AHCCCS FAQs
Arizona Health Care Cost Containment System

Division of Behavioral Health and Housing
Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG)

Arizona's Substance Use Block Grant (SUBG formerly known as SABG) and the Mental Health Block Grant (MHBG) are federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The grants have specific requirements for the Arizona Complete Care with Regional Behavioral Health Agreements (ACC-RBHAs), Tribal Regional Behavioral Health Authorities (TRBHAs), and community provider agencies in which to adhere as they strive to best meet the needs of individuals in Arizona with substance use disorders and/or behavioral health issues. The SUBG and MHBG requirements can often be complex. Please see below for answers to many of the frequently asked questions related to SUBG prevention, treatment, and recovery services and the MHBG. If you are unable to find the information related to the Block Grants that you need, please contact *GrantsManagement@azahcccs.gov*.

Substance Use Block Grant (SUBG)

Substance Use Block Grant (SUBG) Primary Prevention

Mental Health Block Grant (MHBG)

Substance Use Block Grant (SUBG)

The Substance Use Block Grant (SUBG) supports the primary prevention services and treatment services for members with Substance Use Disorders (SUDs). It is used to plan, implement, and evaluate activities to prevent and treat SUD. Grant funds are also used to provide early intervention services for Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) disease in high-risk substance users.

Q1: What populations are to be served with SUBG funding?

A1: Members who are uninsured or underinsured in the following populations can be served (*in order of priority*):

- Pregnant women/teenagers who use drugs by injection,
- Pregnant women/teenagers who use substances,
- Other members who use drugs by injection,
- Substance using women/teenagers with dependent children and their families, including women who are attempting to regain custody of their children, and
- *As Funding is Available* - all other members with a SUD, regardless of gender or route of use.

Q2: Must members be actively using a substance to be accepted into a SUBG funded program?

A2: Members must indicate active substance use within the previous 12-months to be eligible for SUBG services. This also includes individuals who were incarcerated and reported using while incarcerated. The 12-month standard may be waived for members on medically necessary methadone maintenance upon assessment for continued necessity as well as members incarcerated for longer than 12 months that indicate substance use in the 12 months prior to incarceration.

Q3: Are there age restrictions on the populations to be served using SUBG funds?

A3: No, members of all ages (including children/adolescents) meeting SUBG criteria (see questions 1 and 2 above) can be served. When providing services to a member funded through the SUBG, agencies must adhere to the requirements stated in the AHCCCS Covered Behavioral Health Services Guide and AMPM Exhibit 300-2B. Refer also to the latest version of the Diagnostic and Statistical Manual (DSM) regarding appropriate ages for which to provide an SUD diagnosis.

Q4: Can SUBG funds be used to provide services to members who have a co-occurring general mental health disorder or are determined to have a SMI?

A4: Yes, SUBG funding may be used to cover the SUD treatment and recovery services for members with co-occurring SUD and mental health disorders.However, the provider must adhere to the priority population placement and funding requirements outlined in questions 1 and 2 of this document. MHBG SMI funding may also be used to cover eligible mental health services. (For additional information related to MHBG SMI funding, please reference MHBG FAQs).

Q5: Can SUBG funds be used to provide services to members who are awaiting a Title XIX/XXI eligibility determination?

A5: Yes, members can be served through SUBG while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination, if the retroactive covered dates of Title XIX/XXI eligibility include Title XIX/XXI covered services that were billed to SUBG, the Contractor is required to transfer the expense to their Title XIX/XXI funding.

Q6: Can SUBG funds be used for crisis services?

A6: Yes, funds can be used for crisis and crisis stabilization services related to a SUD.

Q7: Can SUBG funds be used to provide services that are not covered by Title XIX/XXI?

A7: Yes, the SUBG treatment funding is specifically allocated to provide behavioral health services not otherwise covered by Title XIX/XXI funding. This includes SUD treatment and recovery services for uninsured and underinsured members who do not qualify for Title XIX/XXI. Additionally, this includes coverage of non-Medicaid reimbursable services identified in the AHCCCS Medical Policy Manual (AMPM) 320-T1 and AMPM 300-2B. The SUBG must be the payer of last resort.

Q8: Can agency providers charge a co-payment for SUBG funded treatment services?

A8: No, contractors and providers are prohibited from charging a co-payment, or any other fee, for SUD treatment and recovery services funded through the SUBG.

Q9: Can SUBG funding be used for detoxification?

A9: Yes, but only if provided in an Outpatient setting, a **free-standing** sub-acute facility, or Rural Substance Abuse Transitional Center.

Q10: What is Medicated Assisted Treatment (MAT)?

A10: MAT is the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders. According to research, a combination of medication and behavioral therapies are effective in the treatment of substance use disorders, and can help some people to sustain recovery. This is inclusive of Medications for Opioid Use Disorder (MOUD) as well as Medications for Alcohol Use Disorder (MAUD).

Q11: Can SUBG funding be used for Medicated Assisted Treatment (MAT) medications?

A11: Yes, SUBG funding will cover medications for MAT for SUBG eligible members in alignment with the AHCCCS Drug List found on the AHCCCS website. The ACC-RBHAs may have a separate listing for the SUBG Drug List.

Q12: What are the restrictions on grant expenditures?

A12: The State shall not expend the Block Grant funds on the following activities:

A. Inpatient hospital services,
B. Acute care or physical health care services including payment of copays, unless otherwise specified for priority populations,
C. Cash payments to intended recipients of health services,
D. Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
E. Purchase major medical equipment,
F. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of

federal funds,

G. Provide financial assistance (grants) to any entity other than a public or non-profit private entity,
H. Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS),
I. Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see grants.nih.gov/grants/policy/salcap_summary.htm,
J. Purchase treatment services in penal or correctional institutions in the State of Arizona,
K. Flex funds purchases, or
L. Sponsorship for events and conferences.

Q13: Should families involved with the Department of Child Safety (DCS) be prioritized for treatment services?

A13: No, however the prioritized populations listed in question 1 (above) may include families or members who are involved with the Arizona Department of Child Safety (DCS).

Q14: If a member refuses treatment, no shows, cancels treatment or says they are not interested in treatment, do interim services need to be provided, and does the AHCCCS SUBG online residential waitlist need to be updated?

A14: Yes, interim services must be provided to all SUBG members awaiting placement to a residential level of care as outlined in the NTXIX/XXI Contract, ACC-RBHA policy, and/or IGA. If a member declines treatment, no shows or cancels referrals/treatment, the AHCCCS SUBG online residential waitlist needs to be updated by providers with a comprehensive description of their engagement activities.

Q15: What constitutes "first treatment"?

A15: First treatment is defined as the date the member attends the first routine appointment and/or comprehensive treatment service that was identified as an individualized clinical need upon initial assessment (i.e., individual or group therapy, medication evaluation, residential, detoxification, Intensive Outpatient, etc.).

Q16: Does a referral, the initial intake assessment, an ASAM Criteria assessment, or case management qualify as the first treatment?

A16: No, these activities are not considered the first treatment. The assessments provide information as to which treatment would best fit the needs of the member. Case management is one of the interim services.

Q17: What if the identified treatment need/service is not currently available?

A17: If a member is referred to a treatment modality or level of care (i.e., residential) that has been identified as a clinical need and is not available within the time frame (see question 18) set forth for that population, the member is put on an actively managed waitlist and interim services must be provided. Interim services include:

A. Education that covers prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C, and other communicable diseases,
B. Education that covers the effects of substance use on fetal development,
C. Risk assessment/screening,
D. Referrals for HIV, Hepatitis C, and TB screening/services, and
E. Referrals for primary and prenatal medical care.

Q18: If a member identifies a treatment need that is residential, detox, or Intensive Outpatient (IOP) and the member is able to start that identified treatment within 48 hours (for pregnant women/teenagers), 5 calendar days (for women/teenagers with dependent children) or 14 calendar days (for people who inject drugs (PWID), are interim services needed?

A18: This is determined by a behavioral health professional's assessment of the member's needs. If the identified services are available within the required timeframes and assessment determines the member is not in need of interim intervention, services are not required. If the assessment reflects the need for interim services, these services shall be provided regardless of the identified timelines. If the member is later re-assessed as needing a treatment/service that is not currently available, interim services are also required.

Q19: If a member who needs SUD treatment is not eligible for Title XIX/XXI funding and determined to have a Serious Mental Illness (SMI), are they still eligible for SUBG funding? Do providers still need to enter the member to the AHCCCS SUBG online residential waitlist?

A19: Yes, if the member is determined SMI and meets the criteria for the SUBG, they are eligible for SUBG funded services as outlined in questions 1 -4 of this document. If the member is also identified as an SUBG priority population, the waitlist requirements also apply.

Q20: Are agency providers required to refer or provide for child care for women/teenagers with dependent children while the member receives treatment services?

A20: Yes, agency providers are required to refer dependent children to child care or to provide child care for SUBG funded members that meet the Pregnant Women/Women with Dependent Children (PW/WDC) (including teenagers) priority population. Informal supports and referral for child care options available to the members should be used when available rather than SUBG funding for the service. Provider agencies may use the code T1009 to bill for child care for the PW/WDC eligible members while they are accessing outpatient services. More information on this service will be forthcoming.

Q21: Are agency providers required to arrange for or provide transportation for SUBG members to attend treatment related services?

A21: Yes, agency providers are required to make provisions for transportation to/from treatment related services for SUBG members. All available resources are to be considered by the provider agency to ensure that a lack of transportation does not pose a barrier to treatment services including provider transport via company vehicle and/or identification of and access to local transportation resources including the provision of bus passes, area transit companies, taxi vouchers, etc. If applicable to the member, reliable informal supports should be considered when available rather than SUBG funding for the service. Telehealth options may be considered, if clinically appropriate, when/if other transportation resources have been exhausted, however, telehealth may not be used in lieu of provider provisions for transportation.

Substance Abuse Block Grant (SUBG) Primary Prevention

Q1: Who is eligible to be served with SUBG Primary Prevention funding?

A1: Primary Prevention activities are conducted prior to a person's onset of a SUD. These activities are intended to prevent or reduce a person's risk of developing a SUD including, but not limited to, underage alcohol use, prescription drug misuse and abuse, marijuana use, and illicit drug use. Therefore, any individual who does not have a diagnosed SUD is eligible to be served with primary prevention. The Institutes of Medicine (IOM) identify the following categories of populations based on level of risk:

- Universal: targets the general population and are not directed at a specific group.
- Selective: targets those at higher than average risk for substance use.
- Indicated: targets those who are already using or engaged in other high-risk behaviors, to prevent heavy or chronic use.

Q2: What is the Synar Amendment?

A2: The Synar Amendment to the 1992 Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) aims to decrease youth access to tobacco. SAMHSA oversees the implementation of the amendment. In order to receive the full SUBG awards, states (all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions) must enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. AHCCCS has an agreement with the Arizona Department of Health Services to administer the Synar program as well as a Memorandum of Understanding with the Attorney General's Office.

- The Synar legislation requires states to do the following:
  - Enact laws prohibiting the sale and distribution of tobacco products to individuals under the legal age of purchase.
  - Enforce such laws in a manner that can reasonably be expected to reduce the availability of tobacco products to individuals under the legal age of purchase.
  - Conduct random, unannounced inspections of tobacco outlets.
  - Report annual findings to SAMHSA and the Secretary of the U.S. Department of Health and Human Services by December 31 each year.

Q3: What are Primary Prevention Strategies, and what types of activities can be funded?

Primary Prevention Strategy	Description	Types of Activities
1) Information Dissemination	This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. Characterized by one-way communication.	• Clearinghouse/information resource center(s) • Resource directories • Media campaigns • Brochures • Radio/TV public service announcements • Speaking engagements • Health fairs/health promotion • Information lines

2) Education	This strategy involves two-way communication and aims to affect critical life and social skills, including decision-making, peer resistance, refusal skills, coping with stress, interpersonal communication, critical analysis (e.g., of media messages) and systematic judgment abilities occurring through a structured learning process.	• Classroom and/or small group sessions (all ages) • Parenting and family management classes • Peer leader/helper programs • Education programs for youth groups • Children of parents who use substances groups
3) Alternatives	This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. Structured prevention education and activities at these events are encouraged to enhance a meaningful correlation between the substance prevention impact of the activity. (As such, generalized entertainment activities are not allowable.)	• Drug free dances and parties • Youth/adult leadership activities • Community drop-in centers • Community service activities
4) Problem Identification and Referral	This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education.	• Employee assistance programs • Student assistance programs • Driving while under the influence/driving while intoxicated education programs
5) Community Based Process	Provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.	• Community and volunteer training, (e.g., neighborhood action training, training of key people in the system, staff/officials training) • Systematic planning • Multi-agency coordination and collaboration • Accessing services and funding • Community team-building
6) Environmental	This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the use of alcohol, tobacco and other drugs used in the general population.	• Promoting the establishment and review of alcohol, tobacco and drug use policies in schools • Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use • Modifying alcohol and tobacco advertising practices • Product pricing strategies

Q4: Can SUBG funds be used to provide promotional materials to implement or enhance a primary prevention program?

A4: Yes, promotional materials for primary prevention programs are allowable. Promotional material includes items used for advertising and information dissemination, such as fliers, banners, and commercials. AHCCCS has developed the following criteria statewide for promotional material approval process:

- Other promotional materials such as t-shirts, water bottles, and other items should include substance use prevention messaging.
- The Contractor will submit to AHCCCS justification describing the items requested to be purchased including why the items are necessary to carry out the authorized prevention services/activities;
- The Contractor must submit to AHCCCS the promotional materials at least 30 days prior to the intended time of initial dissemination of the initial publication of the advertisement.
- The Contractor will submit the prototype and/or description of the information to be printed on the promotional items to AHCCCS that includes the publication disclaimer; and AHCCCS will continue to research the State of Arizona Accounting Manual (SAAM) to ensure compliance and review any additional State level restrictions that may apply.

Q5: What types of substances can AHCCCS and its contractors address with primary prevention funding?

A5:

- Alcohol
- Marijuana
- Tobacco, nicotine
- Opioid drugs such as oxycodone, heroin, fentanyl, etc.
- Stimulant drugs such as cocaine, methamphetamine, etc., amphetamines (Adderall, Ritalin)
- Other illicit drugs
- Other prescription drugs of misuse/abuse such as barbiturates (e.g. Phenobarbital), benzodiazepines (Xanax), Dextromethorphan and others

Q6: What data sources does AHCCCS and its contractors utilize to inform prevention planning and priorities?

A6:

- Arizona Youth Survey (AYS)
- National Survey on Drug Use and Health (NSDUH)
- Arizona Department of Transportation (ADOT)
- Arizona Department of Health Services (ADHS)
- Arizona Institutes of Higher Education (AZIHE) Network's Alcohol and Other Drugs (AOD)
- Arizona Department of Public Safety (AZDPS)

Q7: Where can I go to learn more about substance use prevention?

A7:

- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/
- SAMHSA Strategic Prevention Technical Assistance Center (SPTAC) https://www.samhsa.gov/sptac
- Community Anti-Drug Coalitions of America: www.cadca.org/
- Office of National Drug Control Policy: www.whitehouse.gov/ondcp
- National Institute on Health: www.nih.gov/
- Centers for Disease Control: www.cdc.gov/
- National Institute on Drug Abuse: www.drugabuse.gov/
- Governor's Office of Youth, Faith and Family: substanceabuse.az.gov/
- Prevention Technology Transfer Center Network: pttcnetwork.org/

- National Association of State Alcohol and Drug Abuse Directors: nasadad.org/prevention-resources/
- Office of Juvenile Justice and Delinquency Prevention: ojjdp.ojp.gov/model-programs-guide/literature-reviews/substance-use-prevention-programs#4-0

Additional information can be found at:

- AHCCCS Medical Policy Manual (AMPM): www.azahcccs.gov/shared/MedicalPolicyManual/ 320-T1 Block Grants and Discretionary Grants
- 45 CFR Part 96 Subpart L: www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96/subpart-L

Q8: Can SUBG funds be used for contractor travel expenses?

A8: Yes, local and out of state travel to carry out approved grant activities is allowable with SUBG funding. Contractors are expected to follow the travel guidelines in the State of Arizona Accounting Manual (SAAM). Out of state travel does require an additional approval process through AHCCCS. The form can be requested by emailing SUBG@azahcccs.gov.

gao.az.gov/state-arizona-accounting-manual-saam

Q9: Can SUBG funds be used to purchase incentives?

A9: Yes, SUBG primary prevention funds may be used to purchase non-cash incentives. An incentive is "something that encourages or motivates somebody to do something. "SUBG prevention funds may be used for incentives for the purpose of encouraging, attracting, and retaining program participants to achieve prevention goals such as program implementation and evaluation. Incentives should be the minimum amount necessary, cannot exceed $25 per person, per year, and must be included in the approved SUBG Primary prevention budget. AHCCCS reserves the right to determine these expenses to be approved or not approved based on the programmatic justification and the funding amount of the request. Incentive items must have a prevention message. The purchase and contractor use of gift cards as incentives must adhere to the State of Arizona Accounting Manual guidelines regarding safeguarding and distributing the items.

Q10: Can SUBG prevention funds be used to pay for Narcan/naloxone?

A10: No, funds from the SUBG 20% set aside for primary prevention cannot pay for naloxone. If contractors intend to facilitate naloxone education, it should be done in conjunction with primary prevention efforts within their communities.

Mental Health Block Grant (MHBG)

The Mental Health Block Grant (MHBG) is allocated to the states by SAMHSA. It is designed to support states in reducing their reliance on psychiatric inpatient services and to facilitate development and delivery of effective community-based mental health services and programs to adults with Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED), and individuals experiencing Early Serious Mental Illness (ESMI), including First Episode Psychosis (FEP) regardless of their ability to pay.

Q1: What populations can be served by the Mental Health Services Block Grant (MHBG)?

A1: The MHBG can only be used to provide services for members who are uninsured or underinsured and are:

- Adults (18+) with Serious Mental Illness (SMI),
- Children (17 and under) with Serious Emotional Disturbance (SED), or
- Individuals experiencing symptoms of Early Serious Mental Illness (ESMI), including First Episode Psychosis (FEP).

Q2: Can anyone be served with the MHBG?

A2: No, only individuals who are uninsured or underinsured and determined SMI, SED, or ESMI/FEP are eligible for services under the MHBG.

Q3: How does Arizona define SMI, SED, and ESMI/FEP?

A3: The determination of SMI or SED requires both a qualifying SMI/SED diagnosis and functional impairment as a result of the qualifying diagnosis. These definitions are not intended to include conditions that are attributable to the physiologic effects of a substance, substance use disorder,an intellectual developmental disorder or another medical condition.

A. The definition of SED is as follows:

Children from birth to age 18.

And

Currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the current version Diagnostic and Statistical Manual of Mental Disorders.

And

The mental, behavioral or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

B. The definition of SMI is as follows:

Adults age 18 and older.

And

Must have, as a result of a qualifying SMI diagnosis, dysfunction in at least one of the following four domains for most of the past twelve months, or for most of the past six months with an expected continued duration of at least six months:

- Inability to live in an independent or family setting without supervision,
- Seriously disruptive to family and/or community,
- Dysfunction in role performance at work or at school, and
- Risk of deterioration.

Additional details related to diagnoses and functional criteria can be found in the AHCCCS Medical Policy Manual (AMPM) 320-P.

C. The definition of ESMI/FEP is as follows:

Early Serious Mental Illness (ESMI) refers to individuals who are experiencing non-psychosis related symptoms of a qualifying SMI diagnosis for the first time. First Episode Psychosis (FEP) refers to adolescents and young adults who are experiencing psychotic symptoms or a psychotic episode for the first time. Individuals who are experiencing symptoms of psychosis for the first time may not know what's happening and this often results in feelings of distress, confusion, and fear.

- The member must have experienced a recent onset of a psychotic illness (typically within the past 2 years).
- The following diagnoses are eligible for FEP Programming:
  - Schizophrenia,
  - Schizoaffective disorder,
  - Schizophreniform disorder,
  - Delusional disorder,
  - Psychotic disorder NOS (Not Otherwise Specified), or
  - Spectrum or affective disorders with psychotic features.

Q4: What is the treatment for ESMI/FEP and where are the treatment programs located?

A4: FEP programs are located throughout Arizona and utilize a Coordinated Specialty Care (CSC) model to promote a person centered, shared decision making and a team based approach to treatment. FEP programs are designed to reduce hospitalization, relapse, incarceration, and vocational difficulties associated with the onset of psychosis and psychosis-related illnesses over a long period of time. FEP providers throughout the state utilize multiple evidence based practices including: individual and group psychotherapy, medication management, nursing services, case management, family education & support, Individual Resilience Training (IRT), Supported Employment/Education Services, and Peer Support Services in addition to other services based on individual need. Families can contact their respective ACC-RBHA to find out more about the FEP programs in their area.

Q5: How are MHBG funds allocated?

A5: SAMHSA mandates that a minimum of 10% of MHBG funds be allocated to support ESMI/FEP services and a minimum of 5% to Crisis Services. The remainder is divided for Community Based Support Services for children determined to have a SED and adults determined to have an SMI. The latter funding amounts are subject to change based on AHCCCS' requirement to meet the Children's Set Aside in accordance with 42 U.S.C. §300x-2(c).

Q6: What services can be paid for with the MHBG?

A6: MHBG funds are to be used for grant related activities and/or services for members who are uninsured or underinsured and/or non-Medicaid billable services for Title XIX/XXI members with ESMI/FEP, SMI or SED as identified in the AHCCCS Covered Behavioral Health Services Guide and AMPM Exhibit 300-2B. MHBG funds must be the payor of last resort.

Q7: Can the MHBG be used for crisis services?

A7: Yes, SAMHSA mandates that at least 5% of MHBG funding is allocated for crisis services.

Q8: Can the MHBG be utilized for room and board?

A8: MHBG funds may be used for Room and Board in specific circumstances as described in AMPM Exhibit 300-2B.

Q9: Can MHBG funds be used for discharge planning from institutions?

A9: MHBG funds may be utilized by a Community Behavioral Health Provider who is contracted with the ACC-RBHA to coordinate continuum of care services with the institution's discharge planner for an individual determined to have an SMI, SED, or ESMI/FEP prior to release from the institution. The institution from which the member is discharging may not utilize MHBG funds for discharge planning.

Q10: Can a member receiving MHBG funded services be charged co-pays?

A10: No, members receiving MHBG funded services cannot be charged co-pays.

Q11: Can MHBG funds be used to provide services to members who are awaiting a Title XIX/XXI eligibility determination?

A11: Yes, members who are designated SED, SMI or FEP/ESMI can be served through MHBG while awaiting determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination, if the retroactive covered dates of Title XIX/XXI eligibility includes dates when Title XIX/XXI covered services were billed to MHBG, the Contractor is required to transfer the expense to Title XIX/XXI funding.

Q12: What are allowable expenditures for ESMI/FEP funds?

A12: Through the 10% set-aside, MHBG funds for ESMI/FEP can be used for the following:

- Evidence-based treatment services for members determined to have experienced a first episode of psychosis within the past two years,
- Treatment services for individuals experiencing the onset of symptoms of a SMI qualifying diagnosis (ESMI) for 90 days beginning on the date the SMI determination packet is submitted to the third party vendor, regardless of the date or outcome of the determination,
- Salaries of employees that work in administrative, supervisory and directly in a treatment capacity with ESMI/FEP members, and
- Employee training, consultation, and fidelity monitoring in the Coordinated Specialty Care (CSC) Model.

Q13: What are the restrictions on MHBG grant expenditures?

A13: The State shall not expend the Block Grant on the following activities:

A. Inpatient services,
B. Acute Care or physical health care services including payment of copays,
C. Cash payments to intended recipients of health services,
D. Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
E. Purchase major medical equipment,
F. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds,

G. Provide financial assistance (grants) to any entity other than a public or non-profit private entity,
H. Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS),
I. Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see grants.nih.gov/grants/policy/salcap_summary.htm,
J. Purchase treatment services in penal or correctional institutions in the State of Arizona,
K. Flex funds purchases, or
L. Sponsorship for events and conferences.

Q14: What is the Behavioral Health Planning Council and what is its function?

A14: SAMHSA requires states and territories receiving MHBG funding to collaborate with recipients to form and support a Behavioral Health Planning Council for the purpose of providing member input, collaboration and monitoring of the state's behavioral health services and provide their input on the SUBG/MHBG Combined Application and Plan submitted to SAMHSA. The council is comprised of behavioral health service members, family members, behavioral health providers, and representatives of state agencies.

Q15: How can I become a member of the Planning Council?

A15: For more information on the Behavioral Health Planning Council, visit the AHCCCS website at: www.azahcccs.gov/Resources/Grants/CMHS/. There you can access the Behavioral Health Planning Council Membership Application.