Non-Title 19 SMI Services

Frequently Asked Questions (FAQs) For Providers

If you have a question that has not been answered below, please submit your question here

- **ARNOLD VERSUS SARN AGREEMENT**
- **CASE MANAGERS, PEER AND FAMILY SUPPORT SPECIALISTS**
- **COUNSELING SERVICES**
- **DOCUMENTATION / REPORTING**
- **EMPLOYMENT (SUPPORTED)**
- **LEGAL SYSTEM and LAW ENFORCEMENT**
- **MEDICATIONS**
- **TRANSPORTATION**

**ARNOLD VERSUS SARN AGREEMENT**

**Q. Arnold v. Sarn: Can you speak to the 55 beds currently set aside at the Arizona State Hospital for use by members enrolled through the Maricopa County RBHA?**

**A:** This has not changed.

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

**Q. While not everyone needs case management, there are some persons who truly need it, what could we do about that?**

**A:** This is an area we’re currently looking into and we plan on providing guidance soon. We’ve heard several recommendations, one example is that providers conduct assessments per situations (i.e. out of jail, out of prison, or in hospital discharge planning) and identify those persons who would benefit the most from case management.

**Q: Where do you start when you’re new working in the system and need to help someone find resources to become self-sufficient?**

**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.

**Q: Are ACT teams an expectation in Maricopa County?**

**A:** ACT teams will be available in Maricopa County based upon assessed need.
COUNSELING SERVICES

Q. Counseling is not included in the list of services – 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 service and will continue the discussion.

DOCUMENTATION / REPORTING

Q. When services were cut, each member was required to have a new Treatment Plan to reflect the new level of care. What will be the expectation now?
A: We don’t expect updated plans by 7/1, but the service plans should be updated as the members return for appointments.

Q. When will the revised Provider Manual be available?
A: If the revisions are not complete by July 1, we will issue a policy clarification.

Q. Will you be tracking system outcomes?
A: Yes. There is the expectation of a new annual report starting 2013. Details have not yet been qualified but will include funds spent, utilization and some of the health outcomes. We will also be tracking outcomes regarding our Fidelity to the SAMSHA Models.

EMPLOYMENT (SUPPORTED)

Q. We are hoping to get to the point where folks who are NT19 SMI & T19 SMI are independent enough to work in the community. What can we do to send more individuals into vocational rehab programs?
A: Self-sufficiency is a very important step in recovery. Providers need to promote supported employment opportunities and resources heavily and encourage members to take advantage of their benefits. They may need to do additional efforts to explain these benefits to the members.

Q. Regarding pre-job training and employment maintenance codes, will there be a modifier?
A: We are going to check on this, and are also checking if it can be conducted as a group activity.
LEGAL SYSTEM and LAW ENFORCEMENT

Q. Under case management and under transportation, it would be helpful to provide certain legal services to help people develop trusts and guardianships. Is this something that can be considered?
A: We have benefit coaches in our system, however, in terms of legal services in general, that is not a type of service covered. The benefit coaches could have a list of referrals for the members (i.e. referrals to low-cost or free legal services, some community organizations offer those).

MEDICATIONS

Q. What input are you getting on having a main brand formulary?
A: We have received mixed input. There is a general desire for a single formulary, but there is a difference of opinion when a brand goes generic as to when to add it to the formulary. Also there is discussion of the prior authorization process about when and how it is used. We will have guidance on this on the next couple weeks.

TRANSPORTATION

Q. It costs money to use public transportation – bus passes could be issued rather than taxi cab reimbursement. Will that be a funded resource? It could be something that is billed through a transportation code.
A: Transportation was not clearly identified in the Governor’s proposal but we consider it to be a valuable resource for personal assistance. We’d like to figure out ways to use any funds for this service strategically and based on need.