| **Services[[1]](#endnote-1)** | | **General Funds[[2]](#endnote-2)** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| --- | --- | --- | --- | --- | --- | --- |
| **SMI** | | **SED** | **SUD** | **SMI, SED, or SUD** |
| Behavioral Health Counseling and Therapy | Individual | Covered | Covered | Covered | Covered | N/A see endnote [[3]](#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 |

| **Services** | | **General Funds** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| --- | --- | --- | --- | --- | --- | --- |
| **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]](#endnote-4) | Not Covered4 | Not Covered4 | Covered | N/A see endnote 3 |

| **Services** | | **General Funds** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| --- | --- | --- | --- | --- | --- | --- |
| **SMI** | | **SED** | **SUD** | **SMI, SED, or SUD** |
| Other Professional | Multisystemic Therapy for Juveniles | N/A | N/A | Covered | Covered[[5]](#endnote-5) | N/A see endnote 3 |
| Mental Health Services (Traditional Healing Services)[[6]](#endnote-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 |

| **Services** | **General Funds** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| --- | --- | --- | --- | --- | --- |
| **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]](#endnote-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 |
| **Services** | **General Funds** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| **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]](#endnote-8) | Covered | Covered | Covered | Covered | N/A see endnote 3 |
| Supported Housing Services[[9]](#endnote-9)  (wraparound services) | Covered | Covered | Covered | Covered | N/A see endnote 3 |

| **Services** | | **General Funds** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| --- | --- | --- | --- | --- | --- | --- |
| **SMI** | | **SED** | **SUD** | **SMI, SED, or SUD** |
| Transportation | Emergency | Covered | Covered | Covered | Covered | N/A see endnote 3 |
| Non-Emergency[[10]](#endnote-10) | Covered | Covered | Covered | Covered | N/A see endnote 3 |
| Child Care5,11 | | 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]](#endnote-11) | Covered11 | Covered11 | Covered11 | N/A see endnote 3 |
| (Telephone) | Covered | Covered | Covered | Covered | N/A see endnote 3 |
| Hospital | | Not Covered[[12]](#endnote-12) | Not Covered12 | Not Covered12 | Not Covered12 | 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 |

| **Services** | **General Funds** | **Mental Health Block Grant (MHBG) Funds** | | **Substance Abuse Block Grant (SABG) Funds** | **SABG or MHBG Funds for Title XIX/XXI Members** |
| --- | --- | --- | --- | --- | --- |
| **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]](#endnote-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. [↑](#endnote-ref-1)
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. [↑](#endnote-ref-2)
3. Title XIX/XXI Covered Benefit [↑](#endnote-ref-3)
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. [↑](#endnote-ref-4)
5. This service is only available for adolescents up until the age of 18 who have an identified Substance Use Disorder. [↑](#endnote-ref-5)
6. These services are only available through Non-Title XIX/XXI funding. [↑](#endnote-ref-6)
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. [↑](#endnote-ref-7)
8. No more than 600 hours of respite care per contract year (October 1 through September 30) per individual. [↑](#endnote-ref-8)
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. [↑](#endnote-ref-9)
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. [↑](#endnote-ref-10)
11. Limited to 72 hours [↑](#endnote-ref-11)
12. See coverage under Crisis Stabilization facility based [↑](#endnote-ref-12)
13. Refer to AMPM Policy 320-T for coverage limitations. [↑](#endnote-ref-13)