



Section 3.19 Special Populations

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3.19.1 Introduction

ADHS/DBHS receives Federal grants and State appropriations to deliver behavioral health services to special populations 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 ADHS/DBHS. ADHS/DBHS then disburses the funding throughout Arizona for the delivery of covered behavioral health services in accordance with the requirements of the fund source.

This section is intended to present an overview of the major Federal grants that provide ADHS/DBHS and the public behavioral health system with funding to deliver services to persons who may otherwise not be eligible for covered behavioral health services. It is important for behavioral health providers to be aware of:

- Who is eligible to receive services through these funding sources;
- How the funds are prioritized; and
- What services are available through each funding source.

3.19.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

[Block Grant](#)

[Serious Emotional Disturbance \(SED\)](#)

3.19.3 Procedures

- a. Substance Abuse Block Grant (SABG)
 - i. The SABG supports primary prevention services and treatment services for persons with substance use disorders. It is used to plan, implement and evaluate activities to prevent and treat substance abuse. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance abusers.
 - ii. Who is covered and what populations are prioritized?
 - 1. 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;



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- 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 clients with a substance abuse disorder, regardless of gender or route of use, (as funding is available).
 2. Persons must indicate active substance use within the previous 12-month period to be eligible for SABG funded services.
 - iii. Do behavioral health recipients have a choice of substance abuse providers?
 1. Persons receiving substance abuse treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
 2. Behavioral health subcontractors providing substance abuse services under the SABG must notify persons of this right using [PM Attachment 3.19.1](#). Providers must document that the person has received notice in the person's comprehensive clinical record.
 3. If a person objects to the religious character of a behavioral health provider, the provider must refer the person to an alternative provider within 7 days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the T/RBHA of the referral and ensure that the person makes contact with the alternative provider.
 4. NARBHA requires notification within 48 hours of the referral. Notification (using [PM Form 3.19.2](#)) is sent to NARBHA's Substance Abuse Projects Coordinator.
 - iv. What services must be made available to SABG special populations?
 1. The following services must be made available to SABG special populations: 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/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 abuse treatment; and
 - d. Therapeutic interventions for dependent children
 2. T/RBHAs must ensure the following issues do not pose barriers to access to obtaining substance abuse treatment:
 - a. Child care;
 - b. Case management; and
 - c. Transportation
 3. T/RBHAs must publicize the availability of gender-based substance abuse 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 abuse treatment services at no cost.
 4. All Responsible Agencies (RAs) have written policies and procedures that comply with all NARBHA, ADHS and SABG requirements contained in this policy. Their policies are submitted to NARBHA upon request for review.



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5. The Responsible Agency (RA) must submit to NARBHA, upon request, a utilization list of the available treatment and interim services for the SABG population in their geographic region and the process for referring and facilitating admission to their services that the Responsible Agency (RA) does not provide itself.
- v. Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI only)
 1. The purpose of interim services is to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. Provision of interim services must be documented in the client's chart as well as reported to ADHS through the online Interim waitlist. Interim services are available for Non-Title XIX/XXI priority populations who are maintained on an actively managed wait list. Title XIX/XXI eligible persons who also meet a priority population type may not be placed on a wait list (see NARBHA Policy 3.2, Appointment Standards and Timeliness of Service). The minimum required interim services include:
 - a. Education that covers:
 - i. Prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C and other sexually transmitted diseases;
 - ii. Effects of substance use on fetal development;
 - iii. Risk assessment/screening;
 - iv. Referrals for HIV, Hepatitis C, and tuberculosis screening and services; and
 - v. Referrals for primary and prenatal medical care.
 - b. Responsible Agency (RA) must provide first treatment service within 48 hours from the date of referral.
 - c. If first treatment service cannot be provided within 48 hours from the date of referral, then interim services must be provided 48 hours from the date of referral and first treatment service must be provided within 14 days. From the date of referral.
 - d. The minimum interim services must include referral to prenatal care, or confirmation from the member she is receiving prenatal care; provision of or referral to education of the effects of alcohol and other drugs on the fetus; provision of or referral to education and interventions with regard to HIV and TB; referral to HIV and TB treatment, if needed; provision of sufficient case management; and provision of transportation services to ensure the member has access to the aforementioned services.
 - e. If the pregnant woman is also and intravenous drug user, the minimum interim services must additionally include the provision of or referral to education on the risks of needle sharing.
 2. For intravenous drug users:
 - a. Responsible Agency (RA) must provide first treatment service within 14 days from date of referral.
 - b. If treatment services cannot begin before 14 days from the date of referral, then interim services must be provided within 48 hours from the date of referral.
 - c. The minimum interim service must include provisions of or referral to education and intervention with regard to HIV and TB; referral to HIV and TB treatment, if needed; sufficient case management and provisions of or referral to education on the risks of needle sharing.
 3. For substance abusing women with dependent children, to include women who are attempting to regain custody of their children:



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- a. Responsible Agency (RA) must provide first treatment service within 14 days from date of referral.
 - b. If treatment services cannot begin before 14 days from the date of referral, then interim services must be provided within 48 hours from date of referral.
 - c. The minimum interim service must include provisions of or referral to education and interventions with regard to HIV and RB; referral to HIV and TB treatment, if needed; sufficient care management; referral to primary medical care for the woman, or confirmation from the member she is receiving primary medical care; referral to primary pediatric care for the children, including immunizations, or confirmation the children are receiving primary pediatric care, including immunizations; provisions of therapeutic interventions for the children in custody if women receiving treatment which may address developmental needs, issues of sexual and physical abuse and neglect; and provisions of transportation services to ensure the member has access to the aforementioned services
 - d. Care and treatment of SABG population is consistent with DBHS/NARBHA care standards and Service Planning Guidelines, unless contraindicated in the opinion of the treating clinician. Rationale for significant departures from the DBHS/NARBHA Service Planning Guidelines is documented. SAPT members may not be denied services solely based on medical condition as per federal regulations.
- vi. SABG Monthly Monitoring Report
1. Responsible Agency completes a SABG Monthly Monitoring Report listing each member by name, ID, the date of referral, date of assessment, the begin date of treatment services, the treatment services provided, and the dates and types of all “interim services” received by the member.
 2. Treatment and “interim services” are listed on the SABG Monthly Monitoring Report and identified as either treatment or interim services (see [PM Form 3.19.2](#)).
 3. While a SABG priority population member is in treatment, the Responsible Agency (RA) staff continue to monitor the member’s need for additional services and provide assistance in utilizing resources when necessary as per NARBHA provider policies on assessment, treatment and coordination of care.
- vii. SABG Reporting Requirements:
1. The T/RBHA must ensure that their providers promptly submit information for Priority Population Members (Pregnant Women, Women with Dependent Child(ren) and Intravenous Drug Users) who are waiting for placement in a Level II Residential Treatment Center, to the ADHS/DBHS SABG Waitlist System, or in a different format upon written approval by ADHS/DBHS.
 - a. Title XIX/XXI persons may not be added to the wait list.
 - b. Priority Population Members must be added to the wait list if the T/RBHA or its providers are not able to place the person in a Level II Residential Treatment Center within the timeframes prescribed in Section 3.2, Appointment Standards and Timeliness of Service
 - i. For pregnant females the requirement is within 48 hours, for women with dependent children the requirement is within 5 calendar days, and for all IVDUs the requirement is within 14 calendar days.
 - c. Non-Title XIX/XXI persons may be added to the wait list if there are no available services.



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2. Each T/RBHA must submit an annual plan regarding outreach activities and coordination efforts with local substance abuse coalitions.
- vii. Other SABG Requirements:
 1. Each T/RBHA must designate:
 - a. A lead substance abuse treatment coordinator who will be responsible for ensuring T/RBHA compliance with all SABG requirements;
 - b. A women's treatment coordinator;
 - c. An opiate treatment coordinator
 - d. A prevention services administrator; and
 - e. An HIV early intervention services coordinator
 2. The lead substance abuse treatment coordinator must attend regular meetings with ADHS/DBHS to review services and comply with ADHS/DBHS policies.
- viii. HIV Early Intervention Services
 1. Because persons with substance abuse 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. NARBHA contracts with an agency to provide counseling, testing, and education for Coconino, Yavapai, and Mohave counties.
 2. RBHAs and Tribal RBHAs that receive SABG funding, must develop and make available to providers policies and procedures that describe where/how to access HIV early intervention services.
- ix. Who is eligible for HIV early intervention services?
 1. Services are provided exclusively to populations with substance use disorders.
 2. HIV services may not be provided to incarcerated populations.
- x. Requirements for providers offering HIV early intervention services
 1. HIV early intervention service providers who accept funding under the SABG grant must provide HIV testing services.
 2. Behavioral health providers must administer HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) requirements, which requires 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 (<http://www.fda.gov/cdrh/cliawaived.html>). 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.
 3. 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 http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm for Centers for Disease Control Quality Assurance Guidelines).
 4. HIV education and pre/post-test counseling: The HIV Prevention Counseling training provided through ADHS must be completed by all T/RBHA HIV Coordinators, provider staff and provider supervisors whose duties are relevant to HIV services. Staff must successfully complete the training with a passing grade prior to performing HIV testing.
 5. T/RBHA HIV Coordinators and provider staff delivering HIV Early Intervention Services for the SABG must attend an HIV Early Intervention Services Webinar issued by ADHS/DBHS on an annual basis, or as indicated by DBHS. The Webinar



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- will be recorded and made available by DBHS. New staff assigned to duties pertaining to HIV services must view the Webinar as part of their required training prior to delivering any HIV Early Intervention Services reimbursed by the SABG.
6. 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 ADHS Office of HIV.
 7. HIV early intervention service providers must actively participate in regional community planning groups to ensure coordination of HIV services.
- xi. Reporting requirements for HIV Early Intervention Services
1. 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.
 2. 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 data base. 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.
 3. Providers must use the Luther database to submit HIV testing data after each test administered.
- xii. Monitoring requirements for HIV Early Intervention Services
1. T/RBHAs must collect monthly progress reports from subcontracted providers and submit quarterly progress reports to ADHS/DBHS.
 2. Site visits to provider offering HIV Early Intervention Services must be conducted bi-annually. The ADHS/DBHS HIV Coordinator, T/RBHA HIV Coordinator, provider staff and supervisors relevant to HIV services must be in attendance during staff visits.
 - a. A budget review and description/justification for use of funding must be made available by the provider as part of the site visit.
- xiii. Minimum performance expectations
1. T/RBHAs are expected to administer a minimum of 1 test per \$600 in HIV funding.
- xiv. Considerations when delivering services to SAPT Block Grant populations
1. SABG treatment services must be designed to support the long-term treatment and substance-free recovery needs of eligible persons. Specific requirements apply regarding preferential access to services and the timeliness of responding to a person's identified needs (see [Section 3.2, Appointment Standards and Timeliness of Service for requirements](#)). Behavioral health providers must also submit specific data elements to identify special populations and record limited clinical information (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#) for requirements).
- xv. Restrictions on the use of SAPT Grant Funds
1. The State shall not expend SABG funds on the following activities:
 - a. To provide inpatient hospital services, with the exception of detox 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;



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- d. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);
 - 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; and
 - h. To purchase treatment services in penal or correctional institutions of the State of Arizona.
2. Room and Board (H0046 SE) services funded by the SABG are limited to children/adolescents with a Substance Use Disorder (SUD), and adult priority population members (pregnant females, females with dependent child(ren), and intravenous drug users with a SUD).
- b. Mental Health Services Block Grant (MHBG).
- i. The MHBG provides non-Title XIX/XXI behavioral health services to adults with SMI and children with SED.
 - ii. 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 provide for a system of integrated services to include:
 6. Social services;
 7. Educational services;
 8. Juvenile justice services;
 9. Substance abuse services;
 10. Health and behavioral health services; and
 11. To provide for training of providers of emergency health services regarding behavioral health.
 - iii. Restrictions on the use of MHBG Funds
 1. The State shall not expend CMHS Block Grant funds on the following activities:
 - a. To provide inpatient hospital services, with the exception of detox 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;



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- d. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);
 - 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 ; and
 - h. To purchase treatment services in penal or correctional institutions of the State of Arizona
2. Room and Board services funded by the CMHS Block Grant are limited to children with SED.

3.19.4 References

The following citations can serve as additional references for this content area:

[42 CFR Part 54 Charitable Choice Provisions and Regulations](#)

[45 CFR Part 96 Block Grant Final Rules \(SAPT and CMHS\)](#)

[Centers for Medicare and Medicaid Services, Clinical Laboratory Improvement Amendments](#)

[A.R.S. §36-141](#)

[Public Health Service Act Part C PATH Final Rules](#)

[A.A.C. R9-21](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Prevention Framework for Behavioral Health](#)

[Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription](#)

[Drug Coverage and the Limited Income Subsidy Program \(LIS\)](#)

[Section 3.2, Appointment Standards and Timeliness of Service](#)

[Section 3.3, Referral and Intake Process](#)

[Section 3.4, Co-payments](#)

[Section 3.8, Outreach, Engagement, Re-engagement and Closure](#)

[Section 3.9, Assessment and Service Planning](#)

[Section 3.13, Covered Behavioral Health Services](#)

[Section 3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness \(SMI\)](#)

[Section 4.4, Coordination of Care with Other Governmental Entities](#)

[Section 6.1, Submitting Tribal Fee-for-Service Claims to AHCCCS](#)

[Section 6.2, Submitting Claims and Encounters to the RBHA](#)

[Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)

[SAPT Frequently Asked Questions Document](#)

3.19.8 PM Forms

[PM Form 3.19.2 Monthly Non-T19 SAPT Data Report](#)



3.19.8 PM Attachments

[PM Attachment 3.19.1 Notice to Individuals Receiving Substance Abuse Services](#)

[PM Attachment 3.19.2 AZ PATH Program Administrators Contact List](#)

Signature on file 04/01/15

Mary Jo Gregory Date
President and Chief Executive Officer

Signature on file 04/01/15

Teresa Bertsch, MD Date
Chief Medical Officer

Reference [ADHS/DBHS Policy 110](#)