

Refer to the endnotes in this Exhibit for pertinent information regarding coverage for the Service/Funding Source indicated.

SERVICES <sup>1</sup>		GENERAL FUNDS <sup>2</sup>	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS
			SMI	SED		
Behavioral Health Counseling and Therapy	Individual	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
	Group and Family	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Screening, Assessment, and Evaluation Services	Screening, Evaluation, Assessment, and Testing	Covered <sup>4</sup>	Covered <sup>4</sup>	Covered <sup>4</sup>	Covered	N/A <sup>3</sup>

SERVICES		GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS
		SMI	SED		SUD	SMI, SED, OR SUD
Other Professional	Alcohol and/or drug services: Intensive Outpatient (Treatment Program that operates at least nine hours per week over a minimum of three days and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education.	Not Covered <sup>5</sup>	Not Covered <sup>4</sup>	Not Covered <sup>4</sup>	Covered	N/A <sup>3</sup>



SERVICES		GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS
			SMI	SED		
Other Professional	Multisystemic Therapy for Juveniles	N/A	N/A	Covered	Covered <sup>6</sup>	N/A <sup>3</sup>
	Mental Health Services (Traditional Healing Services) <sup>7</sup>	Covered	Covered	Covered	Covered	Covered
	Auricular Acupuncture	Covered	Covered	Covered	Covered	Covered
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Cognitive Rehabilitation		Covered	Covered	Covered	Covered	N/A <sup>3</sup>



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		SMI	SED	SUD	SMI, SED, OR SUD
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Psycho Educational Services and Ongoing Support to Maintain Employment	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Medication Services <sup>8</sup>	Covered <sub>2,8</sub>	Covered	Covered	Covered	N/A <sup>3</sup>
Laboratory, Radiology, and Medical Imaging	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Medical Management	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Electro-Convulsive Therapy (Outpatient)	Covered	Covered	N/A	Not Covered	N/A <sup>3</sup>



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		SMI	SED	SUD	SMI, SED, OR SUD
Transcranial Magnetic Stimulation (Outpatient)	Covered	Covered	N/A	Not Covered	N/A <sup>3</sup>
Case Management	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Personal Care Services	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Home Care Training Family (Family Support)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Self-Help/Peer Services	Covered	Covered	Covered	Covered	N/A
Therapeutic Foster Care	Not Covered	Not Covered	Covered	Not Covered	N/A <sup>3</sup>
Adult Behavioral Health Therapeutic Home	Covered	Covered	Not Covered	Not Covered	N/A <sup>3</sup>
Unskilled Respite Care <sup>9</sup>	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Supported Housing Services <sup>10</sup> (wraparound services)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>



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			SMI	SED		
Transportation	Emergency	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
	Non-Emergency <sup>11</sup>	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Child Care <sup>5</sup>		Not Covered	Not Covered	Not Covered	Covered	Covered
Crisis Intervention Services	Mobile Community Based	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
	Stabilization, Facility Based	Covered <sup>12</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	N/A <sup>3</sup>
	Telephone	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Hospital		Not Covered <sup>13</sup>	Not Covered <sup>12</sup>	Not Covered <sup>12</sup>	Not Covered <sup>12</sup>	N/A <sup>3</sup>
Subacute Facility		Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Residential Treatment Center		Covered	Covered	Covered	Covered	N/A <sup>3</sup>



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		SMI	SED	SUD	SMI, SED, OR SUD
Behavioral Health Residential Facility (Without Room and Board)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Mental Health Services NOS (Room and Board) <sup>6, 14</sup>	Covered	Covered	Covered	Covered	Covered
Supervised Behavioral Health Treatment and Day Programs	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Therapeutic Behavioral Health Services and Day Programs	Covered	Covered	Covered	Covered	N/A <sup>3</sup>
Community Psychiatric Supportive Treatment and Medical Day Programs	Covered	Covered	Covered	Covered	N/A <sup>3</sup>

Endnotes

<sup>1</sup> Provided based upon available funding, these services are not entitlements.

<sup>2</sup> SMI General Fund appropriation can be used for Non-Title XIX/XXI covered services as shown in the Table for Non-Title XIX/XXI funded members who are designated SMI. These funds can also be used for Title XIX/XXI members who are designated SMI who need services that are only available through Non-Title XIX/XXI funding.

<sup>3</sup> Title XIX/XXI Covered Benefit.

<sup>4</sup> Screening/assessments may be covered for Non-Title XIX/XXI eligible members when the screening is a primary screening, and/or the screenings are being considered for admission to mental health facilities to determine the appropriateness of such admission. A secondary provider assessment and screening to decide determinations is unallowable.

<sup>5</sup> Non-Title XIX funded members determined to have an SMI or SED who are in need of Substance Use Disorder (SUD) services could be eligible for this SUD service under SABG.

<sup>6</sup> This service is only available for adolescents up until the age of 18 who have an identified Substance Use Disorder.

<sup>7</sup> These services are only available through Non-Title XIX/XXI funding.

<sup>8</sup> Refer to the AHCCCS Behavioral Health Drug List for further information on covered medication. Refer to AMPM Policies 320-T1 and 320-T2 for coverage limitations.

<sup>9</sup> No more than 600 hours of respite care per contract year (October 1 through September 30) per individual.

<sup>10</sup> Limited to comprehensive wraparound services addressing needed support to treat behavioral health symptoms impacting a member's stability in housing, which cannot otherwise be billed under other services. This does not pertain to funding for housing expenses including rental subsidies, move-in kits, assistance with deposits, utility payments, eviction prevention efforts, and property improvements.

<sup>11</sup> Transportation Services for Non-Title XIX/XXI funded members are to be provided in compliance with the requirements in AMPM Policy 310-BB in addition to AMPM Policy 320-T1 and 320-T2 requirements regarding access to care.

<sup>12</sup> Limited to 72 hours.

<sup>13</sup> Refer to coverage under Crisis Stabilization facility-based.

<sup>14</sup> Refer to AMPM Policy 320-T1 and 320-T2 for coverage limitations.