

**EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES**

SERVICES <sup>1</sup>		GENERAL FUNDS <sup>2</sup>	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS
			SMI	SED		
Behavioral Health Counseling and Therapy	Individual	X	X	X	X	N/A
	Group and Family	X	X	X	X	N/A
Screening, Assessment, and Evaluation Services	Screening, Evaluation, Assessment, and Testing	X	X	X	X	N/A <i>i</i>
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 <sup>ii</sup> and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education	<del>Not Covered/A</del> <sup>32</sup>	<del>Not Covered/N/A</del> <sup>23</sup>	<del>Not Covered/A</del> <sup>23</sup>	X	N/A
	Multisystemic Therapy for Juveniles	<del>Not Covered/N/A</del>	<del>Not Covered/N/A</del>	X	<del>N/A</del> X <sup>4</sup>	N/A
	Mental Health Services (formerly Traditional Healing Services) <sup>5</sup>	X	X	X	X	X

<sup>i</sup>Information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) will be transitioned into the following areas: AMPM Policy 310-B for Title XIX/XXI; AMPM Policy 320-T and AMPM Exhibit 300-2B for Non-Title XIX/XXI; the FFS Provider Billing Manuals for all providers, both FFS and MCOs: Chapter 19, Behavioral Health Services of the Fee-For-Service Provider Billing Manual and Chapter 12, Behavioral Health Services, of the IHS/Tribal Provider Billing Manual; the updated B2 Matrix; and appropriate AMPM Policies as necessary (e.g. AMPM 310-BB, Transportation and AMPM 310-V, Behavioral Health Residential Facilities).

<sup>ii</sup> ~~Changed three hours to three days:~~

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	Auricular Acupuncture <sup>4</sup>	X	X	X	X	X
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		X	X	X	X	N/A
Cognitive Rehabilitation		X	X	X	<del>Not Covered</del> N/A	N/A
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)		X	X	X	X	N/A
Psycho Educational Services and Ongoing Support to Maintain Employment		X	X	X	X	N/A
Psycho Educational Services and Ongoing Support to Maintain Employment		X	X	X	X	N/A
Medical Services <sup>6</sup>		X	X	X	X	N/A
Laboratory, Radiology, and Medical Imaging		X	X	X	X	N/A
Medical Management		X	X	X	<del>X</del> <sup>5</sup>	N/A
Electro-Convulsive Therapy		<del>N/A</del> <sup>iii</sup>	<del>N/A</del> <sup>iv</sup>	N/A	N/A	N/A
Case Management		X	X	X	X	N/A
Personal Care Services		X	X	X	X	N/A
Home Care Training Family (Family Support)		X	X	X	X	N/A
Self-Help/Peer Services		X	X	X	X	N/A

<sup>iii</sup> POST APC CHANGE: applies for SMI

<sup>iv</sup> POST APC CHANGE:

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<del>Home Care Training to Home Care Client (HCTC)</del> Therapeutic Foster Care <sup>v</sup>	<del>Not Covered</del> N/A	<del>Not Covered</del> N/A	X <sup>vi</sup>	<del>Not Covered</del> N/A	N/A
Unskilled Respite Care <sup>1</sup>	X	X	X	X	N/A

OPEN UNTIL 07/27/19

<sup>v</sup> It's now referred to Therapeutic Foster Home.

<sup>vi</sup> Increase access to service for Non-Title 19 funded SED members.

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Supported Housing Services <sup>8,4,7</sup>		X	X	X	X	X
Transportation	Emergency	X	X	X	X	N/A
	Non-Emergency <sup>9</sup>	X	X	X	X	N/A
Child Care <sup>6,4,9</sup>		<u>Not Covered</u> N/A	<u>Not Covered</u> N/A	<u>Not Covered</u> N/A	X	X
Crisis Intervention Services	(Mobile Community Based)	X	X	X	X	N/A
	(Stabilization, Facility Based)	X	X	X	X	N/A
	(Telephone)	X	X	X	X	N/A
Hospital		<u>Not Covered</u> N/A <sup>vii</sup>	<u>Not Covered</u> N/A	<u>Not Covered</u> N/A	<u>Not Covered</u> N/A	N/A
Subacute Facility		X	X	X	X	N/A
Residential Treatment Center		X	X	X	X	N/A
Behavioral Health Residential Facility (Without Room and Board)		X	X	X	X	N/A
Mental Health Services NOS (Room and Board) <sup>10,4,9</sup>		X	<u>Not Covered</u> N/A	X	X	X
Supervised Behavioral Health Treatment and Day Programs		X	X	X	X	N/A
Therapeutic Behavioral Health Services and Day Programs		X	X	X	X	N/A
Community Psychiatric Supportive Treatment and Medical Day Programs		X	X	X	<u>Not Covered</u> N/A	N/A

<sup>1</sup> Provided based upon available funding, these services are not entitlements.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> This service is only available for adolescents up until the age of 18 who have an identified Substance Use Disorder.

<sup>5</sup> These services are only available through Non-Title XIX/XXI funding.

<sup>6</sup> 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.

<sup>vii</sup> Indication of N/A was inadvertently changed to appear it was covered and is no longer. However, it was never a covered service

<sup>1</sup> No more than 600 hours of respite care per contract year (October 1<sup>st</sup> through September 30<sup>th</sup>) per individual.

~~<sup>8</sup> 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.~~

<sup>7</sup> Limited to comprehensive wraparound services (See H0043 Description) 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.

<sup>9</sup> 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.

~~<sup>10</sup> Refer to AMPM 320-T for coverage limitations.~~

<sup>9</sup> Refer to AMPM [Policy 320-T](#) for coverage limitations.