

Substance Abuse Prevention and Treatment Block Grant (SAPT) Frequently Asked Questions

1. *What populations are to be served with SAPT treatment funding?*
The following populations can be served (*in order of priority*):
 - Non-Title 19 eligible pregnant women/teenagers who use drugs by injection
 - Non-Title 19 eligible pregnant women/teenagers who use substances
 - Other non-Title 19 eligible persons who use drugs by injection;
 - Non-Title 19 eligible substance using women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children; and
 - All other Non-Title 19 eligible clients with a substance use disorder, regardless of age or gender (as funding is available)

2. *Must persons be actively using a substance to be accepted into a SAPT funded program?* Persons must indicate active substance use within the previous 12-months to be eligible for SAPT services. This also includes individuals who were incarcerated and reported using while incarcerated.

3. *Are there age restrictions on the population to be served?*
No. Persons of all ages meeting SAPT criteria (see above) can be served. When providing services to a SAPT person, agencies must adhere to The Office of Behavioral Health Licensure (OBHL) requirements.

4. *What are the restrictions on grant expenditures?*
The State shall not expend the Block Grant on the following activities:
 - a. To provide inpatient hospital 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;
 - 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
 - h. To purchase treatment services in penal or correctional institutions of the State of Arizona

5. *Should families involved with Child Protective Services (CPS) be prioritized for treatment services?*
The prioritized populations listed in question 1 (above) may include families or individuals who are involved with CPS.

6. *Can SAPT funding be used for detoxification?*
Yes, but only if provided in an Outpatient setting, a free-standing Level I sub-acute facility, or Rural Substance Abuse Transitional Center (A6).

7. *Can medications be funded through SAPT?*
Medications are costly to provide and SAPT funding is limited. As such, SAPT funding should be directed to service delivery and not to medications. RBHAs should utilize other fund sources to provide medications. *Methadone is excluded from this restriction.*

8. *Women's and IV Drug Treatment Services:*

a. When do interim services need to be provided?

Interim services need to be provided within 48 hours upon intake/assessment when a SAPT person is identified.

The following are required Interim services Women & IV Substance abusers:

- Risk assessment
- Counseling/education about HIV and Tuberculosis
- Counseling on effects of alcohol/drug use on the fetus (if applicable); and
- Referral to primary or prenatal care

b. *If a person refuses treatment, no shows, cancels treatment or says s(he) is not interested in treatment, do interim services need to be provided, and does the wait list report need to be completed?*

Yes, interim services must be provided to all SAPT clients. If a person refuses treatment, no shows or cancels referrals/treatment, the wait list report needs to be completed by providers with their engagement activities indicated.

c. *What constitutes "first treatment"?*

First treatment is defined as the date the person attends the first routine appointment and/or comprehensive treatment service that was identified as an individual clinical need upon initial intake/assessment (i.e. individual or group therapy, medication evaluation, CD residential, detoxification, IOP, etc).

d. *Does case management or the initial intake/assessment qualify as the first treatment?*

No. Case management and the initial intake /assessment are not considered the first treatment. Case management is one of the interim services.

e. *Are referrals considered the first treatment?*

No.

f. *Does the ASAM Assessment constitute the first treatment?*

No.

g. *What if the identified treatment need/service is not currently available?*

If a person is referred to a treatment or level of care (i.e. CD residential) that has been identified as a clinical need and is not available within the time frame set forth for that population, the client is put on a waiting list and interim services must be provided within 48 hours. Interim services must be continuously provided until the most appropriate treatment or level of care becomes available.

h. *If a person identifies a treatment need that is CD residential, detox, or IOP and the client is able to start that identified treatment within **48 hours (for pregnant women) or 14 days (IV drug user)**, are interim services needed?*

If the identified services are available within the required timeframes, but the individual needs further interim services, those services should still be provided. Also, if the person is later re-assessed as needing a treatment/service that is not currently available, interim services are required.

i. *If a person is a Non-Title 19 with a Serious Mental Illness, is (s)he still SAPT eligible and do providers still need to complete the State required wait list report on that client?*

Yes, if the individual meets the SAPT funding qualifications as outlined in questions 1 and 2 of this document.

9. *Can SAPT funds be used to provide services that are not covered by Title-XIX?*
SAPT funding may be expended for services not covered by TXIX; however, the individual being served must meet the SAPT funding qualifications as outlined in questions 1 and 2 of this document.
10. *Can SAPT funds be used to provide services to individuals who have a co-occurring general mental health disorder, or a serious mental illness?*
SAPT funding may be used to cover the substance abuse treatment services for co-occurring individuals provided they meet the qualifications as outlined in questions 1 and 2 of this document.
11. *Can SAPT funds be used to provide services to members who have not yet qualified for AHCCCS?*
Yes, however priority population criteria must be applied (see questions 1 and 2). This question implies that the person will gain AHCCCS eligibility; therefore the member can be served through SAPT while waiting for determination. However, when they are determined eligible, the covered dates of services go back to the eligibility application date. Hence, the billing would have to be changed so that those prior services, if AHCCCS reimbursable, are retroactively charged to TXIX.

Additional SAPT information can be found at:

- Provider Manual Section 3.19 Special Populations
- Provider Manual Section 3.2 Appointment Standards and Timeliness of Service
- Provider Manual Section 3.21 Service Prioritization for Non-Title XIX/XXI Funding
- SAPT Block Grant Application (www.azdhs.gov/bhs/sapt.htm)