

# Non-Title 19 SMI Services

## Frequently Asked Questions (FAQs) for Peers and Family Members

If you have a question that has not been answered below, [please submit your question here](#)

- [AHCCCS AND MEDICAID](#)
- [CASE MANAGERS, PEER AND FAMILY SUPPORT](#)
- [COUNSELING SERVICES](#)
- [EMPLOYMENT \(SUPPORTED\)](#)
- [MEDICATIONS](#)
- [TRANSPORTATION](#)
- [VETERANS SERVICES; RECOVERY COACHES](#)

### AHCCCS AND MEDICAID

***Q. Why do we need Medicaid as well as AHCCCS?***

**A:** In Arizona, the Medicaid program is called the Arizona Health Care Cost Containment System, or AHCCCS (pronounced "access"). Every state has a Medicaid agency, and while the federal government funds it, they allow each state to design its own program.

***Q. What is the difference between "Title 19" and "Non-Title 19"? And what is Title 19 SMI?***

**A.** Title 19 funds are funds that are provided for services to persons who qualify for AHCCCS benefits. Title 19 is the same as Medicaid. A person who qualifies for Medicaid in Arizona is often referred as "he/she is Title 19". Persons who do not qualify for AHCCCS benefits are often referred as "Non-title 19". Title 19 SMI (often written as TXIX SMI) is used in Arizona's behavioral health system to describe a person who is enrolled in AHCCCS and has been determined to have a Serious Mental Illness. Non-Title 19 SMI refers to a person who has been determined to have a Serious Mental Illness but does not qualify for AHCCCS (i.e. the person may be enrolled in the system receiving services through non-Medicaid funds).

***Q. Will Non-Title 19 SMIs have all the benefits that Title XIX (Medicaid eligible) currently have?***

**A:** Non-Title 19 SMIs will have access to many of those same services but not all. There is no funding set aside for inpatient or residential services.

**Q. Do I need to get on AHCCCS – where do I go and/or who do I talk to?**

**A:** Ideally we like members to be on AHCCCS – and there are active clinics to screen for eligibility. Some providers are able to offer services to persons not enrolled in AHCCCS. Call customer service at 800-867-5808 or visit <https://www.healthearizona.org/app/Default.aspx> for specific information.

**Q. How do I know if I am eligible for AHCCCS?**

**A:** You can apply online for AHCCCS Health Insurance at <https://www.healthearizona.org/app/Default.aspx> using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. You can also obtain more information about AHCCCS eligibility or apply for AHCCCS benefits by visiting the AHCCCS website at [www.azahcccs.gov](http://www.azahcccs.gov). Those who do not have access to the web can visit their local DES office. To find a local DES office please call (602) 542-4791.

**Q: I'm a new member in the system and would like to find resources to become self-sufficient, where do I start?**

**A:** You can start by contacting your T/RBHA for referral to resources. You can also call our Customer Service at 1-800-867-5808 and ask for referral to the resources you're looking for. Our website also maintains an updated list of community-based resources.

## **CASE MANAGERS, PEER AND FAMILY SUPPORT**

**Q. Can case management codes be made available to peer and family members who are licensed as community service agencies peer support specialists so that they can bill for services provided by phone?**

**A:** Case managers can bill for case management services over the phone. Peer support cannot be provided over the phone at this time. While peer support would ideally be provided in person, it certainly would be convenient and helpful by phone in some situations. ADHS/DBHS is currently researching and looking into options for this type of service.

**Q. Will there be peer support for parents struggling to raise young children?**

**A:** Peer support services will include living skills and parenting skills support for families.

**Q. Will people who have Non Title XIX SMI status be eligible for peer employment training?**

**A:** Peer employment training is not a billable service for anyone at this time.

## **COUNSELING SERVICES**

***Q. Under the list of covered services – counseling is not included – is that part of case management or skills training?***

**A:** This is one of the services not listed on the Governor's proposal. We had intentions of building that in and we had conversations with T/RBHAs of what that would look like. There are certain things peer support can do to replace or supplement counseling. We're currently looking into those. As for professional counseling for certain illnesses, we probably won't have that available by 7/1. We will continue to look into the possibility of incorporating the service and will continue the discussion.

## **EMPLOYMENT (SUPPORTED)**

***Q. Will employment and vocational rehab services be available?***

**A:** Supported employment is one of the main targets for these additional funds and each T/RBHA will be developing a plan on how to enhance these services for members.

***Q. Will there be any assistance for people who need dental work?***

**A:** The dental work issue is a historical one – and is one we haven't solved yet. Even if you qualify for AHCCCS – there is little coverage for dental services. We're working on fostering relationships with dentists in the community who may want to offer free services. In terms of things we can do now, we're doing health promotion – promoting good oral hygiene as a form of prevention and to delay need for dental services.

***Q. When will we start seeing the changes that affect us as employees – do you see diminishing jobs in areas or increasing them?***

**A:** Effective July 1, 2012, Non Title XIX SMI persons will have access to more services except for inpatient or residential services. In terms of our workforce, ADHS/DBHS would like to see more peer services and providers. We will probably see more jobs coming back into the field because we had some reduction a couple of years ago when we had to cut back.

## **MEDICATIONS**

***Q. Will there be one single medication formulary?***

**A:** There is a general desire for a single formulary. We will be providing guidance soon regarding medication. We are currently discussing when to add a generic drug to the formulary after the brand goes generic and the Prior Authorization (PA) process – when and how a medication is used.

## **TRANSPORTATION**

***Q. Will there be transportation support?***

**A:** That is one of the areas we are looking at. We would like to make transportation available again. The conversation is how do we make sure we use it appropriately – in terms of when would bus passes be a better option than a taxi cab or when would dial-a-ride be a better option than a taxi cab – ideally we would like to offer a continuum of transportation options that the individual can choose from depending on specific need.

## **VETERANS SERVICES; RECOVERY COACHES**

***Q. Can we get more services for returning vets, like recovery coaches? There are many vets with PTSD and homeless vets.***

**A:** If a veteran has an SMI, he/she qualifies for state services. The question is how can we best work together with AHCCCS, the VA and other programs out there to provide services that are necessary for returning veterans with SMI.