



Block Grant Reporting Guide

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Introduction and Purpose

The AHCCCS Block Grant Reporting Guide (BGRG) is a resource designed to assist ACC Plans with Regional Behavioral Health Agreements (ACC-RBHAs), Tribal Regional Behavioral Health Authorities (TRBHAs) providers, and other subrecipients in understanding and meeting Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant reporting requirements for the Mental Health Block Grant (MHBG) and the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG, also known as SUBG). ACC-RBHAs, TRBHAs and other subrecipients will be referred to throughout this document as “subrecipients”.

The BGRG provides guidance on reporting expectations, documentation standards, data collection requirements, allowable activities, and grant-specific requirements to support consistent, accurate, and timely reporting. The guide is intended to strengthen compliance, fiscal accountability, program oversight, performance monitoring, and continuous quality improvement efforts while supporting the effective use of Block Grant resources to improve behavioral health outcomes across Arizona.

This Guide is intended for informational purposes only, specific to block grant reporting requirements for SAMHSA, and does not supersede any information contained in the AHCCCS Medical Policy Manual (AMPM), AHCCCS Contractors Operations Manual (ACOM), Fee-for-Service (FFS) Provider Billing Manual, or the AHCCCS IHS/Tribal Provider Billing Manual. AHCCCS-contracted Managed Care Organizations (MCOs), ACC-RBHAs, and providers must ensure all reporting, documentation, billing, and operational practices comply with applicable federal, state, and local laws, regulations, contracts, policy requirements, provider manuals, and coding and Health Insurance Portability and Accountability Act (HIPAA) standards.

Additionally, this Guide does not supersede federal statutes, regulations, SAMHSA Notices of Award, SAMHSA Block Grant guidance, AHCCCS contracts, policies, or other governing authorities. In the event of a conflict, the applicable federal or state law, regulation, contract, policy, Notice of Award, or official guidance shall prevail. AHCCCS reserves the right to revise, update, clarify, or supersede this Guide to reflect changes in federal requirements, SAMHSA guidance, grant conditions, or reporting expectations. Users remain responsible for complying with the most current applicable requirements.

This guidance is intended to support subrecipient for reporting on block grant PPC 26X27 (FFY2026) and forward, which begin 10/1/2025

Other Capacity Building

As part of the SAMHSA planning and reporting process, states are required to identify and report Other Capacity Building and Systems Development Activities funded through the MHBG and SUBG. These activities support the development, improvement, coordination, oversight, and sustainability of behavioral health systems but do not typically represent direct clinical services delivered to an individual.

Other Capacity Building and Systems Development activities strengthen the behavioral health continuum through investments in infrastructure, workforce development, planning, data systems, quality improvement, evaluation, and other system-level functions that enhance access, quality, efficiency, accountability, and outcomes.

In alignment with SAMHSA guidance, AHCCCS establishes allowability of the use of the SUBG and MHBG for Other Capacity Building and Systems Development, up to 15% of an ACC-RBHA's Block Grant allocation¹. Utilization of this funding category is not required, and subrecipients are not mandated to expend funds within these categories. Subrecipients may choose to utilize all, some, or none of this allocation based on identified system needs, priorities, and approved activities that benefit MHBG and/or SUBG eligible populations. Any deviation from or adjustment to other capacity categories requires prior written approval.

A particular activity may span multiple funding categories; however, subrecipients should identify the primary purpose or goal of the activity and classify it according to the definitions and guidance outlined in this document. Subrecipients are also responsible for ensuring that expenditures reported within these categories are consistently reflected in both programmatic and financial reporting submitted to AHCCCS. Activities funded under an Other Capacity Building and Systems Development category should be supported by documentation demonstrating the relationship between program deliverables, performance outcomes, and associated expenditures. For purposes of MHBG reporting and funding allocation, activities related to First Episode Psychosis (FEP) shall be reported under the FEP/ESMI funding category and shall not be classified or reported under Other Capacity.

For planning and reporting purposes, Other Capacity Building and Systems Development activities are captured within the following categories:

- Information Systems
- Infrastructure Support
- Partnerships, Community Outreach, and Needs Assessment
- Quality Assurance and Improvement
- Research and Evaluation
- Training and Education

These categories provide a framework for classifying activities that build system capacity, support program administration and oversight, improve service delivery, strengthen workforce competency, enhance data and reporting capabilities, and inform policy and program development. By consistently categorizing these activities, AHCCCS and its contracted entities can demonstrate how Block Grant funding supports the ongoing development, coordination, and improvement of Arizona's behavioral health system.

Any activities and expenditures reported as Other Capacity Building and Systems Development cannot also be reported as a direct service (e.g. exclude from SUBG Table 7 Statewide Entity Report). Additional instructions for reporting Other Capacity Building and Systems Development may be provided to ACC-RBHAs and TRBHAs while AHCCCS works to develop the SUBG and MHBG reports to SAMHSA report each fall.

Information Systems

Information Systems activities support the collection, management, analysis, and reporting of data necessary to monitor program performance, service utilization, compliance requirements, and client outcomes. These investments help strengthen the technology and data infrastructure needed to support Block Grant-funded

¹ Per the ACC-RBHA NTXIX Contract, the ACC-RBHA must submit the volume of Non-Title XIX/XXI encounters so that the valuation level equals 85% of the total service revenue. This leaves up to 15% that may be used for other allowable services and activities.

activities, improve reporting capabilities, and inform program oversight and decision-making.

Allowable activities generally include the development, enhancement, or maintenance of databases, Electronic Health Records (EHRs), telehealth platforms, digital therapeutic tools, and other health information technology directly related to service delivery, grant reporting, performance monitoring, or compliance requirements.

Unallowable activities include administrative, operational, technology, or training costs that do not directly support Block Grant data collection, reporting, compliance, performance monitoring, outcomes measurement, or approved service delivery functions. This includes technology used primarily for non-Block Grant programs, general office supplies and equipment, administrative software, routine business operations, communication platforms such as Microsoft Teams, Zoom, or similar tools used solely for meetings or administrative communication rather than telehealth or approved service delivery, direct clinical services or member supports, and training unrelated to health information technology, data systems, or reporting requirements. All costs must demonstrate a clear and direct connection to approved MHBG and/or SUBG Information Systems activities to be considered allowable.

Infrastructure Support

Infrastructure Support activities fund the development, maintenance, and enhancement of system-level resources that support access to behavioral health services for individuals eligible to receive services through block grant funding. These activities strengthen the behavioral health system's capacity to serve eligible populations but do not include the delivery of direct clinical or individual services.

Allowable activities may include the development and maintenance of crisis-response systems, hotlines, mobile crisis capacity, web-based check-in services, bed registries, drop-in centers, respite services, and other infrastructure that supports service access, coordination, and continuity of care for Block Grant-eligible populations.

Unallowable activities include direct clinical services, treatment or care provided to individual members, and client-specific supports such as transportation, housing assistance, eviction prevention, utility assistance, or other services that directly benefit an individual rather than supporting broader system capacity. Activities funded under this category must primarily support the behavioral health infrastructure serving eligible MHBG and/or SUBG populations and demonstrate a clear system-level benefit.

Partnerships, Community Outreach, and Needs Assessment

Partnerships, Community Outreach, and Needs Assessment activities support subrecipients in planning, coordinating, assessing, and strengthening the behavioral health system for individuals eligible to receive services through Block Grant funding. These activities are intended to improve system capacity by identifying service gaps, assessing community needs, fostering collaboration among stakeholders, coordinating resources, and developing strategies that enhance access to and quality of behavioral health services for Block Grant-eligible populations.

Allowable activities may include strategic planning; community outreach and engagement; data collection, analysis, and reporting; needs assessments; stakeholder engagement; interagency collaboration; tribal consultation and coordination; participation in cross-system planning meetings; development of referral pathways and community networks; coordination with schools, child welfare systems, healthcare providers,

criminal justice agencies, housing organizations, and other community partners; and other system-level efforts that support statewide, regional, local, or tribal behavioral health planning. Activities may also include personnel time associated with planning meetings, information gathering, analysis, travel, and community or network development activities that support broader behavioral health system improvements. Funded activities should contribute to informed decision-making, resource alignment, service system enhancements, improved coordination among key partners, and the identification of opportunities to better serve eligible MHBG and/or SUBG populations.

Unallowable activities include direct service delivery; clinical treatment; therapy; medication management; case management; care coordination for individual clients; and activities that do not contribute to needs assessment, strategic planning, partnership development, community outreach, system coordination, collaboration, or broader behavioral health system development.

Activities funded under this category must demonstrate a clear planning, assessment, partnership-building, coordination, community outreach, or system-development purpose and must provide benefits beyond a single individual, provider, or program. The primary objective of these activities should be to strengthen the behavioral health infrastructure and improve the capacity of the service system to effectively meet the needs of Block Grant-eligible populations.

Quality Assurance and Improvement

Quality Assurance and Improvement (QA/QI) activities support subrecipients in monitoring, evaluating, and improving the quality, effectiveness, and fidelity of behavioral health services provided to individuals eligible for services through block grant funding. These activities are intended to strengthen system performance, promote continuous quality improvement, ensure adherence to evidence-based and promising practices, and support compliance with contractual, regulatory, and programmatic requirements.

Allowable activities may include the development and implementation of quality assurance and quality improvement processes, fidelity reviews of evidence-based practices, provider monitoring and oversight, quality-focused technical assistance, stakeholder feedback collection and analysis, independent peer review activities, and other efforts designed to assess and improve service quality and outcomes. This category may also support subrecipient activities related to reviewing provider performance, documentation, service delivery, and outcomes to ensure services are delivered in accordance with established standards and expectations.

Unallowable activities include direct clinical services, treatment, medication management, crisis services, case management, care coordination, and client-specific supports such as transportation, incentives, gift cards, food, clothing, or other direct member benefits. In addition, routine administrative or operational costs not specifically related to quality oversight, monitoring, evaluation, fidelity review, technical assistance, or quality improvement activities are not allowable. Capital expenditures, facility improvements, vehicle purchases, and technology or communication tools not directly supporting quality measurement, provider monitoring, implementation evaluation, or fidelity review are also unallowable under this category.

Activities funded through the Quality Assurance and Improvement category must demonstrate a clear connection to improving service quality, program performance, compliance, provider accountability, implementation fidelity, or outcomes for MHBG and/or SUBG eligible populations, and should result in system-level improvements that extend beyond a single client, service encounter, or direct care activity.

Research and Evaluations

Research and Evaluation activities support ACC-RBHAs in assessing the effectiveness, fidelity, outcomes, and impact of services, programs, and system-level initiatives funded through the MHBG and/or SUBG. This funding category may be used for performance measurement, program evaluations, and services research, including demonstration or pilot projects that test the feasibility, fidelity, implementation, and effectiveness of new or adapted approaches. Findings may also be disseminated to inform policy, practice, strategic planning, and continuous quality improvement efforts.

Unlike Needs Assessment activities, which identify behavioral health needs, service gaps, and priorities to inform planning and resource allocation, Research and Evaluation activities occur after implementation and focus on determining whether programs, services, or system improvements are achieving their intended outcomes and producing measurable benefits for Block Grant-eligible populations.

Unallowable activities include direct clinical services, treatment, case management, routine operational activities, general administrative costs unrelated to evaluation efforts, and activities that do not contribute to measuring, assessing, or improving program performance, service quality, outcomes, system capacity, or the effectiveness of Block Grant-funded initiatives.

Activities funded under this category should result in actionable information that supports data-driven decision-making, continuous quality improvement, enhanced service delivery, and improved outcomes for individuals and communities served through MHBG and/or SUBG-funded programs.

Training and Education

Training and Education activities support ACC-RBHAs in developing and maintaining a qualified behavioral health workforce that serves individuals eligible for services through the MHBG and/or SUBG. This funding category may be used to provide skill development, continuing education, and professional training for personnel employed by subrecipients, provider agencies, and partnering organizations when the training directly supports Block Grant-funded populations, services, or program requirements.

For MHBG, training activities should support services provided to adults with SMI and children with serious emotional disturbance (SED). For SUBG, training activities should support substance use prevention, treatment, and recovery services. Training and Education investments should enhance workforce competency, promote best practices, improve service quality, and strengthen the ability of providers and partner agencies to effectively serve Block Grant-eligible populations.

Unallowable activities include training that is unrelated to MHBG or SUBG populations, services, or program objectives; general staff development not connected to Block Grant-funded activities; and training that cannot demonstrate a direct benefit to Block Grant-eligible populations or service delivery systems.

Training activities associated with evidence-based practices (EBPs) for First Episode Psychosis (FEP) programs are not allowable under this category and should remain attributed to the FEP funding allocation.

Activities funded under this category should result in improved workforce knowledge, skills, competencies, and service quality, ultimately enhancing outcomes for individuals served through MHBG and SUBG-funded programs.

Recovery Support Services (SUBG)

RSS were first referenced and defined by the federal government in *Consolidated Appropriations Act, 2023*², Chapter 4, Section 1273, amending Section 1003. of the 21st Century Cures Act to include:

“(E) Recovery support services, including— “(i) community-based services that include education, outreach, and peer supports such as peer support specialists and recovery coaches to help support recovery; “(ii) mutual aid recovery programs that support medication-assisted treatment; “(iii) services to address housing needs; or “(iv) services related to supporting families that include an individual with a substance use disorder.”

SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift in the expectation for positive outcomes for individuals who experience mental and substance use disorders or the co-occurring of the two. Ten guiding principles of recovery are outlined in SAMHSA’s working definition of recovery³.

As part of the SAMHSA planning and reporting process, states are required to identify and report RSS funded through the SUBG. At this time, SAMHSA requires RSS reporting under SUBG only.

RSS are non-clinical services and supports that assist individuals in achieving and sustaining long-term recovery from substance use disorders. RSS are intended to reduce barriers to recovery, promote community integration, and support individuals in maintaining recovery and improving overall quality of life. RSS are designed to complement clinical treatment by addressing social, emotional, and functional needs critical to long-term stability and wellness. Services should be person-centered, culturally responsive, and designed to address social, emotional, and functional needs that contribute to long-term recovery outcomes. Services must be adequately documented, and expenditure must be reasonable, necessary, allocable, and allowable under federal and state requirements. RSS are to be implemented consistent with AHCCCS policy contract and requirements.

RSS funded by the SUBG must be reported in the following categories:

- Individual Peer to Peer Support
- Peer-led Support Groups
- Peer-Led Training or Peer Certification Activity
- Recovery Housing and Supportive Housing Assistance
- RSS Childcare Fee or Family Caregiver Fee
- Secondary School, High School, or Collegiate Recovery Program Service or Activity
- Recovery Social Support or Social Inclusion Activity
- Other SAMHSA Approved Recovery Support Event or Activity

For reporting purposes, subrecipients should identify and track RSS separately from treatment activities and ensure expenditures and programmatic outcomes align with SUBG reporting requirements. Subrecipients are responsible for maintaining documentation that demonstrates the relationship between RSS expenditures,

<https://www.govinfo.gov/content/pkg/BILLS-117hr2617enr/pdf/BILLS-117hr2617enr.pdf>, page 1,220 ; 1,232

³ <https://library.samhsa.gov/product/samhsas-working-definition-recovery/pep12-recdef>

service delivery, and associated program outcomes reported to AHCCCS.

Recovery Housing Requirements

Recovery housing is defined by SAMHSA as: “Safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support connection to services that promote long-term recovery.”⁴ Activities and expenditures for recovery housing must be aligned with SAMHSA rules and guidance, AHCCCS Guidance, and Executive Orders including but not limited to Ending Crime and Disorder on America’s Streets⁵. Subrecipients are responsible for ensuring that all RSS funded through SUBG are appropriately documented, reported, and aligned with SAMHSA recovery support service requirements.

Subrecipients are responsible for verifying that any Recovery Housing facility receiving SUBG funding is:

- Licensed by the Arizona Department of Health Services (ADHS) as a Sober Living Home; not suspended by ADHS, and
- Certified by the Arizona Recovery Housing Association (AzRHA), and
- Sober living facilities must meet the requirements of ARS 36-2065 Referrals; certified or licensed sober living homes
- OR is an Oxford House.

Additionally, the subrecipient must:

- Ensure payments for a member’s recovery housing costs in an Oxford house are in alignment with the Oxford House Inc. national model.
- Ensure funds are not provided directly to an individual. Rather, the payment must be made to an eligible recovery housing organization.
- Maintain documentation supporting ADHS licensure and AzRHA certification should be, and such documents make available to AHCCCS upon request.
- Ensure the provision of care coordination, benefits coordination, and connection to appropriate treatment and support services, particularly for individuals experiencing homelessness, exiting from residential care, or a criminal justice setting.
- Ensure recovery housing is in alignment with SAMHSA’s Best Practices for Recovery Housing⁶.
- Ensure acceptable policies and procedures for the administration of funds for recovery housing and eviction prevention that are in alignment with SAMHSA rules. Policy and procedures must include but not be limited to: frequency, duration, and cap of assistance per member, use of approved facilities, reason for the need for assistance.
- Ensure data is collected and outcomes are measured for the recovery housing intervention. Subrecipients are encouraged to utilize the Homeless Management Information System (HMIS).
- Outcome examples⁷:
 - i. Number of participants transitioning from the street or shelter to transitional or recovery housing.

⁴ <https://library.samhsa.gov/sites/default/files/best-practices-for-recovery-housing-pep23-10-00-002.pdf>

⁵ <https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/>

⁶ <https://library.samhsa.gov/sites/default/files/best-practices-for-recovery-housing-pep23-10-00-002.pdf>

⁷ https://www.whitehouse.gov/wp-content/uploads/2026/08/Best-Practices-Toolkit_FINAL.pdf

- ii. Number of participants successfully completing transitional and recovery housing.
 - iii. Number of participants living independently (their own home or unsubsidized housing).
 - iv. Number of participants with housing retention rates at 6, 12, and 24 months.
 - v. Number of participants who return to homelessness after program exit.
- b. Additional examples
 - i. Total number of members referred to the program.
 - ii. Percent of members referred who become engaged.
 - iii. Number of members who increased income through employment
 - iv. Number of members who increased income through connection to benefits
 - v. Number of members who connect to SUD/Recovery Services
- c. Additional outcomes may be proposed or required by AHCCCS and recovery housing standards develop

SUBG Allowable and Reportable Services (Table 10b)

SUBG can be used to implement and expand RSS, including those listed in SAMHSA SUBG Report Table 10b.

SAMHSA encourages the use of the SUBG for allowable RSS. The purpose of this guidance is to delineate how AHCCCS and/or its subrecipients must plan and report expenditures and program activity data for the purposes of SAMHSA's SUBG (SUPTRS BG) required reporting, which may include:

- Number of unduplicated members served with SUBG RSS, by age and sex (Table 10b)
- Planned expenditures for RSS: SUBG, Other Federal Funds (e.g. SOR, PPW), and Medicaid (Tables 2, 4)
- Actual dollars expended for RSS: SUBG, Other Federal Funds (e.g. SOR, PPW), and Medicaid (Tables 2, 4, 7)

SAMHSA Instructions:

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and sex in the most recently completed state fiscal year (SFY). Grantees are requested to include data on Table 10b for individuals with SUD who received recovery support services that were funded, in full or in part, with SUPTRS BG funding. If data reported also includes data on SUD persons served in recovery support services that are funded with other sources of funding, please briefly explain in footnote below.

This required table is a result of the Congressional requirements included in the Consolidated Appropriations Act, 2023.

If the state did not expend SUPTRS BG funds for RSS in the reporting period, indicate in the footnotes of the table that it did not use SUPTRS BG funds for RSS.

For each row, enter the aggregated unduplicated number of persons who received each type of RSS listed in rows 1 – 9 by age and sex. Persons may receive a particular RSS more than once during the reporting period. Only count a person once for each RSS type by age and sex. Note: Age category 0-5 years is not applicable. Definitions for Age and Sex Categories Age

The state should report on the number of individuals served by RSS, broken down by the age ranges provided. The state may collect this data in different ways, depend on the setting of the RSS listed. The state should document in the comment box below the table, Comments on Data (Age), how age is collected for reporting.

Age Categories: 6-12; 13-17; 18-20; 21-24; 25-44; 45-64; 65-74; 75+; Not Available

Sex Categories: Female; Male; Not Available

If data on individuals' age or sex is not collected or otherwise not available, the state should report the count of individuals using the age category 'Not Available' to ensure all persons served by the SUPTRS BG for RSS in the reporting period are captured.

AHCCCS Supplemental Instructions:

The following table delineates further definitions and examples of how Arizona/AHCCCS defines and categorizes AHCCCS SUBG RSS specifically for SUBG required planning and reporting to SAMHSA.

The Table 10b reporting template is located on the AHCCCS SUBG webpage⁸

AHCCCS will apply the same reporting definitions for RSS for the purpose of SUBG planning and reporting RSS expenditures.

SAMHSA SUBG RSS Category	Definitions via Billing Codes	Definitions - Additional
Peer-to-Peer Support Individual	H0038 U7	○ H0038 Self-help/peer services
Peer-Led Support Groups	H0038 HQ U7	○ H0038 HQ Self-help/peer services (group), per 15 minutes
Peer-Led Training or Peer Certification Activity	N/A	○ In Arizona, Peer Recovery Support Specialists (PRSS) are credentialed rather than certified. However, please count the number of individuals served with peer-led trainings or PRSS credentials here. Credentialing must occur through an AHCCCS recognized training program. ○ AHCCCS to include the number served with trainings through contract with the Peer and Family Career Academy.
Recovery Housing and Supportive Housing Assistance	H0046 SE U7	○ H0046 SE NTXIX room and board billed when by an outpatient provider (supervised independent living) ○ Recovery housing supports in an approved recovery housing facility such as: first-month's rent, deposits, and utilities ○ Do not include Oxford House outreach workers. Instead, report expenditures related to Oxford House expansion in Table 6 Other Capacity Building. ○ Additional guidance under <i>Recovery Housing Requirements</i>
RSS Childcare Fee or Family Caregiver Fee	T1009 U7	○ T1009 U7 Child Sitting services for children of the individual receiving alcohol and/or substance abuse services ○ Licensed childcare for the child of a parent/caregiver while the parent/caregiver is receiving integrated substance use treatment and recovery services (AMPM 320-T1)

⁸ <https://www.azahcccs.gov/Resources/Grants/SABG/>

RSS Transportation	A0090 U7 A0100 U7 A0110 U7 A0120 U7 A0130 U7 A0140 U7	○ A0090 non-emergency transportation, per mile - vehicle provided by individual (family). ○ A0100 non-emergency transportation; taxi. ○ A0110 non-emergency transportation and bus, intra or inter state carrier. ○ A0120 mini-bus, mountain area transports, or other. ○ A0130 non-emergency transportation: wheel-chair van ○ A0140 non-emergency transportation and air travel (private or commercial) intra or.
Secondary School, High School, or Collegiate Recovery Program Service or Activity	N/A	○ Individual or group Secondary School, High School, or Collegiate Recovery Program sponsored service or activity.
Recovery Social Support or Social Inclusion Activity	N/A	○ Group recovery social support or social inclusion activities, through a recovery organization or recovery community center

Other SAMHSA Approved Recovery Support Event or Activity	H2015 U7	Additionally, per SAMHSA: ‘Other’ also includes: • Recovery Health and Wellness Educational Event or Activity; • Peer-Led Recovery Educational Workshop or Event; • Culturally Based Recovery Practice or Creative and Expressive Arts Recovery Activity; • Peer-Led Recovery Educational Workshop or Event; Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service; • Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service; • Recovery Community Organization (RCO) or Recovery Community Center (RCC) Service or Activity; • Other approved SUD RSS Events or Activities through consultation with respective state SUPTRS BG Project Officer.
	H0046 U7	
	T1016 U7	
	H0006 U7	
	H0025 U7	
	H2014 HQ U7	
	H2014 U7	
	H2016 U7	
	H2025 U7	
	H2026 U7	
	H2027 U7	
	H2017 U7	
	H2018 HQ U7	
	H2018 U7	
	S5110 CG U7	