for Title XIX/XXI eligibility must be documented by providers and reported to the TRBHA on a monthly basis. The reporting must include the following elements:

| | SMI | | NON-SMI | | CHILD | |
|------------------------|---------------|------------------------------|---------------|------------------------------|---------------|------------------------------|
| | New Applicant | Currently Receiving Services | New Applicant | Currently receiving services | New Applicant | Currently receiving services |
| Number Screened | | | | | | |

G. What if a person refuses to participate with the screening and/or application process?

On occasion, a person may decline to participate in the AHCCCS eligibility screening and application process. In these cases, the TRBHA or behavioral health provider must actively encourage the person to participate in the process of screening and applying for AHCCCS health insurance coverage.

Arizona state law stipulates that persons who refuse to participate in the AHCCCS screening and eligibility application process are ineligible for state funded behavioral health services. The following conditions do not constitute a refusal to participate:

- A person’s inability to obtain documentation required for the eligibility determination; and



- A person who is unable or refuses to participate due to his/her mental status and who does not have a legal guardian.

If a person refuses to participate in the screening and/or application process for Title XIX or Title XXI eligibility, the TRBHA or behavioral health provider must ask the person to sign the Decline to Participate in the Screening and/or Referral Process for AHCCCS (Title XIX/XXI) Health Insurance form (PM Form AHCCCS AE-08 or PM Form AHCCCS AE-08 Spanish). If the person refuses to sign the form, document their refusal to sign in the comprehensive clinical record (See *Section 4.2, Behavioral Health Medical Records Standards*).

Special considerations for persons with a serious mental illness

If a person is eligible for or requesting services as a person with a serious mental illness and is unwilling to complete the eligibility screening or application process, the TRBHA or behavioral health provider must request a clinical consultation (e.g., Clinical Liaison). If the person continues to refuse following a clinical consultation, the TRBHA or behavioral health provider must request that the person sign the Decline to Participate in the Screening and/or Referral Process for AHCCCS (Title XIX/XI) Health Insurance form (PM Form AHCCCS AE-08 or PM Form AHCCCS AE-08 Spanish). Before discontinuing the person's behavioral health services, the AHCCCS Clinical Services, Bureau of Adult Services (602-364-4558) must be notified and approve the decision.

For all persons who refuse to cooperate with the AHCCCS eligibility and/or application process, the TRBHA or behavioral health provider representative must inform the person who they can contact in the behavioral health system for an appointment if the person chooses to participate in the eligibility and/or application process in the future. Appointments in Tucson can be scheduled by calling (520) 879-6060 and in Guadalupe at (480) 768-2021.



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