

# Arizona Department of Health Services

## Division of Behavioral Health Services

### PROVIDER MANUAL

#### **Section 3.19**    **Special Populations**

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#### **3.19.1 Introduction**

ADHS/DBHS receives Federal Block Grant 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. This funding is awarded by Federal agencies and/or appropriated by the Arizona State Legislature and made available to ADHS/DBHS. ADHS/DBHS then provides financial assistance to each Regional Behavioral Health Authority (RBHA)\* to ensure 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 Block Grants and other State programs 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 References**

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

[42 USC 290cc-21 et. seq.](#) (The Stewart B. McKinney Homeless Assistance Amendments Act of 1990)

[42 USC 300x-21 et seq.](#) (The Children's Health Act of 2000)

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

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

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

[A.R.S. §36-141](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

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

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

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\* Although the Tribal RBHAs do not receive financial allotments for the PATH and COOL programs, they do receive SAPT Block Grant monies from ADHS/DBHS.

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[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 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 Prioritization for Non-Title XIX/XXI Funding](#)

[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](#)

#### 3.19.3 Scope

To whom does this apply?

Persons who are eligible to receive behavioral health services through the Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant and the Projects for Assistance in Transition from Homelessness (PATH) Program.

#### 3.19.4 Did you know...?

##### SAPT Block Grant

- ADHS/DBHS is the designated single state authority in Arizona to administer the SAPT Block Grant. Each T/RBHA is allotted a set dollar amount by ADHS/DBHS to provide behavioral health services to the identified populations covered under the grant.
- Females who are pregnant or have dependent children receive the highest service priority under the SAPT Block Grant. T/RBHAs with SAPT treatment funds are required to develop, expand and enhance a continuum of specialized care for pregnant females and females with dependent children up to the full annual grant award for substance abuse treatment services.

##### PATH Program

- PATH funds are dedicated to outreach for persons who are homeless and potentially have a serious mental illness.

#### 3.19.5 Objectives

To ensure that behavioral health providers are aware of:

- Specific Federal grants and State programs within ADHS/DBHS public behavioral health system;
- Special populations and prioritized populations covered under each Federal grant and State program; and
- Responsibilities for delivering covered behavioral health services to the identified special populations

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#### 3.19.6 Overview

##### Substance Abuse Prevention and Treatment (SAPT) Block Grant

The SAPT Block Grant is an annual formula grant provided to the states authorized by the United States Congress to support a national system of substance abuse treatment and prevention programs and services. The SAPT Block Grant supports primary prevention services and treatment services for persons with substance abuse disorders through an annual allocation to Arizona. The SAPT Block Grant 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.

##### Projects for Assistance in Transition from Homelessness (PATH) Program

The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) awards PATH grants each fiscal year to all states that apply for funding. In Arizona, the award is granted to ADHS/DBHS, which subcontracts with behavioral health providers who specialize in homeless outreach.

Homeless outreach services are interventions designed to assist individuals who are homeless and potentially have a serious mental illness. The services are to be provided in locations where persons who are homeless gather, such as food banks, parks, vacant buildings and the streets. ADHS/DBHS utilized the PATH Formula Grant to provide an array of services to Special Populations persons who are homeless and are determined to have a serious mental illness, including those with co-occurring substance abuse problems.

#### 3.19.7 Procedures

##### 3.19.7-A. SAPT Block Grant

###### Who is covered and what populations are prioritized?

SAPT Block Grant funds are used to ensure access to treatment and long-term recovery support services for:

- Non-TXIX females with substance abuse disorders who are also pregnant or have dependent children, including females who are attempting to regain custody of their children;
- Non-TXIX injection drug users; and
- Any Non-TXIX person (youth or adult) who has a substance abuse disorder, pending availability of funds.

###### Do behavioral health recipients have a choice of substance abuse providers?

Persons receiving substance abuse treatment services under the SAPT Block Grant have the right to receive services from a provider to whose religious character they do not object.

Behavioral health subcontractors providing substance abuse services under the SAPT Block Grant 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.

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. NARBHA

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requires notification within 48 hours of the referral. Notification (using [PM Form 3.19.2](#)) is sent to NARBHA's Adult Projects Supervisor.

#### What services must be made available to SAPT Block Grant special populations?

The following services must be made available to SAPT Block Grant 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. 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:

- Referral for primary medical care for pregnant females;
- Referral for primary pediatric care for children;
- Gender-specific substance abuse treatment;
- Therapeutic interventions for dependent children;

T/RBHAs must ensure the following issues do not pose barriers to access to obtaining substance abuse treatment:

- Child care;
- Case management; and
- Transportation

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.

- All Responsible Agencies (RA's) have written policies and procedures that comply with all NARBHA, ADHS and SAPT Federal Block Grand requirements contained in this policy. These policies are submitted to NARBHA upon request for review.
- Responsible Agency (RA) must submit to NARBHA upon request a utilization list of the available treatment and interim services for the SAPT 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.
- Accessibility Standards
  - For pregnant substance abusing women, to include pregnant women who are intravenous drug users:
    - Responsible Agency (RA) must provide first treatment service within 48 hours from the date of referral.
    - 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.
    - 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

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- 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.
- 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.
  - For intravenous drug users:
    - Responsible Agency (RA) must provide first treatment service within 14 days from date of referral.
    - 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.
    - 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.
  - For substance abusing women with dependent children, to include women who are attempting to regain custody of their children:
    - Responsible Agency (RA) must provide first treatment service within 14 days from date of referral.
    - 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.
    - 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
    - Care and treatment of SAPT 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.
  - SAPT Monthly Monitoring Report
    - Responsible Agency complete a SAPT 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.
    - Treatment and “interim services” are listed on the SAPT Monthly Monitoring Report and identified as either treatment or interim services (see [PM Form 3.19.2](#)).
  - While a SAPT 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

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utilizing resources when necessary as per NARBHA provider policies on assessment, treatment and coordination of care.

#### Interim Services for Pregnant Women/Injection Drug Abuse (Non-Title XIX/XXI only)

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. 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 [Section 3.2, Appointment Standards and Timeliness of Service](#)). The minimum required interim services include:

- Education on:
  - Behaviors which increase the risk of contracting HIV, Hepatitis C and other sexually transmitted diseases;
  - Effects of substance use on fetal development;
- Risk assessment/screening;
- Referrals for HIV, Hepatitis C, and tuberculosis screening and services; and
- Referrals for primary and prenatal medical care.

#### SAPT Reporting Requirements:

The T/RBHA must, on a quarterly basis, provide ADHS/DBHS with a comprehensive written wait list report.

Each T/RBHA must submit an annual plan regarding outreach activities and coordination efforts with local substance abuse coalitions.

#### Other SAPT Requirements:

Each T/RBHA must designate:

- A lead substance abuse treatment coordinator who will be responsible for ensuring T/RBHA compliance with all SAPT requirements;
- A women's treatment coordinator;
- A prevention services administrator; and
- An HIV early intervention services coordinator

The lead substance abuse treatment coordinator must attend regular meetings with ADHS/DBHS to review services and comply with ADHS/DBHS policies.

#### HIV Early Intervention Services

Because persons with substance abuse disorders are considered at high risk for contracting HIV-related illness, SAPT Block Grant requires HIV intervention services in order to reduce the risk of transmission of this disease.

#### Who is eligible for HIV early intervention services?

- Services are provided exclusively to populations with substance abuse disorders.
- HIV services may not be provided to incarcerated populations.

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#### Requirements for providers offering HIV early intervention services

- HIV early intervention service providers who accept funding under the SAPT grant must provide HIV testing services.
- 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/cli/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.
- 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](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm) for Centers for Disease Control Quality Assurance Guidelines)
- HIV early intervention service providers must ensure that employees complete the HIV Prevention Counseling Training provided through ADHS prior to performing rapid HIV testing and other related services such as counseling, and providing referrals.
- 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 early intervention service providers must actively participate in regional community planning groups to ensure coordination of HIV services.
- HIV early intervention service providers must submit HIV testing data to the ADHS HIV testing database following each test administered.

#### Minimum performance expectations

T/RBHAs are expected to administer a minimum of 1 test per \$100 in HIV funding.

#### HIV monitoring and reporting requirements

T/RBHAs collect monthly progress reports from subcontractors and submit quarterly progress reports to ADHS/DBHS. T/RBHAs must conduct an on-site visit with each HIV provider at least once annually.

#### Considerations when delivering services to SAPT Block Grant populations

SAPT Block Grant treatment services must be designed to support the long-term 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

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information (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#) for requirements).

#### Limitations of SAPT Block Grant funds

SAPT Block Grant funds may be used to support all covered behavioral health services listed in the ADHS/DBHS Covered Behavioral Health Services Guide with the following limitations:

- SAPT funds may not be used to make cash payments to recipients of services (Flex Funds;)
- SAPT funds may not be used to provide covered services in penal or correctional facilities;
- SAPT funds may not be used to provide inpatient hospital services;
- SAPT funds may not be used to provide treatment services to people who do not have a substance abuse disorder;
- SAPT block grant funds cannot be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs
- SAPT funds may not be used to provide covered services to people who are Title XIX/XXI eligible;
- A T/RBHA may not deny any person SAPT funded treatment services based on age.

SAPT funds may be used to provide short-term/emergency housing support services (Supported Housing) for enrolled persons. All other expenditures for long-term housing must be delivered in an OBHL licensed setting where persons also receive covered substance abuse services.

#### **3.19.7-B. PATH Grant**

This section is not applicable to behavioral health providers contracting exclusively with a Tribal RBHA.

#### Who is covered and what populations are prioritized?

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless; and
- Are suffering from serious mental illness; or
- Have a substance abuse disorder and are suffering from a serious mental illness.

Currently, services are prioritized for:

- Homeless persons determined to have a serious mental illness who also have substance abuse issues;
- Persons involved in domestic violence cases, especially when there is a mental health or substance abuse problem;
- Homeless women with children; and
- Elderly homeless persons who have substance abuse dependency issues.

#### What services are available to PATH Grant special populations?

The PATH Grant provides the following services and assistance:

- Outreach and community education;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transition assistance;
- Hotel vouchers in emergency situations;

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- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.);
- Transition into a behavioral health case management system;
- Assistance in getting prescriptions filled;
- Moving assistance; and
- Housing referrals, both transitional and permanent placements.

PATH grant services are provided through selected behavioral health providers that have contracted with ADHS/DBHS or a RBHA designated to receive PATH funding. To initiate a referral for PATH services, behavioral health providers may contact:

- In Maricopa County: Southwest Behavioral Health Services at (602) 257-9339;
- In Pima County: La Frontera Center at (520) 884-9920; or
- In the NARBHA RBHA region: Mohave Mental Health Clinic at (928) 757-8111.

#### PATH Grant reporting requirements

This section is only applicable to behavioral health providers designated to deliver PATH Grant services. All designated PATH providers are responsible for submitting data to the SAMHSA secure website. [PM Attachment 3.19.2 SAMHSA PATH Report](#), is an example of the required information collected through the SAMHSA secure website.

All designated PATH providers are responsible for submitting the following reports to ADHS/DBHS:

- Quarterly reports that include the number of individuals receiving PATH services. The report is to be submitted to ADHS/DBHS on the 15<sup>th</sup> day of the month following the last reporting quarter.
- Annual reports, including a narrative and statistical report to ADHS/DBHS. The annual report is due on February 1<sup>st</sup> of each year. This report includes programmatic and cost data that identifies:
  - The number of individuals served (determined by established demographics); and
  - A comprehensive written narrative outlining accomplishments and progress towards meeting program goals.