

## Substance Abuse Prevention and Treatment Block Grant (SABG) Frequently Asked Questions

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### 1. What populations are to be served with SABG funding?

The following populations can be served (*in order of priority*):

- Pregnant females who use drugs by injection
- Pregnant females who use substances
- Other persons who use drugs by injection;
- Substance using females with dependent children and their families, including women who are attempting to regain custody of their children; and
- *As Funding is Available* - all other clients with a substance use disorder, regardless of gender or route of use.

### 2. Must persons be actively using a substance to be accepted into a SABG funded program?

Persons must indicate active substance use within the previous 12-months to be eligible for SABG services. This also includes individuals who were incarcerated and reported using while incarcerated. *Note: The 12 month standard may be waived for clients on medically necessary methadone maintenance upon assessment for continued necessity.*

### 3. Are there age restrictions on the population to be served?

No, persons of all ages meeting SABG criteria (see above) can be served. When providing services to a SABG person, agencies must adhere to The Division of Licensure Services (DLS) requirements.

### 4. Can RBHAs or Providers charge a co-payment for SAPT-funded treatment services?

No, a primary goal of ADHS/DBHS is to reduce barriers to treatment, both perceived and actual; therefore, RBHAs or Providers are prohibited from charging a co-payment, or any other fee, for substance abuse treatment services funded by the SABG.

### 5. Can SABG funds be used to provide services that are not covered by Title-XIX/XXI?

The SABG is specifically allocated to provide services that are not otherwise covered by Title-XIX/XXI funding. This includes substance abuse services for individuals who do not qualify for Title XIX/XXI eligibility, as well as the non-Medicaid reimbursable services identified by ADHS/DBHS in the Covered Services Guide. The SABG is to be used as the payor of last resort.

Room and Board (H0046 SE) services funded by SABG are limited to Children/Adolescents with a Substance Use Disorder/Dependence (SUD), and adult priority population members (pregnant females, females with dependent child(ren), and intravenous drug users with a SUD). Furthermore, the provider must adhere to the priority population placement and funding requirements outlined in questions 1 and 2 of this document for all service provision.

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### 6. *What are the restrictions on grant expenditures?*

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

- a. To provide inpatient hospital services;
- b. To make cash payments to intended recipients of health services;
- c. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- d. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- e. To provide financial assistance to any entity other than a public or nonprofit private entity;
- f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS;
- g. To 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 [http://grants.nih.gov/grants/policy/salcap\\_summary.htm](http://grants.nih.gov/grants/policy/salcap_summary.htm), and;
- h. To purchase treatment services in penal or correctional institutions of the State of Arizona.
- i. To provide acute care or physical health care services including payments of co-pays

### 7. *Should families involved with Child Protective Services (CPS) be prioritized for treatment services?*

The prioritized populations listed in question 1 (above) may include families or individuals who are involved with CPS.

### 8. *Can SABG funding be used for detoxification?*

Yes, but only if provided in an Outpatient setting, a free-standing Level I sub-acute facility, or Rural Substance Abuse Transitional Center (A6).

### 9. *Can medications be funded through SABG?*

No, medications are costly to provide and SABG funding is limited. SABG funding should be directed to service delivery and not to medications. RBHAs should utilize other fund sources to provide medications. *Methadone, Suboxone and RBHA approved Medication Assisted Treatment (MAT) is excluded from this restriction.*

### 10. *Women's and IV Drug Treatment Services:*

#### a. *When do interim services need to be provided?*

Interim services need to be provided within 48 hours upon intake/assessment when a SABG priority population member is identified. The following are required Interim services for Women & IV Substance abusers:

- Risk assessment

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- Counseling/education about HIV and Tuberculosis
- Counseling on effects of alcohol/drug use on the fetus (if applicable); and
- Referral to primary and/or prenatal care

b. If a person refuses treatment, no shows, cancels treatment or says s(he) is not interested in treatment, do interim services need to be provided, and does the wait list report need to be completed?

Yes, interim services must be provided to all SAPT clients. If a person refuses treatment, no shows or cancels referrals/treatment, the wait list system needs to be updated by providers with their engagement activities indicated.

c. What constitutes “first treatment”?

First treatment is defined as the date the person attends the first routine appointment and/or comprehensive treatment service that was identified as an individual clinical need upon initial intake/assessment (i.e. individual or group therapy, medication evaluation, CD residential, detoxification, IOP, etc).

d. Does a referral, the initial intake assessment, an ASAM assessment, or case management qualify as the first treatment?

No. These activities are not considered the first treatment. Case management is one of the interim services.

e. What if the identified treatment need/service is not currently available?

If a person is referred to a treatment or level of care (i.e. CD residential) that has been identified as a clinical need and is not available within the time frame set forth for that population, the client is put on a waiting list and interim services must be provided within 48 hours. Interim services must be continuously provided until the most appropriate treatment or level of care becomes available.

f. If a person identifies a treatment need that is CD residential, detox, or IOP and the client is able to start that identified treatment within **48 hours (for pregnant women) or 14 days (IV drug user)**, are interim services needed?

If the identified services are available within the required timeframes, but the individual needs further interim services, those services should still be provided. Also, if the person is later re-assessed as needing a treatment/service that is not currently available, interim services are required.

g. If a person is a Non-Title XIX with a Serious Mental Illness, is (s)he still SABG eligible and do providers still need to complete the State required wait list report on that client?

Yes, if the individual also meets the criteria of a priority population member (i.e. pregnant female, IVDU). The provider must adhere to the priority population funding requirements outlined in questions 1 and 2 of this document.

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11. Can SABG funds be used to provide services to individuals who have a co-occurring general mental health disorder, or a serious mental illness?

SABG funding may be used to cover the substance abuse treatment services for co-occurring individuals; however, the provider must adhere to the priority population placement and funding requirements outlined in questions 1 and 2 of this document.

12. Can SABG funds be used to provide services to members who have not yet qualified for AHCCCS?

Yes, however priority population criteria must be applied (see questions 1 and 2). This question implies that the person will gain AHCCCS eligibility; therefore the member can be served through SABG while waiting for determination. However, when they are determined eligible, the covered dates of services are retroactive. Hence, the billing would have to be changed so that those prior services, if reimbursable, are charged to AHCCCS.

**Additional information can be found at:**

- Provider Manual Section 3.19 Special Populations ([PM 3.19](#))
- Provider Manual Section 3.2 Appointment Standards and Timeliness of Service ([PM 3.2](#))
- Provider Manual Section 3.21 Service Prioritization for Non-Title XIX/XXI Funding ([PM 3.21](#))
- Provider Manual Section 3.4 Co-Payments ([PM 3.4](#))
- [45 CFR Part 96](#)
- ADHS/DBHS SAPT(SABG) Block Grant Application ([www.azdhs.gov/bhs/sapt.htm](http://www.azdhs.gov/bhs/sapt.htm))