Non-Title XIX/XXI FAQs

Q1: Do the AHCCCS Complete Care (ACC) Plans or the American Indian Health Program (AIHP) receive Grants, Housing or other Non-Title XIX/XXI Funding?

A1: ACC Plans and AIHP do not receive or administer these funds. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) are responsible for administering grant funds (for non-Title XIX/XXI members and/or services) and housing services. The ACC Plans and AIHP shall assist members in accessing these services and shall coordinate care for members as appropriate.

Q2: What should a provider do if an individual who has not applied for AHCCCS contacts them for behavioral health services?

A2: Providers should make it a priority to work with the RBHA/TRBHA to enroll the individual in Non-Title XIX/XXI funded services immediately, while continuing to assist the individual with the processes to determine Title XIX/XXI eligibility. If the individual is deemed eligible for the Title XIX/XXI funding, the member can choose the ACC Plan (ACC or AIHP is a choice for American Indian members) of their preference and receive covered services through that plan (or AIHP, if American Indian). The providers shall work with the Care Coordination teams of all involved health plans or payers to ensure each member's continuity of care. Members determined to have serious mental illness (SMI) will be enrolled with the integrated RBHA. American Indian members determined to have SMI have the choice to receive their behavioral health services through a TRBHA if one is available in their area.

Q3: What behavioral health services are covered through Non-Title XIX/XXI funding?

A3: Most behavioral health services that are covered through Title XIX/XXI funding are also covered through Non-Title XIX/XXI funding including residential, counseling, case management, and support services, but may be limited to certain priority population members, as shown in AHCCCS Medical Policy Manual (AMPM) Exhibit 300-2B, and are not an entitlement. Services through Non-Title

XIX/XXI funding are limited to availability of funds. For a full list, please see AHCCCS Medical Policy Manual (AMPM) Exhibit 300-2B.

Q4: **What are the priority populations for the Non-Title XIX/XXI funding?**

A4: Populations that have been identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as priority populations are individuals with SMI determinations, individuals who have experienced a first episode of psychosis (FEP) within the past two years, children with serious emotional disturbance (SED), and individuals with Substance Use Disorders (SUD). SUD priority populations include pregnant women and women with dependent children (PW/WDC), people who inject drugs (PWID), and those with an Opioid Use Disorder (OUD). All other individuals with a substance abuse disorder, regardless of gender or route of use are also considered priority population (as funding is available).

Q5: **What are state-only or Non-Medicaid Covered Services?**

A5: State-only or Non-Medicaid covered services are services that are not covered through Title XIX/XXI funding, but are covered through Non-Title XIX/XXI funding for Title XIX/XXI eligible and Non-Title XIX/XXI eligible members. The services are traditional healing, acupuncture, room and board, supportive housing, and childcare. Some of the Non-Medicaid covered services are limited to certain priority population members, as shown in AHCCCS Medical Policy Manual (AMPM) Exhibit 300-2B. Services through Non-Title XIX/XXI funding are limited to availability of funds.

Q6: **How do individuals/members get services if the Non-Title XIX/XXI funding is already exhausted?**

A6: If all of the Non-Title XIX/XXI funding is spent, members would receive care coordination services through the provider and health plan to address the needs through other community-based options. Members would be placed on waitlists, as necessary, for services as funding comes available. Members placed on the waitlist will have interim services accessible to them while awaiting services. Note that the RBHAs and TRBHAs are responsible for prioritizing the funds to ensure consistent service availability for individuals with the highest level of need that are priority population members. Funding for SUD, especially OUD, is available for all covered services.

Q7: **What should a provider do if a Title XIX/XXI funded member loses Medicaid eligibility while receiving behavioral health services?**

A7: If a Title XIX/XXI funded member loses Medicaid eligibility while receiving behavioral health services, the provider should attempt to prevent an interruption in services. The provider should work with the health plan and RBHA/TRBHA care coordinators to determine whether the member is eligible to continue services through available Non-Title XIX/XXI funding. If the provider does not receive Non-Title XIX/XXI funding, the provider and member should work together to determine whether the member can receive services from a provider that does receive Non-Title XIX/XXI funding. If so, the provider should facilitate a transfer.

Q8: **How is billing between the ACC Plans, AIHP, RBHAs and TRBHAs for members who transition between Title XIX/XXI and Non-Title XIX/XXI funding addressed?**

A8: The providers are to work with the Care Coordination teams of all involved health plans or payers. Contract language and measures stipulate that providers will be paid for treating members while payment details between the health plans and RBHAs/TRBHAs are determined.

Q9: How do I contact a RBHA or TRBHA in my area?

RBHAs and TRBHAs	County or Tribal Nation Served	Website	Phone #
Arizona Complete Health (RBHA)	La Paz, Pinal, Pima, Yuma, Graham, Greenlee, Santa Cruz, and Cochise	azcompletehealth.com	1-888-788-4408
Gila River Health Care (TRBHA)	Gila River Indian Community	gilariverrbha.org/	1-800-259-3449
Mercy Care (RBHA)	Maricopa	mercycareaz.org	1-800-624-3879
Navajo Nation* (TRBHA) *Only housing & crisis funds, no block grants	Navajo Nation	nndoh.org/dbhs.html	1-866-841-0277
Pascua-Yaqui (TRBHA)	Pascua-Yaqui Tribe	pascuayaqui-nsn.gov	520-879-6060
Steward Health Choice Arizona (RBHA)	Apache, Coconino, Gila, Mohave, Navajo, Yavapai	StewardHealthChoiceAZ.com	1-800-322-8670
White Mountain Apache (TRBHA)	White Mountain Apache Nation	wmabhs.org	1-877-336-4811

Q10: What should a provider do if funding or care coordination presents a possible barrier to care?

A10: If there are any barriers to care, the provider should work with the Care Coordination teams of all involved health plans or payers. If the provider is unable to resolve the issues in a timely manner to ensure the health and safety of the member, the provider should contact AHCCCS' Clinical Resolutions Unit (CRU) at 602-364-4558 or 1-800-867-5808. If the provider believes that there are systemic problems, rather than an isolated concern, the provider should notify the CRU of the potential barrier and/or send an email to GrantsManagement@azahcccs.gov. AHCCCS will conduct research and work with the health plans and payers to address or remove the potential barriers.