



Health-e-Arizona Applications for SMI Applicants

April 28, 2011



Learning Objectives

During this session you will learn:

- How to enter information in Health-e-Arizona
- When applicants are referred to the SSI MAO Office for AHCCCS eligibility processing
- Why Medical Documents are needed for some referrals
- How to determine the Medical Documents that are required
- About Health-e-Arizona application routing to DES, Medicare Savings Programs and Freedom to Work.

SMI Screening Question

Medical Information

Change Font Size

Notes

Is anyone in this application currently an inpatient in a hospital? Yes No

Has anyone in this application been discharged from a hospital this month or last month? Yes No

Has anyone, in this application, been treated and released from a hospital emergency room or an outpatient medical facility this month or last month? Yes No

Has anyone in this application had any medical expenses this month or last month? Yes No

Does any applicant have a current injury or illness because of an accident or medical malpractice? Yes No

Is any adult in this application unable to work because of a medical condition that has lasted or may last 12 months, or might result in death? Yes No

Does anyone listed on this application have a chronic illness?(medical condition that requires frequent and ongoing treatment and that if not properly treated will seriously affect the person's overall health) Yes No

Does anyone listed on this application have a serious illness?(medical or mental condition that if not treated may result in death, disability, disfigurement, or impaired functioning) Yes No

Is there anyone in the application, 18 years of age or older, who has been diagnosed as having a Serious Mental Illness (SMI)? Yes No

Jacob Marshall

How to Answer the Question

Is there anyone in the application, 18 years of age or older, who has been diagnosed as having a Serious Mental Illness (SMI)? Yes No

Jacob Marshall

© 2009 [California HealthCare Foundation](#). All Rights Reserved.

One-e-App is managed by [Social Interest Solutions](#).

- Select “Yes” only when you have documentation confirming that the applicant is Seriously Mentally Ill

SMI Referral to the SSI MAO Office

You May Be Eligible For These Programs



Based on the information you provided, this screen shows:

- The persons or programs for which you are renewing eligibility
- Persons who may be eligible for Medical Assistance
- Possible eligibility for Nutrition and Cash Assistance Benefits

You will need to enter additional information to complete a renewal application.

Please tell us if you want to apply for programs that you are not currently receiving.

- If you select Yes, you will need to enter additional information to complete the application.
- If you do not want to apply, select No.

Medical Assistance

Individual	Program	Renewal
Marshall, Jacob	AHCCCS for Seniors and People with Disabilities	N/A

Confirmation

Your Health-e-Arizona application has been received by the offices listed below.
Your Health-e-Arizona Application ID number is: 201109659601

The steps below explain what you need to do to complete the application process.

AHCCCS for Seniors and People with Disabilities

Applying Persons
Marshall, Jacob

AHCCCS - SSI-MAO
801 E Jefferson St
Phoenix, AZ 85034
(602)417-5010

[Find This Office](#)

Next Steps

1. For your applicati
2. To find o
[Long Doe](#)
3. You must applicati
Health-e
provide. I
your appl
[How do I
How do I](#)
To learn
[Documen](#)
4. For a list

© 2009 [California HealthCare Foundation](#). All Rights Reserved.
One-e-App is managed by [Social Interest Solutions](#).

SSI MAO Eligibility

Applicant must be:

- Age 65 or older
- A person with **blindness** or a **disability** as determined by:
 - The Disability Determination Services Administration (DDSA)
 - An SMI diagnosis through a RBHA provider



How is Qualifying Disability Verified?

- Electronic interface with Social Security Administration
 - Current receipt of Social Security Disability Insurance (SSDI)
 - Record of prior disability determination that is still valid
- SMI Determination Summary from a RBHA provider
- A disability determination by the Disability Determination Services Administration (DDSA)



What Forms May Be Required?

- Depending on the situation, the following forms may be required:
 - SMI Determination Summary
 - Disability Report (DE-121)
 - Authorization for the Disclosure of Protected Health Information (DE-202)
 - Medical Records

What Forms May Be Required?



Fax Cover Sheet Medical Documents



14408711

Application ID **201109659601**



Primary Informant **Jacob Marshall**

Date : 4/8/2011

Other Persons

Address **700 E Jefferson ST, Phoenix, Arizona, 85034**

Phone **(H)(602)555-1818**

Please remember to include the proof documents along with the cover sheet.

Please mark an "X" in the check box next to each document you are faxing. Example

Please fax to **1-916-779-8284**

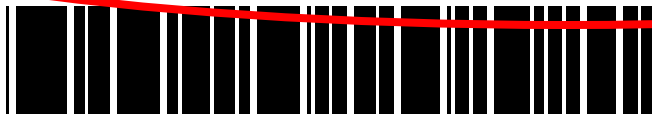


Documents Attached

- Authorizing Disclosure of PHI (DE-202) (Send with DE-121) (Jacob Marshall)
- Disability Report (DE-121)27 (Not needed if receiving SSDI) (Jacob Marshall)
- Medical Records (Needed only when sending a DE-121) (Jacob Marshall)
- SMI Determination (Required when not receiving SSDI) (Jacob Marshall)
- Other Medical Documents (See restrictions below) (Jacob Marshall)

What Forms May Be Required?

An explanation of when the forms listed on this cover sheet are needed is in the "SMI Screening and Referral with Forms" document, which is available in Links & Contacts.



* 2 0 1 1 0 9 6 5 9 6 0 1 *

AZPUBMED

201109659601

© 2009 [California HealthCare Foundation](#). All Rights Reserved.

One-e-App is managed by [Social Interest Solutions](#).

oneeapp

One Stop Access to Apply for Assistance

help

links & contacts exit

TRAINING	Introduction to E-learning	Introduction to E-learning.pdf
TRAINING	Learning Center Instructions	Learning Center Instructions.pdf
TRAINING	New User Training Lesson Descriptions	New User Training Lesson Descriptions.pdf
TRAINING	SMI Screening and Referral with Forms	SMI Screening and Referral.pdf
TRAINING	2010 CHANGES (Sept) - Citizenship, Emergency Services	Citizenship, Immigration Status and Emergency Services (09-2010).pdf
TRAINING	2010 CHANGES (Dec) - Enhancements	Health-e-Arizona Enhancements (December 2010).pdf



Medical Documents Fax Cover Sheet

All medical documents are used for the one purpose –

To help verify that the applicant has a disability that qualifies him or her to receive AHCCCS benefits through the SSI MAO office.

Are Medical Documents Always Needed?

You do not need to send any documents listed on the Medical Documents Fax Cover Sheet for your applicant when:

- The SMI applicant is age **65 or older**
- You have proof that the SMI applicant (under age 65) is **receiving Social Security Disability Insurance (SSDI)**
- You have proof that the SMI applicant (under age 65) is **receiving Supplemental Security Income (SSI)** –
No AHCCCS application needed for SSI recipients!



Which Forms Need to Be Sent?

Review the SMI Determination Summary

SMI-A

- AHCCCS considers the applicant's diagnosis to be SMI-A when the SMI Determination indicates that the applicant meets either of the following functional criteria:
 - Inability to live in an independent living setting
 - Risk of serious harm to self or others

SMI-B

- AHCCCS considers the applicant's diagnosis to be SMI-B when the SMI Determination indicates that the applicant does not meet the functional criteria to be considered "SMI-A, but has:
 - Dysfunction in role performance or
 - Risk of deterioration

[Under age 65 and no proof of disability]

SMI DETERMINATION

Name: _____

I. Preliminary SMI Eligibility Determination Recommendation

Based upon my direct behavioral health assessment of this person, I _____

(Print)

Make the following preliminary SMI eligibility recommendation.

1. Preliminary Recommendation of Qualifying SMI Diagnosis (circle the person available information)

Psychotic disorders (295.10, 295.20, 295.30, 295.60, 295.70, 297.1, 295.90, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.67, 296.68, 296.69, 296.70, 296.71, 296.72, 296.73, 296.74, 296.75, 296.76, 296.77, 296.78, 296.79, 296.80, 296.81, 296.82, 296.83, 296.84, 296.85, 296.86, 296.87, 296.88, 296.89, 296.90, 296.91, 296.92, 296.93, 296.94, 296.95, 296.96, 296.97, 296.98, 296.99, 300.00, 300.01, 300.02, 300.14, 300.21, 300.22, 309.81); **Personal** disorders (301.4, 301.50, 301.6, 301.81, 301.82, 301.83, 301.9)

1(a) The above noted diagnosis (es) is/are suggested based upon the following disorder(s): (Provide descriptions of both positive (confirming) finding and negative diagnoses that were considered)

1(b) Based on the assessment and other available information, the person's current level of functioning is _____

2. Preliminary Recommendation of Functional Criteria: As a result of the above listed under 2 (a), (b) and/or (c) for most of the past twelve months or for most of continued duration of at least six months:

- 2(a) **Inability to live in an independent or family setting** without the person's capacity to live independently or in a family setting or arrange for needs such as food, clothing, shelter and medical care.
 - Neglect or disruption of ability to attend to basic needs.
 - Needs assistance in caring for self.
 - Unable to care for self in safe or sanitary manner.
 - Housing, food and clothing, must be provided or arranged.
 - Unable to attend to the majority of basic needs of hygiene, care.
 - Unwilling to seek prenatal care or necessary medical/dental conditions.
 - Refuses treatment for life threatening illnesses because of _____
- 2(b) **A risk of serious harm to self or others (Social/Legal and ease with which the person is able to maintain conduct with social expectations, and/or the extent to which the person's emotional control.**

Name: _____

- Seriously disruptive to family and/or community.
- Pervasively or imminently dangerous to others' bodily safety.
- Regularly engages in assaultive behavior.
- Has been arrested, incarcerated, hospitalized or at risk behavior.
- Persistently neglectful or abusive towards others in the home.
- Severe disruption of daily life due to frequent thoughts of self-harm or suicidal ideation or behavioral intent and/or plan.
- Affective disruption causes significant damage to the person's personal relationships.
- 2(c) **Dysfunction in Role Performance** - Person's capacity to function in society, school, work, parenting or other developmentally appropriate settings.
 - Frequently disruptive or in trouble at work or at school.
 - Frequently terminated from work or suspended/expelled from school.
 - Major disruption of role functioning.
 - Requires structured or supervised work or school setting.
 - Performance significantly below expectation for cognitively demanding tasks.
 - Unable to work, attend school, or meet other developmental needs.

3. Risk of Deterioration

- The individual does not currently meet any one of the above functional criteria and is not expected to deteriorate to such a level without treatment.
- A qualifying diagnosis with probable chronic, relapsing and/or severe course.
- Co-morbidities (like mental retardation, substance dependence, etc.) that increase the risk of deterioration.
- Persistent or chronic factors such as social isolation, poor social skills, threatening or debilitating medical illnesses, victimization, etc.
- Other (past psychiatric history; gains in functioning have been temporary; compliance only; court-committed; care is complicated, etc.)

If the assessor concurs with the above statement, document reason: _____

4. The above noted Functional Criteria ratings are suggested based upon the person's current level of functioning: (Provide a description of both the positive (confirming) findings and areas of concern regarding the person's current level of functioning of this person)

Assessor's Name (print) / Signature _____

Name: _____

II. Final SMI Eligibility Determination

- SMI** - All of the available information supports the conclusion that the above individual has a qualifying diagnosis (1) AND either meets one or more functional criteria (2) OR is at risk of deterioration (3) and therefore meets ADHS/DBHS clinical criteria for Serious Mental Illness (SMI).
- Not SMI** - The above individual does not meet ADHS/DBHS clinical criteria for SMI.

Clinical rationale for final determination:

Reviewer Name (print) / Signature _____ Credentials/Position _____ Date _____



Initial Referrals to SSI MAO Office

SMI A

- **SMI Determination Summary** (October 2001 or newer version) signed by a physician or psychologist that details the psychiatric diagnosis and behaviors that qualify the person as seriously mentally ill
- **Current medical evidence** that supports the SMI diagnosis when the SMI Determination Summary was complete more than one year ago.

SMI B

- **SMI Determination Summary** (October 2001 or newer version)
- **Medical records** within the last year that support and validate the SMI Determination Summary and current functioning level. If the medical records are more than 3 months old, then updated progress notes dated within the last 3 months are needed
- **Disability Report (DE-121)**
- **Authorization for the Disclosure of Protected Health Information (DE-202)**

Initial Referrals to SSI MAO Office for SMI-B



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

DE-121

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) Disability Report



* Si necesita ayuda para completar esta forma, favor de llamar al 602-417-5010.

PLEASE PRINT, TYPE, OR WRITE CLEARLY AND ANSWER ALL ITEMS THE BEST YOU CAN.
If you are filing on behalf of someone else, enter his or her name and Social Security number in the space provided and answer all questions. **COMPLETE ANSWERS WILL HELP IN PROCESSING THE CLAIM.**

PRIVACY ACT NOTICE: The information requested on this form is authorized by Title 20 CFR 404.1512 and Title 20 CFR 416.912. The information provided will be used in making a decision on this claim. While completion of this form is voluntary, if you do not give us the information asked for, it could take us longer to make a decision. We may give information you give us on this form to another person or government agency only with respect to AHCCCS programs and to comply with Federal laws requiring the exchange of information between AHCCCS and another agency.

Name of applicant	Social Security Number	Date of Birth
Telephone number where applicant can be reached (include area code)	Best time to reach applicant	
Does the applicant speak English?	Mention ALL medical conditions. Provide as much detail as possible.	
If NO, what language does the applicant speak?		

Initial Referrals to SSI MAO Office for SMI-B



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

Authorization for the Disclosure of Protected Health Information



DE-202

Customer:	AHCCCS ID:	Customer #:
Name and Address of Medical Source (include zip code)	Date:	
	Eligibility Specialist:	
Leave blank		
	Phone: () -	ext.
	Fax: () -	

Name:	Date of Birth:
Address:	
Social Security Number (Optional, this may assist the health care provider in locating your records):	

Purpose of Disclosure: I am authorizing you to provide protected health information or records and any information contained in such documents to AHCCCS and/or the Arizona Department of Economic Security, Disability Determination



SSI MAO Renewal Applications

Renewal Verification from Tribal/RBHA for SMI (MA-435) sent to RBHA requesting verification of the applicant's current functional limitations.

Not receiving SSDI.

No disability determination by DDSA



DDSA Process

Applicant's full cooperation is required:

- Providing information for completion of the Disability Report (DE-121)
- Authorizing release of medical information from medical providers (DE-202)
- Providing additional information and keeping appointments for evaluations with doctors chosen by DDSA



DDSA Process

Some applicants will fail to cooperate with the DDSA process or will not be determined disabled by DDSA standards.

AHCCCS benefits for these individuals will be discontinued unless they qualify for another AHCCCS medical program.



**SMI Applications
That Are Not Sent to
the SSI MAO Office**





SMI Referrals to DES

Applications for persons who have current AHCCCS eligibility through DES are sent to DES for processing of the renewal.



SMI Referrals for Medicare Savings Programs

An applicant is referred for a Medicare Savings Program when:

- Receiving Medicare
- Income exceeds the limit for AHCCCS for Seniors and People with a Disability

Medicare Savings Programs

Does anyone in this application have Medicare? Yes No

Kenneth Washington

- Part A
- Part B
- Part D

Medicare Number

Elizabeth Washington

Brian Washington

© 2009 [California HealthCare Foundation](#). All Rights Reserved.
One-e-App is managed by [Social Interest Solutions](#).

- Must enter Medicare information in application
- Potentially eligible for:
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualified Individual-1 (QI-1)
- Both programs pay Part B Medicare premium
Eligibility determined by SSI MAO Office



SMI Referrals to Freedom to Work

Applicants may be screened for the Freedom to Work program when:

- Under age 65
- Currently working or self-employed

Freedom to Work Screening

Additional Household Information



Has any adult in this application, or their spouse or deceased spouse, ever worked for a government agency or an employer with a pension plan? Yes No

Is any person in this application, or their spouse or deceased spouse, a veteran? Yes No

Is there anyone in this application who was released from prison or jail this month? Yes No

Is anyone in this application attending school? Yes No

Does anyone in this application who is currently working or is self-employed have a significant impairment/disability? Yes No

Jacob Marshall

Click **Help** for help with this page

Freedom to Work Screening

Does anyone in this application who is currently working or is self-employed have a significant impairment/disability? Yes No

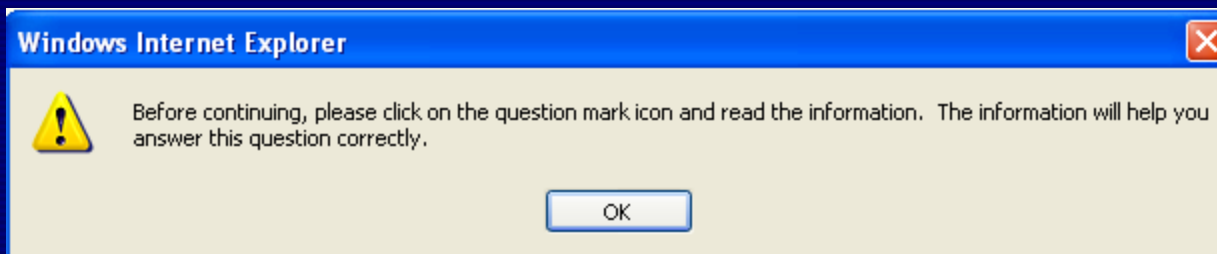
Jacob Marshall

© 2009 [California HealthCare Foundation](#). All Rights Reserved.
One-e-App is managed by [Social Interest Solutions](#).

- Screening question only displays when income from **working or self-employment** has been entered for a person in the household
- Answering “Yes” to the question does not guarantee a referral to the FTW Unit
- Applicant must screen ineligible for all other AHCCCS programs

Question-Level Help

Does anyone in this application who is currently working or is self-employed have a significant impairment/disability? Yes No



Does anyone in this application who is currently working or is self-employed have a significant impairment/disability?

This question is screening for the Freedom to Work program. Freedom to Work provides AHCCCS benefits for working persons with a disability whose income is too high to qualify for other AHCCCS programs. Persons who qualify for Freedom to Work may be required to pay a premium of up to \$35 per month.

How do I know if I have a significant impairment/disability for Freedom to Work?

- You meet the disability requirement if you are receiving Social Security Disability Insurance (SSDI) payments.
- You may meet the disability requirement if you previously received SSDI, but payments stopped because of your income from working.
- If you have not been determined disabled by Social Security, but you believe you have a significant impairment/disability, AHCCCS will refer you for a disability determination.

Do I qualify if I receive SSI Cash?

If you are receiving Supplemental Security Income (SSI) Cash benefits as an Arizona resident, you do not qualify for Freedom to Work because you are already receiving AHCCCS Health Insurance.

Freedom to Work Eligibility

Applicant must be:

- Not eligible for any other AHCCCS programs
 - Under age 65
 - Currently working or self-employed
 - Determined disabled
 - Receiving Social Security Disability Insurance (SSDI)
 - Lost SSDI payments due to earnings
 - Determined disabled by the Disability Determination Services Administration (DDSA)
- (SMI determination cannot be used as proof of disability)

Eligibility determined by AHCCCS FTW Unit

Health-e-Arizona Applications for SMI Applicants

Enter in Health-e-Arizona

- Earned and unearned income
- Medicare information
- SMI screening question
- FTW screening question (when working)



Send to Health-e-Arizona

- SMI Determination Summary (for all SMI applicants) and proof of current functional limitations
- Disability Referral and medical release form for SMI-B applicants
- ALL other required documents (proof of citizenship, identity, address, income, etc.)



Thank you for attending today's session.
Questions?

