320-T NON-DISCRETIONARY FEDERAL GRANTS

INITIAL

EFFECTIVE DATE: 7/01/2016

DESCRIPTION

AHCCCS receives Federal grants to deliver behavioral health services in addition to Federal Medicaid (Title XIX) and the State Children’s Health Insurance Program (Title XXI) funding. The grants are awarded by a Federal agency and made available to AHCCCS. AHCCCS then disburse the funding throughout Arizona for the delivery of covered behavioral health services in accordance with the requirements of the fund source.

Only the Contractors and TRBHAs who receive funding from the grants identified in this Policy are subject to the requirements of this Policy.

This section is intended to present an overview of the major Federal grants that provide AHCCCS and the behavioral health system with funding to deliver services to members who may otherwise not be eligible for covered behavioral health services.

A. SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SABG)

The SABG supports primary prevention services and treatment services for members with substance use disorders. It is used to plan, implement and evaluate activities to prevent and treat Substance Use Disorders. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users.

1. Eligibility and priority populations
   SABG funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):
   a. Pregnant women/teenagers who use drugs by injection,
   b. Pregnant women/teenagers who use substances,
   c. Other persons who use drugs by injection,
   d. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
   e. All other individuals with a substance use disorder, regardless of gender or route of use, (as funding is available).

2. Eligibility Requirements
   a. All members receiving SABG-funded services are required to have a Title XIX/XXI eligibility screening completed and documented in their clinical record at the time of intake and annually.
b. Members can be served through SABG while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination when the retroactive covered dates of Title XIX/XXI eligibility includes dates when Title XIX/XXI covered services were billed to SABG, the Contractor is required to reverse the billing for those services and cover them under their Title XIX/XXI funding.

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

d. Members 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. The 12-month standard may be waived for members on medically necessary methadone maintenance upon assessment for continued necessity as well as members incarcerated for longer than 12 months that indicate substance use in the 12 months prior to incarceration.

e. Members shall not be charged a copayment, or any other fee, for substance use treatment services funded by the SABG.

3. Choice of substance use providers
   a. Members receiving substance use treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
   b. Behavioral health subcontractors providing substance use services under the SABG must notify members of this right using Exhibit 320-9, Notice to Individuals Receiving Substance Use Services. Providers must document that the member has received notice in their comprehensive clinical record.
   c. If a member objects to the religious character of a behavioral health provider, the provider must refer the member to an alternative provider within seven days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the Contractor or TRBHA of the referral and ensure that the member makes contact with the alternative provider.
   d. Contractors and TRBHAs must 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.

4. Required services available to members receiving SABG funded services

   Behavioral health providers must provide specialized, gender-specific treatment and recovery support services for females who are pregnant or have
dependent children and their families in outpatient and residential treatment settings. Services are also provided to mothers who are attempting to regain custody of their children. Services must treat the family as a unit. As needed, providers must admit both mothers and their dependent children into treatment. The following services are provided or arranged as needed:

a. Referral for primary medical care for pregnant females,
b. Referral for primary pediatric care for children,
c. Gender-specific substance use treatment,
d. Therapeutic interventions for dependent children.

Contractors and TRBHAs must ensure the following issues do not pose barriers to access to obtaining substance use treatment:

a. Child care,
b. Case management,
c. Transportation

Contractors and TRBHAs must publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing must include at a minimum the posting of fliers at each site notifying the right of pregnant females and females with dependent children to receive substance use treatment services at no cost.

Contractors and TRBHAs must develop and make available to providers specific language with regards to providing the specialty program services for women and children.

SABG funding should be directed to service delivery. The Contractor should utilize other fund sources to provide medications. Medication Assisted Treatments (MAT) identified by AHCCCS as SABG-covered medications are excluded from this restriction.

5. **Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI only)**

The purpose of interim services is to reduce the adverse health effects of substance use, promote the health of the member, and reduce the risk of transmission of disease. Provision of interim services must be documented in the member’s chart as well as reported to AHCCCS through the online Residential Waitlist System. Interim services are required for Non-Title XIX/XXI priority population members who are maintained on an actively managed waitlist. Title XIX/XXI eligible members who also meet a priority population type may not be placed on a waitlist (see ACOM Policy 417, Appointment Availability, Monitoring and Reporting). The minimum required interim services include:

a. Education that covers prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C and other sexually transmitted diseases,
b. Education that covers the effects of substance use on fetal development,
c. Risk assessment/screening,
d. Referrals for HIV, Hepatitis C, and tuberculosis screening and services, and
e. Referrals for primary and prenatal medical care.

B. SABG REPORTING REQUIREMENTS

Contractors and TRBHAs must ensure that their providers promptly submit information for Priority Population Members (Pregnant Women, Women with Dependent Children) and Intravenous Drug Users [IVDU]) who are waiting for placement in a Residential Treatment Center, to the online Residential Waitlist System, or in a different format upon written approval from AHCCCS.

1. Title XIX/XXI members may not be added to the waitlist.

2. Priority Population Members must be added to the waitlist if the Contractors, TRBHAs or their providers are not able to place the member in a Residential Treatment Center within the timeframes prescribed in ACOM Policy 417, Appointment Availability, Monitoring and Reporting.

3. For pregnant females the requirement is within 48 hours, for women with dependent children the requirement is within five calendar days, and for all IVDUs the requirement is within 14 calendar days.

4. Non-Title XIX/XXI non priority population members may also be added to the online waitlist if there are no available services.

C. OTHER SABG REQUIREMENTS

1. Contractors and TRBHAs must designate:
   a. A lead substance use treatment coordinator responsible for ensuring Contractor and TRBHA compliance with all SABG requirements,
   b. A women’s treatment coordinator,
   c. An opioid treatment coordinator, and
   d. An HIV early intervention services coordinator.

D. HIV EARLY INTERVENTION SERVICES

Because persons with substance use disorders 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.
CHAPTER 300

MEDICAL POLICY FOR AHCCCS COVERED SERVICES

POLICY 320

SERVICES WITH SPECIAL CIRCUMSTANCES

1. Eligibility for HIV early intervention services
   a. Services are provided exclusively to populations with substance use disorders.
   b. HIV services may not be provided to incarcerated populations.

2. Requirements for providers offering HIV early intervention services
   a. HIV early intervention service providers who accept funding under the SABG must provide HIV testing services.
   b. Behavioral health providers must administer HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) requirements, which require that any agency that performs HIV testing must register with CMS to obtain CLIA certification. However, agencies may apply for a CLIA Certificate of Waiver which exempts them from regulatory oversight if they meet certain federal statutory requirements. Many of the Rapid HIV tests are waived. For a complete list of waived Rapid HIV tests please see Centers for Disease Control and Prevention (CDC) website. Waived rapid HIV tests can be used at many clinical and non-clinical testing sites, including community and outreach settings. Any agency that is performing waived rapid HIV tests is considered a clinical laboratory.
   c. Any provider planning to perform waived rapid HIV tests must develop a quality assurance plan, designed to ensure any HIV testing will be performed accurately. (See for Centers for Disease Control Quality Assurance Guidelines)
   d. 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 must be obtained from the Arizona Department of Health Services (ADHS) Office of HIV.

3. Reporting requirements for HIV Early Intervention Services
   a. For every occurrence in which an oral swab rapid test provides a reactive result, a confirmatory blood test must be conducted and the blood sample sent to the Arizona State Lab for confirmatory testing. Therefore, each provider who conducts rapid testing must have capacity to collect blood for confirmatory testing whenever rapid testing is conducted.
   b. The number of the confirmatory lab slip will be retained and recorded by the provider. This same number will be used for reporting in the Luther database. The HIV Early Intervention service provider must establish a Memorandum of Understanding (MOU) with their local County Health Department to define how data and information will be shared.
   c. Providers must use the Luther database to submit HIV testing data after each test administered.

E. CONSIDERATIONS WHEN DELIVERING SERVICES TO SABG POPULATIONS

SABG treatment services must be designed to support the long-term treatment and substance-free recovery needs of eligible members. Specific requirements apply
regarding preferential access to services and the timeliness of responding to a member’s identified needs.

Behavioral health providers must also submit specific data elements to identify special populations and record limited clinical information (see AHCCCS Technical Interface Guidelines (TIG) for requirements).

F. MENTAL HEALTH SERVICES BLOCK GRANT (MHBG)

The MHBG is allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). Qualifying SED and SMI diagnoses are listed as ICD-10 codes per the SMI and SED Qualifying Diagnoses Table. MHBG funds are only to be used for allowable services identified in the AHCCCS Covered Behavioral Health Services Guide for Non-Title XIX/XXI members with SMI or SED or Non-Title XIX/XXI services for Title XIX/XXI members. Members shall not be charged a copayment, or any other fee, for treatment services funded by the MHBG.

The MHBG must be used:

1. To ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental, and health services, as well as mental health services and supports,

2. To promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems,

3. To ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults,

4. To promote recovery and community integration for adults with SMI and children with SED,

5. To increase accountability through uniform reporting on access, quality, and outcomes of services.

G. RESTRICTIONS ON THE USE OF SABG & MHBG

Contractors and TRBHAS shall not expend SABG and MHBG funds on the following activities:

1. To provide inpatient hospital services;
2. To make cash payments to intended recipients of health services;

3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);

5. To provide financial assistance to any entity other than a public or nonprofit private entity;

6. To provide members with hypodermic needles or syringes so that they 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 use and the risk that the public will become infected with the etiologic agent for AIDS;

7. 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 National Institutes of Health (NIH) Grants & Funding Salary Cap Summary);

8. To purchase treatment services in penal or correctional institutions of the State of Arizona;

9. To provide acute care or physical health care services including payments of copays; and

10. To provide flex funds.

REFERENCES

- ACOM Policy 417
- AHCCCS Technical Interface Guidelines (TIG)
- A.R.S. § 36-470
- Substance Abuse Prevention and Treatment Block Grant (SABG)
- Mental Health Services Block Grant (MHBG)
- Centers for Disease Control and Prevention (CDC) website
- National Institutes of Health (NIH) Grants & Funding Salary Cap Summary
- Substance Abuse and Mental Health Services Administration (SAMHSA)