

Arizona Department of Health Services  
Division of Behavioral Health Services

**Procedures for Screening and Identifying  
Potential AHCCCS (Title XIX/XXI) Eligibility**

**Policy:** All Non-Title XIX/XXI applicants who request behavioral health service must be screened for AHCCCS (Title XIX/XXI) eligibility.

All T/RBHA enrolled Non-Title XIX/XXI behavioral health applicants must be screened at least annually, and when significant changes occur in the person's financial status for AHCCCS (Title XIX/XXI) eligibility.

All applicants who are screened and are determined to be potentially Title XIX/XXI eligible shall be assisted by the RBHA designee in completing an Application for AHCCCS Health Insurance (Application). The RBHA designee shall complete and obtain any required documentation and submit the application to DES or to the AHCCCS Central Screening Unit for applications to be processed by the AHCCCS SSI-MAO Unit or the Kids Care Office.

**References:** [ARS 36-3408](#)  
[ADHS/DBHS/RBHA Contracts](#)  
[ADHS/DBHS/TRBHA IGAs](#)  
[ADHS/DBHS Provider Manual Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage and the Limited Income Subsidy Program](#)

**Procedures:**

**A) Verification of Title XIX/XXI eligibility**

The RBHA designee will utilize existing mechanisms to verify Title XIX/XXI eligibility.

Based upon this information:

- 1) If the applicant is Title XIX/XXI eligible, provide behavioral health services according to RBHA policy.
  
- 2) If the applicant is not currently Title XIX/XXI eligible continue with the process as outlined in Section B.

## **B) Screening applicants for AHCCCS (Title XIX/XXI) eligibility**

- 1) The RBHA designee screens all Non-Title XIX/XXI applicants who request behavioral health services for AHCCCS (Title XIX/XXI) eligibility using the [Health-e Arizona online application](#).
- 2) The RBHA designee screens all T/RBHA enrolled Non-Title XIX/XXI applicants at least annually, and when significant changes occur in the person's financial status for AHCCCS (Title XIX/XXI) eligibility using the [Health-e Arizona online application](#).
- 3) The RBHA designee requests applicants who will be screened for AHCCCS (Title XIX/XXI) eligibility to bring supporting documentation to the screening interview. Information shall be provided to the applicant so that they understand that the documentation requested is only being asked for the purpose of assisting the applicant in applying for AHCCCS health care benefits. Also provide information that the health care benefits may also help to pay for behavioral health services. The applicant should be requested to bring the following supporting documentation to a screening interview:
  - a) Verification of gross family income for last month and this month (i.e. pay check stubs, social security award letter, retirement pension letter).
  - b) Social security numbers for all family members, bring social security cards if available.
  - c) For those who have other health insurance, bring the health insurance card (i.e. Medicare card).
  - d) Proof of United States citizenship and identity.
  - e) For those not born in the United States, citizenship or immigration documents and proof of identity.
  - f) For those who pay for dependent care expenses (i.e. adult or child daycare), proof of amount paid for the dependent care.
  - g) For individuals/families with higher incomes (exceeds 100% of FPL) and who are financially responsible for medical expenses, after deducting the expenses, their income is 40% or less than the FPL (\$311/month), verification of out-of-pocket medical expenses. The Medical Expense Deduction (MED) was established by AHCCCS after approval of Proposition 204 in 2000. MED offers individuals/families with incomes too high to be eligible for Title XIX the opportunity to become eligible using their medical expenses. Potential applicants deduct their out-of-pocket medical expenses from their income reducing their

countable income to less than 40% of the FPL. This calculation is measured for the month before the application, the month of the application, and the following month. See R9-22-1429 for specific language on the methodology.

- 4) The RBHA designee completes the AHCCCS Eligibility Screening Tool. The tool will indicate one of the following:
  - a) The applicant is potentially AHCCCS (Title XIX) eligible and an application should be submitted to the Department of Economic Security (DES). Follow Procedure **C** for applications that should be sent to DES.
  - b) The applicant is potentially KidsCare (AHCCCS - Title XXI) eligible and an application should be submitted to the AHCCCS Central Screening Unit for applications to be processed by the KidsCare Office. Follow Procedure **D** for applications that should be sent to the KidsCare Office.
  - c) The applicant is potentially SSI-MAO (AHCCCS-Title XIX) eligible and an application should be submitted to the AHCCCS Central Screening Unit for applications to be processed by the AHCCCS SSI-MAO Unit. Follow Procedure **E** for applications that should be sent to AHCCCS SSI-MAO Unit.
  - d) The applicant is potentially MED (prop 204 - Title XIX) eligible and an application should be submitted to Department of Economic Security (DES). Follow Procedure **C** for applications that should be sent to DES.
- 5) The applicant does not appear to be AHCCCS (Title XIX/XXI) eligible. For these applicants, refer to the RBHA's Provider Manual Sections 3.4, *Co-payments*, and 3.21, *Service Prioritization for Non-Title XIX/XXI Funding*.
- 6) The completion of the AHCCCS Eligibility Screening Tool is not required at the time an emergency behavioral health service is delivered but the screening must be completed within five days of service in order for a Non-Title XIX/XXI applicant to continue to receive state funded behavioral health services.

### **C) Submitting Applications to the Department of Economic Security (DES)**

- 1) The RBHA designee assists the applicant in completing and submitting an Application and supporting documentation to DES. This procedure shall only be followed based on the completion and direction of the [Health-e Arizona online application](#):
  - a) The RBHA designee reviews with the applicant the benefits of applying for and

- obtaining AHCCCS health insurance. Refer to page A of the Application to review the Covered Medical Services with the applicant.
- b) The RBHA designee assists the applicant in completing the Application and obtains supporting documentation. Refer to the Application section of this manual for instructions on completing the Application and obtaining required and ancillary supporting documentation. (*When applying for a child living in or anticipated to be living in an out of the home placement, documentation must include a statement by a medical practitioner that it is anticipated that the child will be out of home for at least 30 days.*)
  - c) **The RBHA designee must complete the Hospital/Organization/Agency Use Only section on page 1 of the Application and have the applicant sign this section in addition to signing page 6 of the application.**
  - d) The RBHA designee will assist the applicant in choosing an AHCCCS Health Plan at the time the Application is completed. This choice is to be written on page 1 of the Application.
  - e) The RBHA designee completes the [Authorization for the Release of Information \(form ADHS AE-03\)](#) and has the applicant sign this form. This form allows the RBHA and designee to communicate with and provide information to DES/FAA for the purposes of establishing AHCCCS eligibility.
  - f) The RBHA designee completes the [Next Steps \(form ADHS AE-04\)](#) and gives it to the applicant. This will provide the applicant with information about what to expect next and the RBHA designee contact information.
  - g) The RBHA designee completes the [AHCCCS Application Referral Turn Around Document \(form ADHS AE-06\)](#). Only complete the section of the form that is to be completed by the RBHA designee. This form will later be used by the DES to communicate with the RBHA designee.
  - h) The RBHA designee completes the [AHCCCS Application Checklist /Coversheet \(form ADHS AE-02\)](#). The RBHA designee must include on the form the RBHA Designee number given to the designee by the RBHA. This form must be placed on the top of the packet submitted to DES. This Coversheet will cue DES that this application is being submitted from the behavioral health system. Use this checklist as a guide to ensure that you have completed and are submitting all documentation to DES.
  - i) The RBHA designee mails the Coversheet, application and all other documentation to the DES office that is responsible for processing applications in the applicant's zip code area. Current listings of DES offices by zip code can be accessed at the following website:  
<http://www.de.state.az.us/faa/contact.asp>

- 2) DES Eligibility Specialists will process applications received from the behavioral health system. (This process does not require a DES face to face or phone interview.)
  - a) DES will register into their data system all applications received from the behavioral health system and will code the referral source based on the referring RBHA information.
  - b) The DES Eligibility Specialist will complete a Title XIX eligibility determination.
  - c) The DES Eligibility Specialist will communicate to the RBHA designee using the [AHCCCS Application Referral Turn Around Document \(form ADHS AE-06\)](#) the following information:
    - (1) the application has been approved; or
    - (2) the application has been denied and the reason for the denial.
  - d) If additional information or documentation is requested by the DES Eligibility Specialist to process the application, the RBHA designee will contact the applicant and ensure the requested information is forwarded to the DES Eligibility Specialist.
  - e) DES will send the applicant an approval or denial letter.
  - f) DES will electronically communicate approvals to the AHCCCS data system. The AHCCCS data system will then transmit information to the applicant's health plan regarding the applicant's enrollment with the health plan. The health plan will send the applicant a Health Plan Member Handbook and a letter indicating what Primary Care Provider (PCP) the applicant has been automatically assigned. PCPs are automatically assigned according to an applicant's zip code when the applicant has not called the Health Plan within a few days of approval to select their PCP.
  
- 3) The RBHA designee completes the following after receiving notification regarding the approval or denial of an application:
  - a) Contacts the applicant to review the approval or denial of the AHCCCS application. Answers questions the applicant may have or identifies a contact that can answer the applicant's questions.
  - b) If the applicant needs assistance, the RBHA designee will help the applicant to:
    - (1) Contact the health plan and request a change in PCP if the applicant wants a different PCP than was automatically assigned.
    - (2) Make the first PCP appointment.
  - c) If the RBHA designee is not the Assigned Clinician, the RBHA designee informs the Assigned Clinician regarding the following:

- (1) Approval or denial of AHCCCS (Title XIX/XXI) eligibility.
- (2) PCP contact information.

#### **D) Submitting Applications that will be processed by KidsCare.**

- 1) The RBHA designee assists the applicant in completing and submitting an Application and supporting documentation to AHCCCS Central Screening Unit for the KidsCare Office to process. This procedure shall only be followed based on the completion and direction of the [Health-e Arizona online application](#).
  - a) The RBHA designee reviews with the applicant the benefits of applying for and obtaining AHCCCS health insurance. Refer to page A of the Application to review the Covered Medical Services with the applicant.
  - b) The RBHA designee assists the applicant in completing the Application and obtains supporting documentation. Refer to the Application section of this manual for instructions on completing the Application and obtaining required and ancillary supporting documentation.
  - c) **The RBHA designee must complete the Hospital/Organization/Agency Use Only section on page 1 of the Application and have the applicant sign this section in addition to signing page 6 of the application.**
  - d) The RBHA designee will assist the applicant in choosing an AHCCCS Health Plan at the time the Application is completed. This choice should be written on page 1 of the Application.
  - e) The RBHA designee completes the [Authorization for the Release of Information \(form ADHS AE-03\)](#) and has the applicant sign this form. This form allows the RBHA and designee to communicate with and provide information to KidsCare for the purposes of establishing AHCCCS eligibility.
  - f) The RBHA designee completes the [Next Steps form \(ADHS AE-04\)](#) and gives it to the applicant. This will provide the applicant with information about what to expect next and the RBHA designee contact information.
  - g) The RBHA designee completes the [AHCCCS Application Checklist /Coversheet \(form ADHS AE-02\)](#). The RBHA designee must include on the form the RBHA Designee number given to the designee by the RBHA. This form must be placed on the top of the packet submitted to the AHCCCS Central Screening Unit. This Coversheet will cue the KidsCare Office that this application is being submitted from the behavioral health system. Use this checklist as a guide to ensure that you have completed and are submitting all documentation required.
  - h) The RBHA designee mails the Coversheet, application and all other documentation to the AHCCCS Central Screening Unit for applications to be

processed by the KidsCare Office. Refer to the [Contact Information](#) section of this manual for the AHCCCS Central Screening Unit address.

- 2) KidsCare Eligibility Specialists will process applications received from the behavioral health system.
  - a) AHCCCS will register into their data system all applications received from the behavioral health system and will code the referral source based on the referring RBHA information.
  - b) KidsCare Eligibility Specialist will complete a Title XXI eligibility determination.
  - c) The RBHA will be provided a weekly electronic list regarding the status of applications submitted to the AHCCCS Central Screening Unit and processed by the KidsCare office.
  - d) If additional information or documentation is requested by the KidsCare Eligibility Specialist to process the application, the RBHA designee will contact the applicant and ensure the requested information is forwarded to the KidsCare Eligibility Specialist.
  - e) KidsCare will send the applicant an approval or denial letter.
  - f) For applications that are approved, the AHCCCS data system will then transmit information to the applicant's health plan regarding the applicant's enrollment with the health plan. The health plan will send the applicant a Health Plan Member Handbook and a letter indicating what Primary Care Provider (PCP) he/she has been automatically assigned. PCPs are automatically assigned according to an applicant's zip code.
  
- 3) The RBHA designee completes the following after receiving notification regarding the approval or denial of an application:
  - a) Contacts the applicant to review the approval or denial of the AHCCCS application. Answers questions the applicant may have or identifies a contact that can answer the applicant's questions.
  - b) If the applicant needs assistance, the RBHA designee will help the applicant to:
    - (1) Contact the health plan and request a change in PCP if the applicant wants a different PCP than was automatically assigned.
    - (2) Make the first PCP appointment.
  - c) If the RBHA designee is not the Assigned Clinician, the RBHA designee informs the Assigned Clinician regarding the following:
    - (1) Approval or denial of AHCCCS (Title XIX/XXI) eligibility.
    - (2) PCP contact information.



## E) Submitting Applications that will be processed by the AHCCCS SSI-MAO Unit

- 1) The RBHA designee assists the applicant in completing and submitting an Application and supporting documentation to AHCCCS Central Screening Unit for the SSI-MAO Unit to process. This procedure shall only be followed based on the completion and direction of the [Health-e Arizona online application](#).
- 2) The RBHA designee shall submit applications for applicants who are aged (65 years of age or older), blind **OR** receiving Social Security Disability Benefits to the AHCCCS Central Screening Unit following all procedures in E except for Procedures E.3.a-c. Proceed to Procedure E.3.d.
- 3) The RBHA designee shall submit all other applications using the following procedures.
  - a) The RBHA designee shall obtain a copy of the applicant's Seriously Mentally Ill (SMI) Determination from the Behavioral Health Assessment and Service Plan in the medical record. **The SMI Determination must be the October 2000 or newer version and must be signed by a physician (M.D or D.O.) or psychologist (Ph.D.).** If the SMI Determination is older than an October 2000 version, request that a new SMI Determination be completed and signed by a physician or psychologist.
  - b) The RBHA Designee reviews the SMI Determination to identify what supporting medical records and/or forms need to be submitted with the application. For processing purposes only, SSI-MAO separates SMI individuals into two categories, SMI A and SMI B, based on the functioning level on the SMI Determination and the Renewal Verification forms from the RBHA. Each SMI category requires a different method for following up with the required medical documentation.
    - (1) SMI A: If the applicant's SMI Determination reflects that they **DO** meet the functional criteria for:
      - (a) Inability to live in an independent living setting **OR**
      - (b) Risk of serious harm to self or others
    - (2) SMI B: If the applicant's SMI Determination reflects that they **DO NOT** meet the functional criteria for SMI A, but do meet the functional criteria for:
      - (a) Dysfunction in role performance **OR**
      - (b) Risk of deterioration

Complete the [AHCCCS Medical Benefit Disability Report \(form DE-121\)](#). If

the applicant has completed the Social Security Administration's Disability Report (form SSA-3368-BK) within the past year, that form may be substituted for the AHCCCS Medical Benefit Disability Report. If a previously completed SSA-3368-BK form is submitted, the form must be reviewed, updated, and signed to indicate that the information is current.

- c) The RBHA designee shall obtain medical records that support the SMI Determination findings. The contents of the documents should describe, support and validate the SMI Determination and current functioning level. These supporting medical records shall be submitted with the application packet sent to the AHCCCS Central Screening Unit. Supporting documentation should include psychiatric or psychological evaluations, other assessments (psychosocial, vocational) and progress notes from the past year that reflect the diagnosis and functioning level on the SMI Determination. The number of documents sent with the packet is less important than the content of the documents.
- d) The RBHA designee reviews with the applicant the benefits of applying for and obtaining AHCCCS. Refer to page **A** of the Application to review the Covered Medical Services with the person.
- e) The RBHA designee assists the applicant in completing the Application and obtains supporting documentation. Refer to the AHCCCS Application section of this manual for instructions on completing the Application and obtaining required and ancillary supporting documentation.
- f) **The RBHA designee must complete the Hospital/Organization/Agency Use Only section on page 1 of the Application and have the applicant sign this section in addition to signing page 6 of the application.**
- g) The RBHA designee will assist the applicant in choosing an AHCCCS Health Plan at the time the Application is completed. This choice is to be written on page 1 of the Application.
- h) The RBHA designee completes the Authorization for the [Release of Information \(form ADHS AE-03\)](#) and has the applicant sign this form. This form allows the RBHA designee to communicate with and provide information to AHCCCS, DES/FAA and DES/DDSA for the purposes of establishing AHCCCS eligibility.
- i) The RBHA designee completes the Authorization for AHCCCS to Request Information from SSA (form AH-502) and has the applicant sign this form. This form authorizes the AHCCCS SSI-MAO Unit to review the applicant's potential to receive social security benefits. AHCCCS eligibility rules require AHCCCS to refer for cash benefits when applicable.
- j) The RBHA designee completes the [Next Steps form \(ADHS AE-04\)](#) and gives it to the applicant. This will provide the applicant with information about what to

- expect next and the RBHA designee contact information.
- k) The RBHA designee completes the [AHCCCS Application Checklist/Coversheet \(ADHS AE-02\)](#). The RBHA designee must include on the form the RBHA Designee number given to the designee by the RBHA. This form must be placed on the top of the packet processed by AHCCCS SSI-MAO Unit. This Coversheet will cue the AHCCCS SSI-MAO Unit that this application is being submitted from the behavioral health system. Use this checklist as a guide to ensure that you have completed and are submitting all documentation to the AHCCCS Central Screening Unit for all applications to be processed by the SSI-MAO Unit.
  - l) The RBHA designee mails the Coversheet, application and all other documentation to the AHCCCS Central Screening Unit. Refer to the [Contact Information](#) section of this manual for the address of the AHCCCS Central Screening Unit.
- 4) If an applicant, who has been determined to have a Serious Mental Illness, is either unable or unwilling to provide the supporting medical record documentation that is required, the AHCCCS SSI-MAO Unit will refer the application to DES for an AHCCCS Care (AC) determination and notify the RBHA Designee using form MA-434.
- 5) AHCCCS SSI-MAO Unit Eligibility Specialists will process applications received from the behavioral health system.
- a) AHCCCS logs in their data system all applications received from the behavioral health system and codes the referral source based on the referring RBHA information.
  - b) The AHCCCS SSI-MAO Unit will inform the RBHA designee if the person is potentially eligible for social security cash benefits based on a review of a social security database. If the person is potentially eligible for social security cash benefits, the RBHA designee shall advise the person of or assist the person in applying for social security cash benefits.
  - c) AHCCCS SSI-MAO Unit Eligibility Specialist makes a Title XIX eligibility determination based on the following:
    - (1) Applicants must meet financial criteria **AND** one of the following (a, b or c):
      - (a) The applicant is aged (65 years of age or older), blind **OR** receiving social security disability benefits. The Eligibility Specialist will determine the person eligible under categorical eligibility.
      - (b) The SMI Determination demonstrates that the person meets functional criteria for SMI A:

- (1) Inability to live in an independent living setting **OR**
  - (2) Risk of serious harm to self or others evidence **AND** the necessary supporting medical record documentation is contained within the materials submitted. The Eligibility Specialist will determine the person eligible under categorical eligibility.
  - (c) The SMI Determination demonstrates that the person **DOES NOT** meet functional criteria for SMI A but does meet the functional criteria for SMI B:
    - (1) Dysfunction in role performance **OR**
    - (2) Risk of deterioration **AND** the necessary supporting medical record documentation is contained within the materials submitted. The Eligibility Specialist will presume categorical eligibility and determine eligibility under categorical eligibility. The AHCCCS SSI-MAO Eligibility Specialist will then forward the medical records to DES/DDSA for a disability determination. This DES/DDSA disability determination information will be used by AHCCCS for the sole purpose of establishing medical eligibility with AHCCCS.
  - d) AHCCCS SSI-MAO Unit will contact the RBHA designee for additional information if needed. The RBHA designee shall contact the applicant and obtain any additional information requested and forward it to the AHCCCS SSI-MAO Unit.
  - e) AHCCCS SSI-MAO Unit will refer applications to other medical eligibility programs for determinations when indicated (i.e. KidsCare, Premium Sharing)
  - f) The RBHA will be provided a weekly electronic list regarding the status of applications submitted to the AHCCCS Central Screening unit and processed by the SSI-MAO Unit.
  - g) AHCCCS SSI-MAO Unit will notify the referring T/RBHA designee of the approval using form MA-434.
  - h) For applications that are approved, the AHCCCS data system will transmit information to the person's health plan regarding the person's enrollment with the health plan. The health plan will send the applicant a Health Plan Member Handbook and a letter indicating what Primary Care Provider (PCP) they have been automatically assigned to. PCPs are automatically assigned according to a person's zip code.
- 6) The RBHA designee completes the following after receiving notification regarding the approval or denial of an application:
- a) Contacts the person to review the approval or denial of the application. Answers questions the person may have or identifies a contact that can answer the

person's questions.

- b) Assists the person in the following if assistance is needed:
  - (1) Contacting the health plan and requesting a change in PCP if the person wants a different PCP than was automatically assigned.
  - (2) Making the first PCP appointment.
- d) If the RBHA designee is not the Assigned Clinician, the RBHA designee informs the Assigned Clinician regarding the following:
  - (1) Approval or denial of AHCCCS (Title XIX/XXI) eligibility;
  - (2) PCP contact information.

**F) Responding to applicants who decline to participate in the screening and/or referral process for AHCCCS eligibility.**

- 1) If a person declines to participate in the AHCCCS eligibility screening and referral process, the RBHA designee must make every effort to encourage the person to participate in the process of applying for AHCCCS health insurance. The RBHA designee must inform the applicant regarding the benefits of applying for AHCCCS eligibility and to help them understand these benefits. The following conditions do not constitute a refusal to participate:
  - A person's inability to obtain documentation required for the eligibility determination (see the Assisting Behavioral Health Recipients with AHCCCS Eligibility Manual for information on obtaining required documentation; and
  - A person is incapable of participating as a result of his/her mental illness and does not have a legal guardian.
- 2) Arizona state law stipulates that persons who refuse to participate in the AHCCCS screening and eligibility application process or to enroll in a Medicare Part D plan are ineligible for state funded behavioral health services (see [A.R.S. § 36-3408](#)). As such, individuals who refuse to participate in the AHCCCS screening and eligibility application or enrollment in Medicare Part D, if eligible, will not be enrolled with a T/RBHA during his/her initial request for behavioral health services or will be disenrolled if the person refuses to participate during an annual screening.
  - (a) When an applicant refuses to complete the screening and referral process, the RBHA designee shall encourage the applicant to participate in the process and review the advantages of completing the screening process with the applicant.

The RBHA designee shall review the options outlined in the [Decline to Participate in the Screening and/or Referral Process for AHCCCS \(Title XIX/XXI\) Health Insurance or Medicare Part D Plan Enrollment form \(ADHS:AE-08\)](#), and have the applicant sign the form.

- (b) If an applicant is eligible for or requesting services as a person with a Serious Mental Illness and is unwilling to complete the AHCCCS Eligibility Screening process, the RBHA designee should request clinical consultation by a behavioral health practitioner. If after the consultation, the person continues to refuse, the T/RBHA or behavioral health provider must request that the applicant sign the [Decline to Participate in the Screening and/or Referral Process for AHCCCS \(Title XIX/XXI\) Health Insurance or Medicare Part D Plan Enrollment form \(form ADHS AE-08 or PM Form ADHS AE-08 Spanish\)](#). Prior to the termination of behavioral health services for persons determined to have a Serious Mental Illness who have been receiving behavioral health services and subsequently decline to participate in the screening/referral process, the T/RBHA must provide written notification of the intended termination using [PM Form 5.5.1, Notice of Decision and Right to Appeal](#) (see [PM Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)).

- 3) The RBHA designee shall inform those who decline to participate who they can contact in the behavioral health system for an appointment if they choose to participate in the screening and referral process in the future.

## **G) Obtaining Forms**

The RBHA designee should contact the AHCCCS Eligibility Representative designated on the [Contact Information Section](#) of this manual for instructions on obtaining any forms, Health Plan Marketing Materials, and updated contact and mailing listings.

## **H) Behavioral Health Medical Record Documentation Requirements**

When a screening is completed and an application is referred, documentation of such activities must be included in the applicants Behavioral Health Medical Record (See [PM 4.2 Behavioral Health Record Standards](#)).

## **I) Quality Control**

AHCCCS and DES conduct quality control reviews to *assess the integrity of the AHCCCS eligibility referral process developed* for the behavioral health system. The RBHA designee shall provide AHCCCS and DES with requested information for quality

control reviews. The information requested by AHCCCS or DES may at times include additional information that was not previously requested according to these AHCCCS Eligibility Procedures.