



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



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		SMI		SED	SUD	SMI, SED, OR SUD
Other Professional	Alcohol and/or drug services: Intensive Outpatient (Treatment Program that operates at least nine hours per week over a minimum of three days and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education	Not Covered ⁴	Not Covered ⁴	Not Covered ⁴	Covered	N/A ^{see endnote 3}



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			SMI	SED		
Other Professional	Multisystemic Therapy for Juveniles	N/A	N/A	Covered	Covered ⁵	N/A ^{see endnote 3}
	Mental Health Services (Traditional Healing Services) ⁶	Covered	Covered	Covered	Covered	Covered
	Auricular Acupuncture ⁶	Covered	Covered	Covered	Covered	Covered
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Cognitive Rehabilitation		Covered	Covered	Covered	Covered	N/A ^{see endnote 3}



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		SMI	SED	SUD	SMI, SED, OR SUD
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Psycho Educational Services and Ongoing Support to Maintain Employment	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Medical Services ⁷	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Laboratory, Radiology, and Medical Imaging	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Medical Management	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Electro-Convulsive Therapy (Outpatient)	Covered	Covered	N/A	Not Covered	N/A ^{see endnote 3}



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		SMI	SED	SUD	SMI, SED, OR SUD
Transcranial Magnetic Stimulation (Outpatient)	Covered	Covered	N/A	Not Covered	N/A ^{see endnote 3}
Case Management	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Personal Care Services	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Home Care Training Family (Family Support)	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Self-Help/Peer Services	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Therapeutic Foster Care	Not Covered	Not Covered	Covered	Not Covered	N/A ^{see endnote 3}
Unskilled Respite Care ⁸	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Supported Housing Services ⁹ (wraparound services)	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}



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		SMI		SED	SUD	SMI, SED, OR SUD
Transportation	Emergency	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
	Non-Emergency ¹⁰	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Child Care ^{5,11}		Not Covered	Not Covered	Not Covered	Covered	Covered
Crisis Intervention Services	(Mobile Community Based)	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
	(Stabilization, Facility Based)	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹	N/A ^{see endnote 3}
	(Telephone)	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Hospital		Not Covered ¹²	Not Covered ¹²	Not Covered ¹²	Not Covered ¹²	N/A ^{see endnote 3}
Subacute Facility		Covered	Covered	Covered	Covered	N/A ^{see endnote 3}



Residential Treatment Center	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
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		SMI	SED	SUD	SMI, SED, OR SUD
Behavioral Health Residential Facility (Without Room and Board)	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Mental Health Services NOS (Room and Board) ^{6, 13}	Covered	Covered	Covered	Covered	Covered
Supervised Behavioral Health Treatment and Day Programs	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Therapeutic Behavioral Health Services and Day Programs	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}
Community Psychiatric Supportive Treatment and Medical Day Programs	Covered	Covered	Covered	Covered	N/A ^{see endnote 3}

¹ Provided based upon available funding, these services are not entitlements.

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

³ Title XIX/XXI Covered Benefit

⁴ Non-Title XIX funded members determined to have an SMI or SED who are in need of Substance Use Disorder (SUD) services could be eligible for this SUD service under SABG.

⁵ This service is only available for adolescents up until the age of 18 who have an identified Substance Use Disorder.

⁶ These services are only available through Non-Title XIX/XXI funding.

⁷ See the AHCCCS Behavioral Health Drug List for further information on covered medication. Per AMPM Policy 320-T, medications covered through the SABG are limited to those identified as Medication Assisted Treatment (MAT) medications for opioid or alcohol use disorders and are limited to services treating SUD diagnoses or approved services to treat medical diagnoses related to SUD.

⁸ No more than 600 hours of respite care per contract year (October 1 through September 30) per individual.

⁹ Limited to comprehensive wraparound services addressing needed support to treat behavioral health symptoms impacting a member's stability in housing, which cannot otherwise be billed under other services. This does not pertain to funding for housing expenses including rental subsidies, move-in kits, assistance with deposits, utility payments, eviction prevention efforts, and property improvements.

¹⁰ Transportation Services for Non-Title XIX/XXI funded members are to be provided in compliance with the requirements in AMPM Policy 310-BB in addition to AMPM Policy 320-T requirements regarding access to care.

¹¹ Limited to 72 hours

¹² See coverage under Crisis Stabilization facility based

¹³ Refer to AMPM Policy 320-T for coverage limitations.