

DATE: September 25, 2019
To: Holders of the AHCCCS Medical Policy Manual
FROM: Division of Health Care Management Contracts and Policy Unit
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM.

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

To view the policies and attachments, please access the following link:

[AHCCCS Medical Policy Manual \(AMPM\)](#)

The Contract and Policy Unit is transitioning the Policies from the *Approved Not Yet Effective* section of the AMPM webpage to the AMPM final publishing section. Some Policies may have additional changes since the date they were first posted to the *Approved Not Yet Effective* section. In the event additional changes were made, those revisions are indicated below. Policies that had no additional changes are then listed after. The transitioned policies have a 10/01/19 effective date.

AMPM POLICY 320-O, BEHAVIORAL HEALTH ASSESSMENTS AND TREATMENT SERVICE PLANNING

AMPM Policy 320-O was revised for general formatting and updates and to align with 2019 behavioral health integration activities.

- **ATTACHMENT A, SERVICE PLAN RIGHTS ACKNOWLEDGEMENT TEMPLATE**
Attachment A was revised for general formatting and updates. Spanish translation in the template has been removed.

AMPM 320-R, SPECIAL ASSISTANCE FOR MEMBERS WITH SMI

AMPM Policy 320-R was revised to align with the DDD Contract, effective October 1, 2019 and for general formatting changes. New information regarding the reporting Portal was also added to the Policy.

- **ATTACHMENT A, RESERVED**
Attachment A, Notification of Member in Need of Special Assistance, is being reserved. The new Portal is replacing the need to submit Attachment A.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

AHCCCS received public comments regarding terminology used throughout Policy 320-R. As a result of this feedback, AHCCCS revised the terminology requested. See below for revisions.

POLICY SECTION II., DEFINITIONS, HAS BEEN REVISED AS FOLLOWS:

Seriously Mentally Ill—Illness (SMI) A designation as defined in A.R.S. §36-550(4) which is applicable to an individual 18 years of age or older.

POLICY SECTION III., A., HAS BEEN REVISED AS FOLLOWS:

A member is in need of Special Assistance if **that member** ~~he or she~~ is unable to do any of the following:

POLICY SECTION III., HAS BEEN REVISED AS FOLLOWS:

Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers if applicable, shall identify and submit notification to AHCCCS/DCAIR,

AMPM 320-V, BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Policy 320-V was reviewed/revised due to DDD 10-1-19 integration of Physical Health (including CRS) and Behavioral Health (including services for members determined SMI) and limited long term care services services under their Subcontracted Health Plans. Added DDD, ALTCS E/PD, and Tribal ALTCS to the Policy.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

POLICY SECTION II., DEFINITIONS., HAS BEEN REVISED AS FOLLOWS:

Medication Assisted Treatment

(MAT): The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. ~~A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery~~

POLICY SECTION III., POLICY., A. CRITERIA FOR ADMISSIONS: HAS BEEN REVISED AS FOLLOWS

- a. At least one area of serious functional impairment as evidenced by:
 - i. Inability to complete developmentally appropriate self-care or self-regulation due to Behavioral Health Condition(s),
 - ii. Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition or medical care,
 - iii. Frequent inpatient psychiatric admissions, **or** legal involvement ~~or, withdrawal management services, which can include but are not limited to, detox facilities, MAT~~

~~and ambulatory detox~~, due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders,

Frequent withdrawal management services, which can include but are not limited to, detox facilities, MAT and ambulatory detox,

AMPM POLICY 431, ORAL HEALTH CARE FOR EPSDT AGE MEMBERS

AMPM 431 was revised for general formatting and updates and to amend the Policy to ensure allowance of Affiliated Practice Dental Hygienists to provide services to members ages 0-20 and ALTCS adult members as requested by the Hygiene Association. Policy is also revised to use the term dental provider throughout, as applicable, in order to incorporate dental therapists.

- **ATTACHMENT A, AHCCCS DENTAL PERIODICITY SCHEDULE**
No changes
- **ATTACHMENT B, DENTAL PLAN AND EVALUATION CHECKLIST**
'Exhibit 400-2C Dental Plan And Evaluation Checklist' has moved from a stand-alone exhibit to 'Attachment B, Dental Plan And Evaluation Checklist' of this Policy.

AMPM POLICY 570, COMMUNITY COLLABORATIVE CARE TEAMS

AMPM 570 is being reserved due to DDD October 1, 2019 integration; collaboration will no longer be needed.

NEWLY ADDED APPROVED NOT YET EFFECTIVE

To view the policies and attachments, please access the following link:

[**AMPM Approved Not Yet Effective**](#)

AMPM EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES

AMPM Exhibit 300-2B was revised for general formatting and to align with AHCCCS Covered Services Behavioral Health Guide. The Exhibit had a title update to "AHCCCS Covered Services Behavioral Health Non-Title XIX/XXI Services ~~Persons/Individuals~~" *Exhibit has an implementation Date of 10/01/19.*

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

THE FOLLOWING ENDNOTES HAVE BEEN REVISED AS FOLLOWS:

⁹ Limited to comprehensive wraparound services (~~See H0043 Description~~) 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.

¹¹ **Limited to 72 hours**

¹² **See coverage under Crisis Stabilization facility based**

Service for Multisystemic Therapy for Juveniles – General Funds and MHBG fund - SMI and SED: Updated from ‘Not Covered’ to ‘N/A’; see endnote 1

Service for Cognitive Rehabilitation – SABG Funds - SUD: Updated from ‘Not Covered’ to ‘Covered’; see endnote 3

Service for Medical Management- SABG Funds – SUD: Updated from ‘endnote 5’ to ‘endnote 4’

Service for Electro-Convulsive Therapy (Outpatient) – General Funds – SMI: Updated from ‘Not Covered’ to ‘Covered’; see endnote 5

Service for Transcranial Magnetic Stimulation (TMS-Outpatient) – General Funds – SMI: updated from ‘Not Covered’ to ‘Covered’; see endnote 7

Service for Supported Housing Services (**wraparound services**) – **added endnote 8.** –SABG or MNBG Funds for Title XIX/XXI Members – SMI, SED, or SUD: Updated from “Covered” to “N/A”; see endnote 3

Service for Crisis Intervention Services – (Stabilization, Facility Based) – **added endnote 9 and added endnote 11** for General Funds - SMI, MHBG Funds – SMI, MHBG Funds – SED, SABG Funds – SUD.

Service for Hospital, **added endnote 10 – added endnote 12** for *General Funds - SMI, MHBG Funds – SMI, MHBG Funds – SED, SABG Funds – SUD*

Service for Mental Health Services NOS (Room and Board) – MHBG – SMI: *Updated ‘Not Covered’ to ‘Covered’; see endnote 11*

Service for Community Psychiatric Supportive Treatment and Medical Day Programs – SABG Funds – SUD; *Updated from ‘Not Covered’ to ‘Covered’; see endnote 12.*

AMPM POLICY 310-B, TITLE XIX/XXI BEHAVIORAL HEALTH SERVICE BENEFIT

AMPM 310-B has been revised to include Title XIX/XXI-specific covered behavioral health service benefit language taken from the Covered Behavioral Health Services Guide (CBHSG) and to update to reflect current practice. *Policy has an implementation Date of 10/01/19.*

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

SECTION I., PURPOSE HAS BEEN UPDATED AS FOLLOWS:

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, **DES/DDD (DDD)**, and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). ~~Effective October 1, 2019 this Policy also applies to DES/DDD.~~ This Policy describes Title XIX/XXI behavioral health services.

<p>SECTION II., DEFINITIONS HAS BEEN UPDATED AS FOLLOWS:FAMILY</p>	<p>The primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adult(s) and/or child(ren) with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of "family".</p>
<p>FAMILY MEMBER (CHILDREN’S SYSTEM)</p>	<p>A parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health and/or substance use disorders.</p>
<p>FAMILY MEMBER (ADULT SYSTEM)</p>	<p>An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health and/or substance use disorders.</p>
<p>PEER</p>	<p>An individual who is, or has been, a recipient of behavioral health and/or substance use treatment services and has an experience of recovery to share.</p>

PARENT/FAMILY SUPPORT SERVICES	Home care training (family support) with family member(s) directed toward restoration, enhancement, or maintenance of the family functions in order to increase the family's ability to effectively interact and care for the individual in the home and community.
PEER-AND-RECOVERY SUPPORT	Intentional partnerships based on shared, lived experiences of living with behavioral health and/or substance use disorders to provide social and personal support. This support is coupled with specific, skill-based training, coaching or assistance to bring about social or personal change at the individual, family or community level. These services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests.
REHABILITATION SERVICES ADMINISTRATION/VOCATIONAL REHABILITATION (RSA/VR)	<p>RSA is an administration within ADES that oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.</p> <p>VR is a program under RSA that provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.</p>
SELF-HELP/PEER SERVICES (PEER SUPPORT)	Supports intended for enrolled members and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups.

<p>SERVICE PLAN</p>	<p>A complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life. For purposes of this Policy, for FFS populations the term treatment plan may be used interchangeably with the term Service Plan.</p>
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SECTION III., A, 1., 2., HAS BEEN UPDATED AS FOLLOWS:

A. General Requirements

1. All applicable Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Uniform Billing (UB-04) revenue codes for Title XIX/XXI Services are listed in the AHCCCS Behavioral Health Services Matrix (previously referred to as the B2 Matrix) found on the AHCCCS website. Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the **AHCCCS Medical Coding Resources webpage** and ~~AHCCCS B2 Matrix~~ AHCCCS Behavioral Health Services Matrix, ~~and the AHCCCS Fee For Service Provider Manual (Chapter 19) for additional guidance. Refer to the AHCCCS IHS/Tribal Provider Manual (Chapter 12) for additional guidance for IHS/638 providers.~~
2. Service Planning
~~Medically necessary~~ Services shall be provided timely. Provision of ~~medically necessary~~ services shall not be delayed or pended in order to have all CFT/ART members present for a service planning meeting or until all are able to sign off on the Service Plan.

SECTION III., A, 7., AND 9., HAVE BEEN UPDATED AS FOLLOWS:

7. Indirect Contact
Indirect contact with member includes email or phone communication (**excluding leaving voice mails**) specific to a member’s services, obtaining collateral information, and/or picking up and delivering medications. Refer to the AHCCCS Fee-For-Service Provider Manual (Chapter 19) and the AHCCCS IHS/Tribal Provider Manual (Chapter 12 for IHS/638 providers) for additional guidance.
9. Self-Referral
To ensure timely access to medically necessary behavioral health services; (a) members, guardian, or designated representative may initiate requests, (b) qualified BHPs, including specialty providers not part of the behavioral health home, may

engage in assessment and treatment/service planning activities, (c) must comply with the Rules set forth in A.A.C. Title 9, Chapters 10 and 21, as applicable.

SECTION III., B., 1., HAS BEEN UPDATED AS FOLLOWS:

1. Treatment Services
 - a. The following treatment services are covered under the behavioral health benefit when medically necessary:
 - i. Assessment, Evaluation (non-court ordered) *, and Screening Services,
 - ii. Behavioral Health Counseling and Therapy, and
 - iii. Psychophysiological Therapy and Biofeedback.

SECTION III., B., 2., D., IV., HAS BEEN UPDATED AS FOLLOWS:

~~Pre-vocational Services and Ongoing Support to Maintain Employment are provided only if the services are not available through the federally funded Rehabilitation Act program administered by ADES/RSA.~~

Psychoeducational services and ongoing support to maintain employment services are provided only if the services are not available through the federally funded Rehabilitation Act program administered by Arizona Department of Economic Security/Rehabilitation Service Administration (ADES/RSA) DES-RSA, which is required to be the primary payer for Title XIX/XXI eligible individuals. The following services are not TXIX/TXXI covered treatment services: Rehabilitative employment support assessments when available through the federally funded Rehabilitation Act program administered by the Tribal Rehabilitation Services Administration; and preparation of a report of a member's psychiatric status for primary use with a court.

~~The following services are not TXIX/TXXI covered treatment services:~~

~~Rehabilitative employment support assessments when available through the federally funded Rehabilitation Act program administered by Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) or the Tribal Rehabilitation Services Administration, and preparation of a report of a member's psychiatric status for primary use with a court.~~

SECTION III., B., 4., D., HAS BEEN REVISED AS FOLLOWS:

- d. Self-Help/Peer Services (Peer and Recovery Support) support services are intentional partnerships based on shared lived experiences to provide social and personal support. Peer and Recovery Support assists members with accessing services and community supports, partnering with professionals, overcoming service barriers, and/or understanding and coping with the stressors of the member's behavioral health condition. These services are aimed at assisting in the creation of skills to promote long-term sustainable recovery. This support is coupled with specific, skill-based training, coaching, or assistance to bring about social or personal change at the individual, Family

or community level. Peer and Recovery Support is intended for enrolled members and their families who require greater structure and intensity of services than those available through informal community-based support groups (e.g. 12 Step Programs, SMART Recovery). Peer and Recovery Support is provided by individuals who ~~self-identify as a Peer and who qualify as BHPs, BHTs, or BHPPS and~~ meet the requirements of AMPM Policy 963,

SECTION III., B., 4., F., I., HAS BEEN REVISED AS FOLLOWS:

- i. Respite services may be provided in a variety of settings including **but not limited to:**
 - 1) Habilitation Provider (A.A.C. R6-6-1523),
 - 2) Outpatient Clinic (A.A.C. R9-10-1025),
 - 3) Adult Therapeutic Foster Care – with collaboration health care institution (A.A.C. R9-10-1803),
 - 4) Behavioral Health Respite Homes (A.A.C. R9-10 Article 16), and Behavioral Health Residential Facilities.

SECTION III., B., 5., A., HAS BEEN REVISED AS FOLLOWS:

- a. Supervised behavioral health day programs consist of a regularly scheduled program of individual, group and/or family services related to the member's treatment plan designed to improve the ability of the person to function in the community and may include the following rehabilitative and support services: skills training and development, behavioral health prevention/promotion, medication training and support, pre-vocational services and ongoing support to maintain employment, ~~and Peer and Recovery Support, self-help/Peer services~~ home care training Family (Family Support),

SECTION III., B., 7., HAS BEEN REVISED AS FOLLOWS:

7. Applied Behavior Analysis

Applied Behavior Analysis (ABA) is the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. ABA interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. Refer to AMPM Policy 320-S for more information.

SECTION III., B., 9., B., III., HAS BEEN REVISED AS FOLLOWS:

- i. ~~Additionally, the Facilities must~~ **shall** meet the requirements for **reporting and monitoring the use of** Seclusion and Restraint (**S&R**) as set forth in ~~A.A.C. R-9, 100-255~~

~~(Hospitals) and A.A.C. R9-10-317 (BHIF) Arizona Administrative Code. For Outpatient Behavioral Health Facilities, seclusion and restraint shall be provided according to A.A.C. R9-10-1012(B).~~ **The use of S&R shall only be used to the extent permitted by and in compliance with A.A.C. R9-21-204 and A.A.C. R9-10-316.** For additional information and requirements regarding reporting and monitoring of seclusion and restraint, refer to AMPM Policy 962,

AMPM POLICY 320-T, NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES BENEFIT

AMPM Policy 320-T was revised to include all Non-Title XIX/XXI-specific covered behavioral health service benefit language from the Covered Behavioral Health Services Guide (CBHSG) and to update to reflect current practice. Policy also revised to include Grant FAQs and all associated deliverable checklists. Policy now describes – NonT19 services; NonT19 populations; and NonT19 funding sources. *Policy has an implementation Date of 10/01/19.*

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

Section I., Purpose has been updated as follows:

This Policy applies to ACC, DCS/CMDP (CMDP), **DES/DDD (DDD), ALTCS E/PD**, RBHA Contractors, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS (collectively ‘Contractors’; and Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP); TRBHAs; **Tribal ALTCS**; and all FFS ~~providers~~ **populations**. This excludes Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy describes Non-Title XIX/XXI behavioral health services available for ~~Non-Title XIX/XXI funded~~ members and **Care Coordination requirements of all involved entities to ensure each member’s continuity of care.**

SECTION II., DEFINITIONS HAS BEEN REVISED AS FOLLOWS:

<u>ALLOCATION LETTER</u>	Communication provided by AHCCCS to identify specific terms and funding for a discretionary grant funding not otherwise included in the "Original" Allocation Schedule and specific terms and conditions for receipt of Non-Title XIX/XXI funding.
<u>SCHEDULE</u>	XIX/XXI non-capitated funding sources by program including MHBG and SABG Federal Block Grant funds, discretionary grant funds , State General Fund appropriations, county and other funds, which are used for services not covered by Title XIX/XXI funding and for populations not otherwise covered by Title

	XIX/XXI funding.
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SECTION III., A., GENERAL REQUIREMENTS FOR CODING/BILLING HAS BEEN UPDATED AS FOLLOWS:

All applicable Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Uniform Billing (UB-04) revenue codes for Non-Title XIX/XXI Services are listed in the AHCCCS Behavioral Health Services Matrix (**previously referred to as the B2 Matrix**) found on the AHCCCS website. Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the **AHCCCS Medical Coding Resources webpage** and the ~~AHCCCS Behavioral Health Services Matrix. And the AHCCCS Fee For Service Provider Manual (Chapter 19) for additional guidance. Refer to the AHCCCS IHS/Tribal Provider Manual (Chapter 12) for additional guidance for IHS/638 providers.~~

SECTION III., B., HAS BEEN UPDATED AS FOLLOWS:

B. Non-Title XIX/XXI Behavioral Health Services

AHCCCS covers Non-Title XIX/XXI behavioral health services (behavioral health and/or substance use) within certain limits for **Title XIX/XXI and Non-Title XIX/XXI** members when medically necessary. These behavioral health services are described below.

For information and requirements regarding XIX/XXI behavioral health services see AMPM Policy 310-B.

All services provided shall have proper documentation maintained in the member’s medical records.

For billing limitations, refer to the AHCCCS FFS Provider Manual **and AHCCCS Medical Coding Resources webpage.**

1. Auricular Acupuncture Services

The application by a certified acupuncturist practitioner pursuant to A.R.S. §32-3922 of auricular acupuncture needles to the pinna, lobe, or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

2. Crisis Services

For Title XIX/XXI members refer to AMPM Policy 310-B for a more detailed description of Crisis Intervention Services and responsibilities.

For Non-Title XIX/XXI ~~funded~~ **eligible** members: RBHAs and TRBHAs are responsible for Crisis Intervention services for Non-Title XIX/XXI ~~funded~~ **eligible** members (up to 72 hours).

3. Child Care Services

Childcare supportive services are covered when providing medical necessary Medicated Assisted Treatment or outpatient (non-residential) treatment or other supportive services for SUD to members with dependent children.

- a. The amount of Childcare services and duration shall not exceed the duration of MAT or Outpatient (non-residential) treatment or support services for SUD being provided to the member whose child(ren) is present with the member at the time of receiving services, and
- b. Childcare services shall ensure the safety and well-being of the child while the member is receiving services, which prevent the child(ren) from being under the direct care or supervision of member.

4. Mental Health Services (Traditional Healing Services)

Treatment services for mental health or substance use problems provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress evident by disruption of the person's functional ability.

5. Supported Housing

Supported housing services are provided by behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals, to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes owned or leased by a subcontracted provider. ~~Refer to AHCCCS FFS Provider Manual for a description on limitations of service.~~

6. Mental Health Services, Room and Board

Room and board means provision of lodging and meals to a person residing in a residential facility or supported independent living setting which may include but is not limited to: services such as food and food preparation, personal laundry, and housekeeping. This service may also be used to report bed hold/home pass days in Behavioral Health Residential facilities.

7. Other Non-Title XIX/XXI Behavioral Health Services

For Non-Title XIX/XXI eligible members, most behavioral health services that are covered through Title XIX/XXI funding are also covered through Non-Title XIX/XXI funding including but not limited to: residential, counseling, case management, and supportive services, but may be restricted to certain Priority Population members as described in this Policy and as shown in AMPM Exhibit 300-2B, and are not an entitlement. Services provided through Non-Title XIX/XXI funding are limited to availability of funds.

Assessments are covered for Non-Title XIX/XXI ~~funded~~ **eligible** members when they are conducted to determine SMI eligibility. Non-Title XIX/XXI SMI General Funds can

be used for the assessment, regardless of whether the person is found to have an SMI.

SECTION III., C., NON-TITLE XIX/XXI ELIGIBLE POPULATIONS HAS BEEN REVISED AS FOLLOWS:

C. Non-Title XIX/XXI Eligible Populations

Non-Title XIX/XXI ~~funded~~ **eligible** members are enrolled with a RBHA/TRBHA and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS, enrollment is based on the zip code or tribal community in which the member resides. When encounters are submitted for “unidentified” individuals (such as in crisis situations when a person’s eligibility or enrollment status is unknown), the Contractors shall require the provider to use the applicable pseudo-ID numbers that are assigned to each RBHA. For assistance, contact the DHCM/DAR Encounters Unit. Pseudo-ID numbers are not assigned to TRBHAs. Encounters are not submitted for Prevention services.

SECTION III., D., SUBSTANCE ABUSE BLOCK GRANTS (SABG) HAS BEEN REVISED AS FOLLOWS:

D. Substance Abuse Block Grant (SABG)

The SABG is a Formula Grant, which supports treatment services for **Title XIX/XXI and Non-Title XIX/XXI** members with SUDs and primary substance use and misuse Prevention efforts. The SABG is used to plan, implement, and evaluate activities to prevent and treat SUDs. Grant funds are also used to provide Early Intervention Services for HIV and tuberculosis disease in high-risk individuals who use substances.

SECTION III., E., MENTAL HEALTH BLOCK GRANT (MHBG) HAS BEEN REVISED AS FOLLOWS:

The MHBG is allocated from SAMHSA to provide mental health services to **Title XIX/XXI and Non-Title XIX/XXI** adults with an SMI designation, **Title XIX/XXI and Non-Title XIX/XXI** children with an SED designation, and **Title XIX/XXI and Non-Title XIX/XXI** individuals in need of FEP services.

MHBG funds are only to be used for allowable services identified in AMPM Exhibit 300-2B for:

1. Non-Title XIX/XXI ~~funded~~ **eligible** members with SMI, SED or FEP,
or
2. Non-Title XIX/XXI services for Title XIX/XXI members meeting the same criteria.

SECTION III., E., 8., HAS BEEN REVISED AS FOLLOWS:

This funding can be used for behavioral health services for individuals designated as SMI and children with SED, and Evidence Based Practices for members experiencing FEP for Non-Title XIX/XXI ~~funded~~ **eligible** members. This funding can also be used for Title XIX/XXI members for certain services not covered by Title XIX. see AMPM Exhibit 300-2B for additional information on MHBG covered services.

MHBG SED services for outreach activities or positions that are non-encounterable can be an allowable expense, but they shall be tracked, activities monitored, and outcomes collected on how the outreach is getting access to care for those members with SED. Furthermore, the use of MHBG SED funds in schools is allowable as long as the following requirements are met:

- a. Funded positions or interventions cannot be used to fulfill the requirement for the same populations as the funds for *Behavioral Health Services for School-Aged Children* listed in the Title XIX/XXI Contract,
- b. Funded positions cannot be used to bill for services provided,
- c. Funded positions or interventions need to focus on identifying those with SED and getting those who do not qualify for Title XIX/XXI engaged in services through the MHBG, and
- d. This funding shall be utilized for intervention, not Prevention, meaning that members who are displaying behaviors that could be signs of SED can be assisted, but not for general Prevention efforts to non-identified children who are not showing any risks of having SED.

Grant funding is the payor of last resort for Title XIX/XXI behavioral health covered services which have been exhausted (e.g. respite), Non-Title XIX/XXI covered services, and for Non-Title XIX/XXI ~~funded~~ **eligible** members for any services.

SECTION III., F., NON-TITLE XIX/XXI FUNDED CARE COORDINATION REQUIREMENTS HAS BEEN REVISED AS FOLLOWS:

Providers shall make it a priority to work with the RBHA and/or TRBHA to enroll the individual in Non-Title XIX/XXI funded services immediately, while continuing to assist the individual with the processes to determine Title XIX/XXI eligibility. If the individual is deemed eligible for Title XIX/XXI funding, the member can choose a Contractor **and American Indian members may choose either a Contractor, or AIHP, or a TRBHA if one is available in their area**, and receive covered services through that Contractor or AIHP **or a TRBHA**. The provider shall work with the Care Coordination teams of all involved Contractors or payers to ensure each member's continuity of care. Members designated as SMI are enrolled with a RBHA. American Indian members designated as SMI have the choice to enroll with a TRBHA for their behavioral health assignment if one is available in their area.

If a Title XIX/XXI member loses Title XIX/XXI eligibility while receiving behavioral health services, the provider shall attempt to prevent an interruption in services. The provider shall work with the **care coordinators of the Contractor or RBHA in the GSA where the member is receiving services, for Contractor enrolled or AIHP enrolled members, or the assigned TRBHA**, to determine whether the member is eligible to continue services through available Non-Title XIX/XXI funding. If the provider does not receive Non-Title XIX/XXI funding, the provider and member shall work, together to determine where the member can receive services from a provider that does receive Non-Title XIX/XXI funding. The provider shall then facilitate a transfer of the member to the identified provider and work with the Care Coordination teams

of all involved Contractors or payors. Contract language and measures stipulate that providers will be paid for treating members while payment details between entities are determined. **If a Title XIX/XXI member, whether Contractor or AIHP enrolled, requires Non-Title XIX/XXI services, the provider shall work with the RBHA in the GSA where the member is receiving services, or the assigned TRBHA, to coordinate the Non-Title XIX/XXI services.**

SECTION III., G., NON-TITLE XIX/XXI FUNDING SOURCES HAS BEEN REVISED AS FOLLOWS:

All Non-Title XIX/XXI funding shall be used for medically necessary behavioral health services only.

RBHAs, TRBHAs, and other ~~Contractors~~ **entities who have a direct Non-Title XIX/XXI funded contractual relationship** shall report each Non-Title XIX/XXI funding source and services separately and provide information related to Non-Title XIX/XXI expenditures to AHCCCS upon request and/or in accordance with AHCCCS Contract/ISA/IGA or as specified in the Allocation Letter.

SECTION III., G., 2.,3.,4., HAS BEEN REVISED AS FOLLOWS:

2. General Fund and other appropriated and non-appropriated state funds
 - a. Non-Title XIX/XXI SMI General Fund - This funding can be used for behavioral health services for Non-Title XIX/XXI ~~funded~~ **eligible** members designated as SMI and for Non-Title XIX/XXI services as outlined in AMPM Exhibit 300-2B. The covered services are similar to the services covered by the MHBG and also may include room and board when no other funding source is available for a Non-Title funded XIX/XXI member designated as SMI,
 - b. Crisis General Fund - This funding can be used for medically necessary crisis services for Non-Title XIX/XXI ~~funded~~ **eligible** members,
 - c. Crisis Substance Abuse Services Funds –This funding can be used for medically necessary crisis services for Non-TXIX/XXI members with SUD, per A.R.S. §36-141 and A.R.S. §36-2005, and
 - d. Liquor Service Fees – This funding can be used for SUD services including crisis, detoxification services, outpatient services, and Court Ordered Evaluations per A.R.S. §36-2021 & A.R.S §36-2031.

3. SUDS Fund

This funding can be used to increase outreach and identification of under and uninsured Non-Title XIX/XXI ~~funded~~ **eligible** members with an Opioid Use Disorder (OUD) (especially older adults, pregnant and parenting women, individuals re-entering from correctional settings, veterans, adolescents and transition age youth, American Indians, and families of individuals with OUD), and to increase navigation of these individuals to, and utilization of OUD treatment This funding is subject to the terms and conditions in the

Allocation Schedules or AHCCCS Contract/IGA/ISA and/or Allocation Letters, and Laws 2018, 1st Special Session, Chapter 1.

4. County Funds

- a. Maricopa County - This funding can be used for Court Ordered Evaluation (COE) for Title XIX/XXI and Non-Title XIX/XXI ~~funded~~ **eligible** members and services for Non-Title XIX/XXI individuals designated as SMI, similar to services covered by the MHBG, some limited services for GMH and Child populations, and specific SUD services for the Central City Addiction Recovery Center (CCARC),
- b. Pima County - This funding can be used for COE screening for Title XIX/XXI and Non-Title XIX/XXI ~~funded~~ **eligible** members and for Crisis services for Non-Title XIX/XXI eligible members,
- c. Coconino County - This funding can be used for COE services for Title XIX/XXI and Non-Title XIX/XXI ~~funded~~ **eligible** members, and
- d. All county funding is subject to specific requirements as outlined in the AHCCCS/County IGAs.

SECTION III., H., SABG AND MHBG REPORTING REQUIREMENTS HAS BEEN REVISED AS FOLLOWS:

Deliverable requirements regarding material changes to Contractor's Non-Title XIX/XXI provider network are identified in Non-Title XIX/XXI Contracts. For Templates and requirements regarding the submission of a notification indicating material change to provider network, refer to ACOM Policy 439.

1. Deliverable Templates

For reporting requirements related to SABG and MHBG, RBHAs shall utilize the following templates for the corresponding deliverable submissions identified in each applicable Contract or IGA/ISA. Applicable deliverables shall be submitted as specified in Contract or IGA/ISA.

- a. Attachment A – Charitable Choice – Anti-Discrimination Notice to Individuals Receiving Substance Use Services,
- b. Attachment B – SED Program Status Report – MHBG SED Grant **(for MHBG)**,
- c. Attachment C – First Episode Psychosis Program Status Report (Annually) **(for MHBG)**,
- d. Attachment C-1 – First Episode Psychosis Program Status Report (Quarterly) **(for MHBG)**,
- e. Attachment D – ICR Peer Review Data Pull,
- f. Attachment E – SABG HIV Activity Report,
- g. Attachment F – SABG HIV Site Visit Report,
- h. Attachment G – SABG Agreements Report,
- i. Attachment H – Oxford House Model Report,
- j. **Attachment H-1 – Oxford House Financial Reports (for RBHAs with approved Plan)**

- k. Attachment I – SABG Priority Population Waitlist Report,
- l. Attachment J – SABG Capacity Management Report, and
- m. Attachment K – SABG/Prevention/MHBG Plan (**for MHBG and SABG**).

INCLUDED DELIVERABLE TEMPLATES ATTACHMENTS A THROUGH K

- **ATTACHMENT A, CHARITABLE CHOICE-ANTI-DISCRIMINATION NOTICE TO INDIVIDUALS RECEIVING SUBSTANCE USE DISORDER TREATMENT SERVICES**
- **ATTACHMENT B, SED PROGRAM STATUS REPORT – MHBG SED GRANT**
- **ATTACHMENT C, FIRST EPISODE PSYCHOSIS PROGRAM STATUS REPORT**
- **ATTACHMENT C-1, FIRST EPISODE PSYCHOSIS PROGRAM STATUS REPORT (QUARTERLY)**
- **ATTACHMENT D, ICR PEER REVIEW MEMBER CHARTS**
- **ATTACHMENT E, SABG HIV ACTIVITY REPORT**
- **ATTACHMENT F, SABG HIV SITE VISIT REPORT**
- **ATTACHMENT F-1, SUBSTANCE ABUSE BLOCK GRANT (SABG) OXFORD HOUSE FINANCIAL REPORT**
- **ATTACHMENT G, SABG AGREEMENTS REPORT**
- **ATTACHMENT H, OXFORD HOUSE MODEL REPORT**
- **ATTACHMENT I, SABG PRIORITY POPULATION WAITLIST REPORT**
- **ATTACHMENT J, SABG CAPACITY MANAGEMENT REPORT**
- **ATTACHMENT K, SABG/PREVENTION/MHBG PLAN**

PREVIOUSLY ADDED APPROVED NOT YET EFFECTIVE**AMPM POLICY 965, COMMUNITY SERVICE AGENCIES**

AMPM Policy 965 was formerly titled AMPM Policy 961-C. Policy was revised to establish expectations for the provision of services to members, remove AHCCCS' role in the credentialing process while maintaining the credentialing standards for AHCCCS Provider Registration, establish requirements for Contractors to collaborate and coordinate credentialing and quality monitoring processes, streamline both the credentialing and quality

monitoring processes, and to align direct care staff requirements with AHCCCS Workforce Development as specified in ACOM Policy 407. There were additional Post Tribal Consultation Notification/Public Comment Change noted below. *This Policy is pending Implementation Date.*

○ **ATTACHMENT A, INITIAL APPLICATION AND CREDENTIALING AMENDMENT REQUEST**

Attachment A was revised to streamline the information needed for Initial application and credentialing amendment process. This attachment is pending Implementation Date.

○ **ATTACHMENT B, DOCUMENTATION STANDARDS**

Attachment B was originally included within the body of the policy; information regarding documentation standards has been moved to its own Attachment B. This attachment is pending Implementation Date.

○ **ATTACHMENT C, CRIMINAL HISTORY AFFIDAVIT**

Attachment C was updated for minor formatting and alignment with A.R.S. § 8-201, A.R.S. § 36-425.03 (L), A.R.S. § 36-425.03, (F), A.R.S. § 36-425.03 (E), A.R.S. § 36-425.03 (I), A.R.S. § 36-425.03 (H), A.R.S. § 36-425.03 (K), A.R.S. § 41-619.55 (I), A.R.S. § 41-1758.03 (B), and A.R.S. § 41-1758.03 (D). This attachment is pending Implementation Date.

○ **ATTACHMENT D, SELF-DECLARATION OF CRIMINAL HISTORY**

Attachment D was updated for minor formatting and alignment with A.R.S. § 41-1758.03(B) and (D). This attachment is pending Implementation Date.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

POLICY SECTION III., A., OVERVIEW HAS BEEN REVISED AS FOLLOWS:

“CSAs are an essential part of the integrated healthcare network, in large part, because they provide services designed to reduce and/or eliminate functional disabilities and social disadvantages. Physical health ~~Medical~~ and treatment services focus on physical and behavioral health impairment and develop treatment strategies designed to ameliorate them.”

POLICY SECTION III., I., 2., D., HAS BEEN REVISED AS FOLLOWS:

d. “Develop processes and standards for member ~~medical~~ record reviews for the onsite monitoring review, and”

ATTACHMENT A HAS BEEN REVISED AS FOLLOWS:

Page 2, 4 Replaced ‘Program Director’ with ‘Chief Executive Director’
page 2, Corrected name to ‘Arizona Complete Health’

Page 2, Added checkbox for applicants who will be providing services to members enrolled with CMDP

Page 2, Modified to clarify documents are only to be submitted with an amendment. Otherwise documents will be requested by the lead contractor for the initial application

ATTACHMENT B HAS BEEN REVISED AS FOLLOWS:

Page 4, # 5) **Establish qualifications of a BHP and BHT to provide supervision of non-clinical services.**

Page 4, #6) Establishes **supervision standards** ~~the qualifications~~ for BHPs, and BHTs who provide **supervision** ~~clinical and non-clinical supervision~~ of BHPs, BHTs and BHPPs ~~per A.A.C. R9-10-115 and AMPM Policy 310-B.~~

~~Page 11, Documentation consistent with the administrative policies and procedures for ensuring the proper supervision of staff who provide non-clinical services. Documentation shall require verification that BHPs or BHTs providing oversight at least one time during each two week period from a qualified BHP or a BHT.~~

~~BHTs and BHPPs provide services under the supervision of a qualified BHP or BHT based upon the competency of the individual employee including but not limited to: direct supervision, oversight, coaching, mentoring, etc.~~

~~Documentation shall verify that BHTs and BHPPS are receiving the proper type and frequency of supervision from a qualified BHP or BHT per the CSAs policies and procedures.~~

BHTs and BHPPs provide non-clinical services under the supervision of a qualified BHP or BHT. Documentation shall verify that BHTs and BHPPS are receiving the proper type and frequency of supervision from a qualified BHP or BHT per AMPM Policy 965, the competency of the individual BHT or BHPP, and the CSAs' policies and procedures.

- Supervisory oversight is provided at least one time during each two week period for individuals determined to be competently providing services and performing job duties.
- Supervision is provided as frequently as is required for individuals determined to lack the competence required to provide services or perform job duties.

AMPM POLICY 1200, RESERVED

AMPM Policy 1200, Chapter Overview is being reserved and pertinent information has been incorporated into other applicable Chapter 1200 policies. *Policy has an implementation date of 10/01/19.*

POLICY 1300, Exhibit 1300-1, RESERVED

Policy 1300, Exhibit 1300-1, Agency with Choice Service Codes and Applicable Units of Service, language being moved to the Medical Coding Resources page, located at <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>.

POLICY 1300, Exhibit 1300-4 RESERVED

POLICY 1300, EXHIBIT 1300-4 - SELF DIRECTED ATTENDANT CARE SERVICE CODES AND APPLICABLE UNITS OF SERVICE, language being moved to the Medical Coding Resources page, located at <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>.

POLICY 1300, RESERVED

AMPM POLICY 1300, CHAPTER OVERVIEW is being reserved. Overviews are no longer needed. Pertinent information is being incorporated into a new AMPM Policy 1310-A, Agency with Choice. *The Policy will be applicable upon finalization of AMPM Policy 1310-A.*

POLICY 1310, RESERVED

POLICY 1310, AGENCY WITH CHOICE DEFINITIONS is being reserved. Applicable information is being incorporated into a new AMPM Policy 1310-A, Agency with Choice. *The Policy will be applicable upon finalization of AMPM Policy 1310-A.*

AMPM POLICY 1311, RESERVED

AMPM POLICY 1311, SCOPE OF SERVICES FOR AGENCY WITH CHOICE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1310-A, Agency with Choice. *The Policy will be applicable upon finalization of AMPM Policy 1310-A.*

AMPM POLICY 1312, RESERVED

AMPM POLICY 1312, ROLES AND RESPONSIBILITIES UNDER AGENCY WITH CHOICE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1310-A, Agency with Choice. *The Policy will be applicable upon finalization of AMPM Policy 1310-A.*

AMPM POLICY 1313, RESERVED

AMPM POLICY 1313, TRAINING UNDER AGENCY WITH CHOICE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1310-A, Agency with Choice. *The Policy will be applicable upon finalization of AMPM Policy 1310-A.*

AMPM POLICY 1321, RESERVED

AMPM POLICY 1321, SCOPE OF ATTENDANT CARE SERVICES UNDER SELF – DIRECTED ATTENDANT CARE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1320-A, Self Directed Attendant Care. *The Policy will be applicable upon finalization of AMPM Policy 1320-A.*

AMPM POLICY 1322, RESERVED

AMPM POLICY 1322, ROLES AND RESPONSIBILITIES UNDER SELF- DIRECTED ATTENDANT CARE CARE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1320-A, Self Directed Attendant Care. *The Policy will be applicable upon finalization of AMPM Policy 1320-A.*

AMPM POLICY 1323, RESERVED

AMPM POLICY 1323, TRAINING UNDER SELF – DIRECTED ATTENDANT CARE CARE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1320-A, Self Directed Attendant Care. *The Policy will be applicable upon finalization of AMPM Policy 1320-A.*

AMPM POLICY 1324, RESERVED

AMPM POLICY 1324, FISCAL EMPLOYER AGENT SERVICES UNDER SELF – DIRECTED ATTENDANT CARE CARE is being reserved. Applicable information is being incorporated into a new AMPM Policy 1320-A, Self Directed Attendant Care. *The Policy will be applicable upon finalization of. AMPM Policy 1320-A.*