



**Pascua Yaqui T/RBHA
CENTERED SPIRIT PROGRAM
Policy and Procedure Manual**

Section 3.19 Special Populations

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I. STATEMENT OF PURPOSE

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.

II. REFERENCES

The following ADHS/DBHS site also serves as a resource 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](#)
[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 3.8, 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](#)

III. STANDARDS

The SAPT Block Grant, CMHS Block Grant and PATH Grant are all annual formula grants authorized by the United States Congress. The Substance Abuse and Mental Health Services Administration (SAMHSA) facilitates these grant awards to states in support of a national system of mental health and substance abuse prevention and treatment services.

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.
- 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.

Community Mental Health Services (CMHS) Block Grant

The CMHS Block Grant provides funds to establish or expand an organized community-based system of care for providing non-Title XIX mental health services to children with serious emotional disturbances (SED) and adults with serious mental illness (SMI). These funds are used to: (1) carry out the State plan contained in the application; (2) evaluate programs and services, and; (3) conduct planning, administration, and educational activities related to the provision of services.

IV. PROCEDURES

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 CSP business office, 879-6060 of the referral and ensure that the person makes contact with the alternative provider.

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 at the treatment site 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 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.

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 monthly basis, provide ADHS/DBHS with a comprehensive written report containing the following information:

Outreach Activities:

Number of referrals received for substance abuse treatment;

- Location and number of persons receiving substance abuse treatment as a result of outreach efforts; and
- Number of persons on managed waitlist.



Utilization data: Number of persons served, identified by demographic categories such as age, race, gender and ethnicity.

Allocation of SAPT funding for the following populations and services:

- o Females who are pregnant or who have dependant children;
- o Injection drug users;
- o Other Non-Title XIX/XXI persons with substance abuse disorders;
- o HIV Early Intervention Services Prevention; and/or
- o Other services (must include an explanation)

A list of providers who provide services under the SAPT block grant, listing the following identifying information:

- o Provider name;
- o ISATS-ID;
- o CIS Provider ID;
- o Contact information, including address, phone number and fax;
- o Contract start date;
- o Contract end date;
- o Types of services provided;
- o Service locations;
- o Populations served;
- o Capacity (i.e. number of beds);
- o Availability of child care services;
- o Availability of onsite pediatric and prenatal care; and
- o Availability of gender specific treatment.

Other SAPT Requirements:

Each T/RBHA must designate:

- o A lead substance abuse treatment coordinator who will be responsible for ensuring T/RBHA compliance with all SAPT requirements;
- o A women's treatment coordinator;
- o A prevention network coordinator; and
- o 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.

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

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.



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 Centers for Medicare and Medicaid Services (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.
- 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)
- 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 information (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#) for requirements).



Restrictions on the use 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 funds may not be used to provide covered services to people who are Title XIX/XXI eligible;
- A T/RBHA may retain no more than a total of 11.5% of SAPT funds for the sum total of administration and profit for each fiscal year;
- 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.

B. CMHS Block Grant

Who is covered and what populations are prioritized?

The CMHS Block Grant provides non-Title XIX/XXI behavioral health services to adults with SMI and children with SED.

The CMHS Block Grant must be used:

- 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;
- 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;
- To ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults;
- To promote recovery and community integration for adults with SMI and children with SED;
- To provide for a system of integrated services to include:
 - Social services;
 - Educational services;
 - Juvenile justice services;
 - Substance abuse services;
 - Health and behavioral health services; and
- To provide for training of providers of emergency health services regarding behavioral health.

Restrictions on the use of CMHS Block Grant Funds

The State shall not expend CMHS Block Grant funds on the following activities:

- To provide inpatient hospital services;
- To make cash payments to intended recipients of health services;



- To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);
- To provide financial assistance to any entity other than a public or nonprofit private entity;
- 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;
- 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
- To purchase treatment services in penal or correctional institutions of the State of Arizona

Room and Board services funded by the CMHS Block Grant are limited to children with SED.