

320-T – NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES BENEFIT

EFFECTIVE DATE: 10/01/19

APPROVAL DATE: 05/02/19

I. PURPOSE

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 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 members and Care Coordination requirements of all involved entities to ensure each member’s continuity of care.

II. DEFINITIONS

ALLOCATION LETTER Communication provided by AHCCCS to identify funding not otherwise included in the "Original" Allocation Schedule and specific terms and conditions for receipt of Non-Title XIX/XXI funding.

ALLOCATION SCHEDULE The schedule prepared by AHCCCS that specifies the Non-Title 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.

DISCRETIONARY GRANT A grant (or cooperative agreement) for which the federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.

EARLY INTERVENTION SERVICES Services that provide timely and effective support early on, prior to the difficulties resulting from lasting years of symptoms. The process of early intervention typically begins with observation and referral followed by assessment and substantive evaluation, with the potential that a formal diagnosis will be established and, with or without such a diagnosis, services will be provided.

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES**EVIDENCE
BASED PRACTICES AND
PROGRAMS (EBPPS)**

An intervention is determined to be evidence based when:

1. The intervention is included in a federal registry of evidence-based interventions, and/or
2. The intervention produced positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal, and/or
3. The intervention has documented evidence of effectiveness, based on guidelines developed by the Center for Substance Abuse Prevention and/or the state, tribe, or jurisdiction in which the intervention took place.

Documented evidence shall be implemented under four recommended guidelines, all of which shall be followed:

1. Based on a theory of change that is documented in a clear logic or conceptual mode, and
2. Similar in content and structure to interventions that appear in federal registries of evidence-based interventions and/or peer-reviewed journals, and
3. Supported by documentation showing it has been effectively implemented in the past, multiple times, and in a manner attentive to scientific standards of evidence. The intervention results shall show a consistent pattern of credible and positive effects, and
4. Reviewed and deemed appropriate by a panel of informed prevention experts that includes qualified prevention researchers experienced in evaluating prevention interventions similar to those under review; local prevention professionals; and key community leaders, as appropriate (for example, law enforcement officials, educators, or elders within indigenous cultures).

**FIRST
EPISODE
PSYCHOSIS (FEP)
PROGRAM**

A treatment modality that entails a set of Evidence Based Practices geared towards treating individuals, typically between the ages of 15 and 25, who have experienced a first episode of psychosis (FEP) within the past two years, or are identified as being at risk of psychosis based on early symptom identification.

FORMULA GRANT

Allocations of federal funding to states, territories, or local units of government determined by distribution formulas in the authorizing legislation and regulations. To receive a formula grant, the entity shall meet all the eligibility criteria for the program, which are pre-determined and not open to discretionary funding decisions.

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES**GENERAL MENTAL
HEALTH (GMH)**

A behavioral health category assignment for members who are over the age of 18, are not designated as SMI, and do not have only a qualifying substance use disorder.

**INTERGOVERNMENTAL
AGREEMENTS (IGA)**

If authorized by their legislative or other governing bodies, two or more public agencies or public procurement units by direct contract or agreement may contract for services or jointly exercise any powers common to the contracting parties and may enter into agreements with one another for joint or cooperative action or may form a separate legal entity, including a nonprofit corporation, to contract for or perform some or all of the services specified in the contract or agreement or exercise those powers jointly held by the contracting parties.

MEMBER

For purposes of this Policy:

1. An eligible individual who is enrolled in AHCCCS, as defined in A.R.S. §36-2931, §36-2901, §36-2901.01 and A.R.S. §36-2981.
2. An eligible individual who is enrolled in AHCCCS through Non-Title XIX/XXI funding who does not meet eligibility for Medicaid (Title XIX/XXI).

**NON-TITLE
XIX/XXI FUNDING**

AHCCCS' funding sources outside of Title XIX/XXI Medicaid funds that could include but are not limited to; state appropriated general funds, state non-appropriated funds, county funds, block or formula grants, discretionary grants, or other grant-based funding.

PREVENTION

Delivered prior to the onset of a condition, these services or interventions are intended to prevent or reduce the risk of developing a behavioral health or substance use problem.

**PRIOR PERIOD
COVERAGE (PPC)**

For Title XIX members, the period of time prior to the member's enrollment, during which a member is eligible for covered services. The timeframe is from the effective date of eligibility to the day a member is enrolled with a Contractor. Refer to 9 A.A.C. 22 Article 1. If a member made eligible via the Hospital Presumptive Eligibility (HPE) program is subsequently determined eligible for AHCCCS via the full application process, prior period coverage for the member will be covered by AHCCCS fee for service and the member will be enrolled with the Contractor only on a prospective basis.

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES

PRIORITY POPULATION	Populations that are acknowledged within specific grant or funding requirements, which are identified as the only allowable population subset to spend those specific funds. Priority populations are identified using demographic information. Different grants or funding sources may have varying priority populations.
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)	A formula grant funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) for people who are seriously mentally ill (defined below) experiencing homelessness.
SERIOUS EMOTIONAL DISTURBANCE (SED)	Designation for persons from birth until the age of 18 who currently meet or at any time during the past year have met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of the Diagnostic and Statistical Manual of Mental Disorders [DSM], the International Statistical Classification of Diseases and Related Health Problems [ICD]), and who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance, substance use disorder, are attributable to an intellectual developmental disorder, autism spectrum disorder, or are attributable to another medical condition.
SERIOUSLY MENTALLY ILL (SMI)	<p>A designation as defined in A.R.S. §36-550(4) which is applicable to an individual 18 years of age or older.</p> <p>Qualifying SMI diagnoses are delineated in DSM 5 and ICD-10 codes per the SMI Qualifying Diagnoses Table.</p>
STATE-ONLY COVERED SERVICES/ NON-TITLE XIX/XXI COVERED SERVICES	A subset of services identified by the Arizona legislature that can be covered under non-Title XIX/XXI funds, but are not covered under Title XIX/XXI funds.
SUBSTANCE USE DISORDER (SUD)	A range of conditions that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders requiring long-term and sustained treatment and recovery management.

III. POLICY

ACC and CMDP Contractors, and AIHP do not receive or administer Non-TXIX/XXI funds. Per the Non-Title XIX/XXI Contracts/IGAs, the RBHAs and TRBHAs are responsible for administering Non-Title XIX/XXI funds. The RBHAs, TRBHAs, and other entities that have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS shall manage available Non-Title XIX/XXI funds in a manner consistent with the Non-Title XIX/XXI's identified Priority Populations.

Contractors and AIHP shall assist Members in accessing services utilizing these funding sources, and shall coordinate care for Members as appropriate.

A. GENERAL REQUIREMENTS FOR CODING/BILLING

1. 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](#).
2. ICD Diagnostic Codes
For outpatient behavioral health services, services are considered medically necessary regardless of a Member's diagnosis, so long as there are documented behaviors and/or symptoms that will benefit from behavioral health services and a valid ICD-10-CM diagnostic code is utilized.

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 eligible Members: RBHAs and TRBHAs are responsible for Crisis Intervention services for Non-Title XIX/XXI 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, when the family is being treated as a whole, the following limitations apply:

- 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,
- 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,
- c. The child is not an enrolled Member receiving billable services from the provider, and
- d. Other means of support for childcare for the children are not readily available or appropriate.

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.

6. Mental Health Services, Room and Board

- a) 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.

For room and board services, the following billing limitations apply:

- i. All other fund sources (e.g. ADES funds for foster care children, SSI) shall be exhausted prior to billing this service,
- ii. Outpatient Clinics may bill the Room and Board code only when providing services to persons in Supervised Independent Living settings, and
- iii. For Substance Abuse Prevention and Treatment Block Grant (SABG) funding only, Room and Board services may be available for a Member's dependent child(ren) as a support service for the Member when they are receiving medically necessary residential treatment services for a Substance Use Disorder (SUD). The Room and Board would apply to a Member with dependent children, when the child(ren) reside with the Member at the Behavioral Health Residential Facility.

The use of this service is limited to:

- 1) Members receiving residential services for substance use disorder (SUD) treatment where the family is being treated as a whole, but the child is not an enrolled Member receiving billable services from the provider.
- 2) Where other means of supports for room and board for the child are not readily available or appropriate.
- 3) Outpatient Clinics may bill the Room and Board code only when providing services to individuals in Supervised Independent Living settings.

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 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.

C. NON-TITLE XIX/XXI ELIGIBLE POPULATIONS

Non-Title XIX/XXI 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.

Non-Title XIX/XXI eligible populations are listed below:

1. SMI

For information regarding SMI eligibility determination, refer to AMPM Policy 320- P.

2. Serious Emotional Disturbance (SED)

For more information regarding qualifying diagnoses, refer to the SED-SMI Diagnoses List at

https://www.azahcccs.gov/Resources/Downloads/Grants/MHBG/SED-SMI_DiagnosesList.pdf.

As directed in Federal Register Notice 58:96, May 1993, SAMHSA does not recognize individuals with Developmental Disorders as being eligible for SABG or MHBG funding unless there is the presence of a qualifying co-occurring disorder.

3. First Episode Psychosis Program (FEP)

The following are diagnoses that qualify for FEP:

- a. Delusional Disorder,
- b. Brief Psychotic Disorder,
- c. Schizophreniform Disorder,
- d. Schizophrenia,
- e. Schizoaffective Disorder,
- f. Other specified Schizophrenia Spectrum and Other Psychotic Disorder,
- g. Unspecified Schizophrenia Spectrum and Other Psychotic Disorder,
- h. Bipolar and Related Disorders, with psychotic features, and
- i. Depressive Disorders, with psychotic features

Members do not have to be or designated as SMI or SED to be eligible for FEP services.

4. General Mental Health (GMH)

- a. Non-Title XIX/XXI funding for individuals in the GMH behavioral health category are limited. However, in certain scenarios GMH Members are eligible to access certain funding sources on a Non-Title XIX/XXI basis, and
- b. The following applies when GMH Members are eligible for Non-Title XIX/XXI funding:
 - i. Individuals who are accessing FEP MHBG services can be GMH at the beginning, or throughout their FEP episode of care, and
 - ii. Individuals are eligible for Non-Title XIX/XXI housing funding as is available and as described in this Policy.

5. SUD

- a. For information regarding SUD eligibility determinations, refer to the section on Eligibility Requirements in Substance Abuse Block Grant (SABG) below.

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.

1. Goals of the SABG include, but are not limited to the following:

- a. To ensure access to a comprehensive system of care, including employment, housing services, case management, rehabilitation, dental services, and health services, as well as SUD services and supports,
- b. To promote evidence based Prevention strategies to effectively provide information and alternatives to youth and other at-risk populations to prevent the onset of substance use or misuse,
- c. To increase access to Medication Assisted Treatment and Naloxone,
- d. To ensure access for underserved populations, including youth, residents of rural areas, veterans, PWWDC, IVDU, and older adults,
- e. To promote recovery and reduce risks of communicable diseases, and
- f. To increase accountability through uniform reporting on access, quality, and outcomes of services.

2. Eligibility Requirements

All Members receiving SABG-funded services are required to have a Title XIX/XXI eligibility screening completed and documented in the medical record at the time of intake and annually thereafter.

- a. The SABG is specifically allocated to provide services that are not otherwise covered by Title-XIX/XXI funding. This includes SUD treatment and supportive services for Members who do not qualify for Title XIX/XXI eligibility,
- b. Members shall indicate active substance use within the previous 12-months to be eligible for SABG services. This includes individuals who were incarcerated and reported using while incarcerated. The 12-month standard may be waived for individuals:
 - i. On medically necessary methadone maintenance upon assessment for continued necessity, and/or
 - ii. Incarcerated for longer than 12 months that indicate substance use in the 12 months prior to incarceration.
- c. Members shall not be charged a copayment for SUD treatment or supportive services funded by the SABG. Sliding scale fees established regarding room and board do not constitute a copayment.

3. Priority Populations

SABG funds are used to ensure access to treatment and long-term supportive services for the following populations (in order of priority):

- a. Pregnant women/teenagers who use drugs by injection,
- b. Pregnant women/teenagers with a SUD,
- c. Other persons who use drugs by injection,
- d. Women and teenagers with a SUD, with dependent children and their families, including women who are attempting to regain custody of their children, and
- e. All other individuals with a SUD, regardless of gender or route of use, (as funding is available).

4. Adolescents in Detention

Most adjudicated youth from secure detention do not have community follow-up or supervision, therefore, risk factors remain unaddressed. Youth in juvenile justice systems often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services. Contractors and TRBHAs requesting to use SABG funding shall provide AHCCCS with a comprehensive and detailed plan that includes services and activities that will be provided. AHCCCS approval is contingent on funding availability and the Contractor's and TRBHA's comprehensive and detailed plan.

a. Adolescents in Detention Coverage Limitations:

For adolescent in detention the following limitations apply:

- i. Services may only be provided in juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP): Juvenile detention facilities are used only for temporary and safe custody, are not punitive, and are not correctional or penal institutions,
- ii. Services shall be provided:
 - 1) Only to voluntary recipients,
 - 2) By qualified BHPs/BHTs/BHPPs,
 - 3) Based upon assessed need for SUD services,
 - 4) Utilizing Evidence Based Practices and Programs (EBPPs),
 - 5) Following an individualized service plan,
 - 6) For a therapeutically indicated amount of duration and frequency, and
 - 7) With a relapse Prevention plan completed prior to discharge/transfer to a community based provider

5. Suicide Prevention/Deaths of Despair Early Intervention

SABG funds may be utilized for initiatives addressing individuals with SUD who are at risk for suicide and/or deaths of despair to address risk factors and provide Early Intervention Services. AHCCCS encourages Contractors to conduct interventions in alignment with the An End of Suicide in Arizona State Plan regarding suicide Prevention/early intervention efforts, including shaping, implementing, monitoring, care, and supportive services among individuals with SUD and co-occurring GMH/SMI/SED needs.

- a. Contractors shall ensure strategies are:
 - i. Implemented in collaboration with AHCCCS’s Suicide Prevention Specialist and Contractors, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS,
 - ii. Supportive of the *Zero Suicide in Health and Behavioral Health Care* initiative and framework,
 - iii. Based upon identified need for Early Intervention Services,
 - iv. Provided utilizing EBPPs,
 - v. For a therapeutically indicated amount of duration and frequency, and
 - vi. Initiatives focused on improving care transitions for Members with suicidal ideation being discharged from inpatient units or emergency departments.

6. Charitable Choice of SABG Providers

Members receiving SUD treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object. Behavioral health providers providing SUD treatment services under the SABG shall notify Members at the time of intake of this right utilizing Attachment A. Providers shall document that the Member has received notice in the Member’s medical record.

If a Member objects to the religious character of a behavioral health provider, the provider shall refer the Member to an alternate provider within seven days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers shall notify the Contractor or TRBHAs, of the referral and ensure that the Member makes contact with the alternative provider. Contractors and TRBHAs shall develop and make available policies and procedures that indicate who the providers should contact and how they should notify the Contractor or TRBHA of these referrals. Contractors and TRBHAs shall maintain a list of all referrals to alternate providers regarding charitable choice requirements to be provided to AHCCCS upon request [42 CFR Part 54 and 54a].

7. SABG Requirements

Contractors and TRBHAs shall manage, record, and report Federal Grants funds in accordance with the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM), 2 CFR Part 200, and Federal grant requirements. Contractors and TRBHAs shall:

- a. Report financial information related to Federal Grants in conformance with the AHCCCS Financial Reporting Guide for RBHA Contractors, AHCCCS Contract and/or ISA/IGAs or as specified in the Allocation Letter, as applicable,
- b. Comply with all terms, conditions, and requirements of the SABG Block Grant including but not limited to:
 - i. Confidentiality of Alcohol and Drug Patient Records [42 CFR Part 2],
 - ii. Substance Abuse Prevention and Treatment Block Grant, Interim Final Rule [45 CFR 96.45, 96.51, and 96.120-121],
 - iii. Health Omnibus Programs Extension Act of 1988, Subtitle E General Provisions, November 4, 1988 (P.L.100-607) (.pdf) (42 U.S.C. 300ee-5),

- iv. Children's Health Act of 2000 (P.L. 106-310), October 17, 2000,
 - v. ADAMHA Reorganization Act of 1992 (P.L. 102-321), July 10, 1992, and
 - vi. Public Health Service Act (includes Title V and Title XIX).
 - c. Develop and maintain fiscal controls in accordance with authorized activities of the Federal Block Grants and other Federal Grant funds, AHCCCS Contract/ISA/IGA, the MHBG FAQs on the AHCCCS website, SAAM, 2 CFR Part 200, and State and Federal Policy and Procedures,
 - d. Manage the Federal Block Grant funds during each fiscal year to make funds available for obligation and expenditure until the end of the fiscal year for which the funds were paid,
 - e. Not discriminate against non-governmental organizations on the basis of religion in the distribution of Block Grant funds,
 - f. Ensure that providers promptly submit information for Priority Population Members (i.e. Pregnant Women, Women with Dependent Children, and People Who Inject Drugs [PWID]) who are waiting for placement in a Behavioral Health Residential Facility (BHRF), to the online Residential Waitlist System, or in a different format upon written approval from AHCCCS as specified in Contract,
 - i. Title XIX/XXI Members may not be added to the Residential Waitlist, and
 - ii. Priority Population Members who are not pregnant, parenting women, or PWID shall be added to the Residential Waitlist if the RBHAs, TRBHAs, or their providers are not able to place the Member in a BHRF within the Response Timeframes for Designated Behavioral Health Services as outlined in Contract.
 - 1. For women who are pregnant, the requirement is within 48 hours, for women with dependent children the requirement is within five calendar days, and for all PWID the requirement is within 14 calendar days.
 - g. Designate the following staff as specified in Contract or IGA, as applicable:
 - i. A lead SUD treatment coordinator,
 - ii. A women's treatment coordinator,
 - iii. An opioid treatment coordinator, and
 - iv. An HIV Early Intervention Services coordinator.
8. HIV Early Intervention Services
- Because individuals with SUDs are considered at high risk for contracting HIV-related illness, the SABG requires HIV intervention services in order to reduce the risk of transmission of this disease.

Contractors and TRBHAs receiving SABG funding, shall develop and make available to providers policies and procedures that describe where and how to access HIV Early Intervention Services.

- a. Eligibility for HIV Early Intervention Services,
 - i. Services are provided exclusively to populations with SUDs, and
 - ii. HIV services shall not be provided to incarcerated populations per 45 CFR 96.135.2.
- b. Requirements for providers offering HIV Early Intervention Services,

- i. HIV early intervention service providers who accept funding under the SABG shall provide HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) licensure requirements,
 - ii. Any provider planning to perform waived rapid HIV tests shall develop a quality assurance plan designed to ensure any HIV testing will be performed accurately. (Refer to Centers for Disease Control Quality Assurance Guidelines), and
 - iii. HIV early intervention service providers cannot provide HIV testing until they receive a written HIV test order from a licensed medical doctor, in accordance with A.R.S. §36-470. HIV rapid testing kits shall be obtained from the Arizona Department of Health Services (ADHS) Office of HIV Prevention.
 - c. Reporting requirements for HIV Early Intervention Services
 - i. The number of the confirmatory lab slip shall be retained and recorded by the provider. This same number shall be used for reporting in the Luther database as required by the CDC,
 - ii. HIV Early Intervention service providers shall establish a Memorandum of Understanding (MOU) with their local County Health Department to define how data and information will be shared, and
 - iii. Providers shall use the Luther database to submit HIV testing data after each test administered.
 - d. Considerations When Delivering Services to SABG Populations
 - i. SABG treatment services shall be designed to support the long-term treatment and substance-free recovery needs of eligible Members,
 - ii. Treatment services that include clinical care to those with a SUD shall also be designed to have the capacity and staff expertise to utilize FDA-approved medications for the treatment of SUD/ODU and/or have collaborative relationships with other providers for service provision,
 - iii. Specific requirements apply regarding preferential access to services and the timeliness of responding to a Member’s identified needs, and
 - ii. Providers shall submit specific data elements to identify special populations and record limited clinical information. See the AHCCCS DUGless Portal Guide for requirements.
9. Restrictions
SABG cannot be utilized for the following:
 - a. Inpatient hospital services,
 - b. Physical health care services including payment of copays, unless otherwise specified for Priority Populations,
 - c. Cash payments to intended recipients of health services,
 - d. Purchase or improvement of land, purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
 - e. Purchase of major medical equipment,
 - f. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds,

- g. Provision of financial assistance (grants) to any entity other than a public or non-profit private entity,
- h. Provision of hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS),
- i. Payment of 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 https://grants.nih.gov/grants/policy/salcap_summary.htm,
- j. Purchase of treatment services in penal or correctional institutions in the State of Arizona,
- k. Flex funds purchases, or
- l. Sponsorship for events and conferences.

10. SABG Funding

- a. This funding can be used for services to prevent and treat substance use and related activities addressing HIV and tuberculosis for Non-Title XIX/XXI eligible Members. This funding can also be used for Title XIX/XXI Members for services not covered by Title XIX/XXI. SABG Treatment Services Funding cannot be used for a Member who does not have an SUD. See AMPM Exhibit 300-2B for additional information on SABG covered services,
- b. Grant funding is the payor of last resort for Title XIX/XXI behavioral health covered services which have been exhausted, Non-Title XIX/XXI covered services, and for Non-Title XIX/XXI eligible Members for any services. Grant funding shall not be used to supplant other funding sources, if funds from the Indian Health Services and/or Tribal owned/or operated facilities are available, the IHS/638 funds shall be treated as the payor of last resort, and
- c. Grant funds paid to the Contractor for a state fiscal year shall be available for obligation and expenditures until the end of the state fiscal year for which the funds were paid unless otherwise noted in the Allocation Schedules or AHCCCS Contract/IGA/ISA and/or Allocation Letters. Similarly, funds paid to the Contractor for a contract year shall be available for obligation and expenditures until the end of the contract year for which funds were paid.

E. MENTAL HEALTH BLOCK GRANT (MHBG)

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 eligible Members with SMI, SED or FEP.
2. Non-Title XIX/XXI services for Title XIX/XXI Members meeting the same criteria.

Members shall not be charged a copayment for mental health treatment or supportive services funded by the MHBG. Sliding scale fees established regarding room and board do not constitute a copayment.

3. Goals of the MHBG include, but are not limited to the following:
 - a. Ensure access to a comprehensive system of care, including employment, housing services, case management, rehabilitation, dental services, and health services, as well as mental health services and supports,
 - b. Promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems,
 - c. Ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults,
 - d. Promote recovery and community integration for adults with SMI and children with SED, and
 - e. Increase accountability through uniform reporting on access, quality, and outcomes of services.
4. Eligibility Requirements

All Members receiving MHBG-funded services are required to have a Title XIX/XXI eligibility screening completed and documented in the medical record at the time of intake and annually thereafter.

 - a. The MHBG is specifically allocated to provide services that are not otherwise covered by Title-XIX/XXI funding. This includes mental health treatment and supportive services for Members who do not qualify for Title XIX/XXI eligibility, and
 - b. Members shall indicate active mental health symptoms within the previous 12-months to be eligible for MHBG services.
5. Adolescents in Detention

Most adjudicated youth from secure detention do not have community follow-up or supervision, therefore, risk factors remain unaddressed. Youth in juvenile justice systems often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services. Contractors and TRBHAs not already providing these services for the SED population in detention facilities requesting to use MHBG funding shall provide AHCCCS with a comprehensive and detailed plan that includes services and activities that will be provided. AHCCCS approval is contingent on funding availability and contractor's and TRBHA's comprehensive and detailed plan.

Adolescents in Detention Coverage Limitations:

For adolescent in detention the following limitations apply:

- a. Services may only be provided in juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Juvenile detention facilities are used only for temporary and safe custody, are not punitive, and are not correctional or penal institutions, and
- b. Services shall be provided:
 - i. Only to voluntary recipients,
 - ii. By qualified BHPs/BHTs/BHPPs,
 - iii. Based upon assessed need for SED services,
 - iv. Utilizing EBPPs,
 - v. Following an individualized service plan,
 - vi. For a therapeutically indicated amount of duration and frequency, and
 - vii. With a transition plan completed prior to transfer to a community based provider, and

6. Suicide Prevention/Deaths of Despair Early Intervention

MHBG funds may be utilized for initiatives addressing individuals with SMI/SED/FEP who are at risk for suicide and/or deaths of despair to address risk factors and provide Early Intervention Services. AHCCCS encourages Contractors to coordinate with the An End of Suicide in Arizona State Plan regarding suicide Prevention/early intervention efforts, including shaping, implementing, monitoring, care, and supportive services among individuals with SMI/SED/FEP needs.

- a. Contractors shall ensure strategies are:
 - i. Implemented in collaboration with AHCCCS's Suicide Prevention Specialist and Contractors, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS,
 - ii. Supportive of the Zero Suicide in Health and Behavioral Health Care initiative and framework,
 - iii. Based upon identified need for Early Intervention Services,
 - iv. Provided utilizing EBPPs,
 - v. For a therapeutically indicated amount of duration and frequency, and
 - vi. Initiatives focused on improving care transitions for Members with suicidal ideation being discharged from inpatient units or emergency departments.

7. Restrictions

- a. MHBG funds cannot be utilized for the following:
 - i. Inpatient services,
 - ii. Physical health care services including payment of copays,
 - iii. General Prevention efforts,
 - iv. To make cash payments to intended recipients of health services,
 - v. Purchase or improvement of land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment,
 - vi. To satisfy any requirement for the expenditure of non-Federal funds as a condition or the receipt of Federal funds,

- vii. Provision of financial assistance to any entity other than a public or nonprofit private entity,
- viii. Provision of hypodermic needles or syringes so for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for AIDS,
- ix. Payment of 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 National Institutes of Health (NIH) Grants & Funding Salary Cap Summary),
- x. Purchase of treatment services in penal or correctional institutions of the State of Arizona,
- xi. Flex fund purchases,
- xii. Sponsorship for events and conferences, or
- xiii. Childcare Services.

8. MHBG Funding

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 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 eligible Members for any services.

Grant funds paid to the Contractor or TRBHA for a state fiscal year shall be available for obligation and expenditures until the end of the state fiscal year for which the funds were paid unless otherwise noted in the Allocation Schedule or AHCCCS Contract/IGA/ISA and/or Allocation Letters. Similarly, funds paid to the Contractor for a contract year shall be available for obligation and expenditures until the end of the contract year for which funds were paid.

F. NON-TITLE XIX/XXI FUNDED CARE COORDINATION REQUIREMENTS

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.

Required Title XIX/XXI Eligibility Screening

Behavioral health providers are required to assist individuals with applying for Arizona Public Programs (Title XIX/XXI, Medicare Savings Programs, Nutrition Assistance, and Cash Assistance), and Medicare Prescription Drug Program (Medicare Part D), including the Medicare Part D "Extra Help with Medicare Prescription Drug Plan Costs" low income subsidy program prior to receiving Non-Title XIX/XXI covered behavioral health services, at the time of intake for behavioral health services.

An individual who is found not eligible for Title XIX/XXI covered services may still be eligible for Non-Title XIX/XXI services, including services through the Substance Abuse Block Grant (SABG), the Mental Health Block Grant (MHBG), or the Projects for Assistance in Transition from Homelessness (PATH) Program. An individual may also be covered under another health insurance plan, including Medicare.

Individuals who refuse to participate in the AHCCCS screening/application process are ineligible for state funded behavioral health services. See A.R.S. §36-3408 and AMPM Policy 650. The following conditions do not constitute an individual's refusal to participate:

1. An individual's inability to obtain documentation required for the eligibility determination, and/or
2. An individual is incapable of participating as a result of their mental illness and does not have a legal guardian.

Pursuant to the Attorney General's Order No. 2049–96.3.(a), individuals presenting for and receiving crisis, mental health or SUD treatment services are not required to provide documentation of Title XIX/XXI eligibility nor are they required to verify U.S. citizenship/lawful presence prior to or in order to receive crisis services as specified in A.R.S. §36-3408.

Members can be served through Non-Title XIX funding while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX eligibility determination the covered services billed to Non-Title XIX, that are Title XIX covered, shall be reversed by the Contractor and charged to Title XIX funding for the retro covered dates of Title XIX eligibility. This does not apply to Title XXI Members, as there is no Prior Period Coverage (PPC) for these Members.

RBHAs, TRBHAs, and other entities who have a direct contractual relationship with AHCCCS are responsible for managing Non-TXIX funding to ensure that funding is available for the fiscal period and if all Non-Title XIX/XXI funding is expended, RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS shall provide coordination services to address the needs through other community-based options. Members shall be placed on waitlists, as necessary, for services as funding comes available. Members placed on a waitlist will have interim services accessible to them while awaiting services.

The RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS are responsible for managing and prioritizing Non-Title XIX/XXI funds to ensure services are available for all individuals, prioritizing those with the highest level of need and Priority Population Members.

In addition, Contractors are responsible for ensuring a comprehensive system of care for Non-Title XIX/XXI eligible Members, and Members shifting in and out of Title XIX/XXI

eligibility. Refer to policy AMPM 100 for information on the Nine Guiding Principles for the Adult System of Care, and on the Twelve Guiding Principles for the Children’s System of Care. System development efforts, programs, service provision, and stakeholder collaboration shall be guided by the principles therein.

If there are any barriers to care, the provider shall work with the Care Coordination teams of all involved health plans or payers. If the provider is unable to resolve the issues in a timely manner to ensure the health and safety of the Member, the provider shall contact AHCCCS/DHCM, Clinical Resolutions Unit (CRU). If the provider believes that there are systemic problems, rather than an isolated concern, the provider shall notify AHCCCS/DHCM, CRU of the potential barrier and/or send an email to GrantsManagement@azahcccs.gov. AHCCCS will conduct research and work with the Contractors and responsible entities to address or remove the potential barriers.

G. NON-TITLE XIX/XXI FUNDING SOURCES

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

RBHAs, TRBHAs, and other 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.

Services provided under Non-Title XIX/XXI funds are to be encounterable. Outreach activities or positions that are non-encounterable can be allowable expenses, but they shall be pre-approved by AHCCCS, tracked, activities monitored, and outcomes collected on how the activities or funded positions are facilitating access to care for Non-Title XIX/XXI eligible populations.

Additionally, positions funded exclusively through the Non-Title XIX/XXI funding shall not bill for services to receive additional funding from any fund source. Positions partially funded through the Non-Title XIX/XXI funding may only bill for services during periods when they are not being paid with Non-Title XIX/XXI funds.

1. Housing

All housing funding is subject to the requirements in ACOM Policy 448 including:

a. Supported Housing General Fund

This funding can be used for rental subsidies, move-in kits, assistance with deposits, utility payments, and eviction-Prevention efforts for Members with GMH/SU or individuals who are designated as SMI who are either Title XIX/XXI or Non-Title XIX/XXI. Any property improvements can only be for individuals designated as SMI and shall be in accordance with the AHCCCS approved annual Housing Spending Plan,

b. SMI Housing Trust Fund - This funding can be used for property acquisition and/or property improvements for individuals designated as SMI who are either

Title XIX or Non-Title XIX. Use of this funding shall be in accordance with the AHCCCS approved annual Housing Spending Plan, and

- c. Non-Title XIX SMI General Fund - This funding can be used for individuals designated as SMI who are either Title XIX or Non-Title XIX for rental subsidies, move-in kits, and assistance with deposits, utility payments, and eviction-Prevention efforts. Any property improvements can only be for individuals designated as SMI and shall be in accordance with the AHCCCS approved annual Housing Spending Plan.
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 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 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 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 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 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 eligible Members, and

- d. All county funding is subject to specific requirements as outlined in the AHCCCS/County IGAs.
5. Discretionary Grants
This funding can be used for purposes set forth in the various Federal grant requirements and as defined in the terms and conditions of the Allocation Schedules or AHCCCS Contract/IGA/ISA and/or Allocation Letters.
Examples of Discretionary Grants include, but are not limited to, MAT-PDOA, Opioid STR, and SOR.

H. SABG AND MHBG REPORTING REQUIREMENTS

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).

2. Block Grant Report and Plan

Reporting timeframes for the Block Grant Report and Block Grant Plan are identified in each applicable Contract or ISA/IGA. Templates and other reporting requirements for these deliverables are mandated by SAMHSA, and are subject to change. As

such, templates for the Block Grant Report and Block Grant Plan will be provided by prior to due dates.

3. SABG/Prevention/MHBG Operational Review and Site Visit
Timeframes for the SABG/Prevention/MHBG Operational Review and Site Visit deliverable is identified in each applicable Contract or ISA/IGA. Templates and other Reporting requirements will be provided prior to Site visit.