



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

Section 3.21 **Service Prioritization for Non-Title XIX/XXI
Funding, Persons Determined to Have a Serious Mental Illness (SMI)**

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I. STATEMENT OF PURPOSE

In Arizona’s public behavioral health system, persons may be eligible for, or entitled to, services as Title XIX (Medicaid), Title XXI (KidsCare) or as a person determined to have a Serious Mental Illness (SMI). Non-Title XIX/XXI funds are available but limited to the amount appropriated by the Arizona legislature. Additionally, it is incumbent upon the public behavioral health system to ensure that non-title XIX/XXI funding allocated by ADHS/DBHS for each geographic services area (GSA) is available for services throughout the fiscal year. As such, each Tribal and Regional Behavioral Health Authority (T/RBHA) must implement the following service package limitations for Non-Title XIX/XXI funded service delivery to persons determined to have SMI.

This section is intended to define standardized covered benefits for Non-Title XIX/XXI funded services for persons determined to have SMI, to be applied consistently across the state. The covered benefits define the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) expectations regarding the expenditure of Non-Title XIX/XXI funds for persons determined to have SMI.

II. REFERENCES

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

[A.R.S. § 1-502](#)

[ARS §36-502.D.](#)

[A.R.S. § 36-3408](#)

[A.A.C. R9-20-209](#)

[ADHS/RBHA Contracts](#)



[ADHS/TRBHA IGAs](#)

[Substance Abuse Performance Partnership Block Grant](#)

[Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program](#)

[Section 3.4, Co-payments](#)

[Section 3.5, Third Party Liability and Coordination of Benefits](#)

[Section 3.16, Medication Formularies](#)

Section 5.3, Grievance and Requests for Investigations for Persons Determined to have a Serious Mental Illness

Section 5.5, [Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)

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

Definitions

Medically Necessary Covered Services - Covered services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life. Medically necessary services are aimed at achieving the following:

- The prevention, diagnosis, and treatment of behavioral health impairments;
- The ability to achieve age-appropriate growth and development; and
- The ability to attain, maintain, or regain functional capacity.

[Serious Mental Illness](#) - A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long - term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

III. STANDARDS

For its clients on AHCCCS, CSP follows ADHS/DBHS expectations to communicate Non-Title XIX/XXI funded, covered behavioral health services for persons determined to have a Serious Mental Illness (SMI).



IV. PROCEDURES

3.21.7-A: General Requirements

The ADHS/DBHS requires adherence to the following statewide covered service package for Non-Title XIX/XXI funded service delivery to persons determined to have a Serious Mental Illness:

- A Non-Title XIX/XXI medication formulary (see Provider Manual Section 3.16, Medication Formularies);
- Medically necessary laboratory services (see the ADHS/DBHS Covered Behavioral Health Services Guide);
- Psychiatric assessments;
- Psychiatric follow up appointments for medication management;
- Telephone contact by prescribing medical professionals (MD, DO, NP, PA) or nursing staff (RN, LPN);
- Nursing (RN, LPN) assistance for prescribing medical professionals and medication administration; and
- Oral interpretation and sign language services to ensure services are provided to persons in their preferred language.

Services identified for Non-Title XIX/XXI persons determined to have SMI are state-funded services, and as such, providers must ensure that individuals requesting these services are eligible to receive the services. Providers must screen individuals for AHCCCS eligibility and, as applicable, assist individuals with applying for AHCCCS and/or enrolling in Medicare Part D (see Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage and the Limited Income Subsidy Program). Individuals who refuse to participate in the AHCCCS screening and eligibility application process or to enroll in a Medicare Part D plan are ineligible for state funded behavioral health services. In addition, providers must obtain documentation from individuals during the screening process to verify lawful presence in the United States. Individuals unable to provide such documentation to verify citizenship or lawful presence are not eligible for state funded behavioral health services.

3.21.7-B: Medications and Medication Management

Coverage of medications through the public behavioral health system are limited to the ADHS/DBHS Non-Title XIX/XXI Medication Formulary (see also Provider Manual Section 3.16, Medication Formularies) for Non-Title XIX/XXI persons determined to have SMI. However, Non-Title XIX/XXI persons determined to have SMI who have third party coverage, such as Medicare or private insurance, will continue to have access to medications on their health plan's formulary through their third party insurer (see PM Section 3.5, Third Party Liability and Coordination of Benefits for additional information regarding third party liability). For individuals without third party coverage, coverage of the cost of brand medications will be the



responsibility of the person. However, providers may contact **El Rio Pharmacy at 520-838-6617** for information on pharmaceutical assistance programs that offer no-cost or reduced-cost brand name medications.

Laboratory services may be necessary in conjunction with prescribing medications and to ensure effective medication monitoring. As such, laboratory services listed within the ADHS/DBHS Covered Behavioral Health Services Guide are covered for Non-Title XIX/XXI persons determined to have SMI. In addition to laboratory services, prescribing medical professionals and/or nursing staff will provide medication management services to Non-Title XIX/XXI persons determined SMI as indicated in section II.C.3 of the ADHS/DBHS Covered Behavioral Health Services Guide. Telephone evaluation and management services are also covered and provided in accordance with section II.D.1. of the ADHS/DBHS Covered Behavioral Health Services Guide.

3.21.7-C: Psychiatric Assessments

Providers will complete psychiatric assessments with newly enrolled Non-Title XIX persons determined to have SMI and when the care of a Non-Title XIX/XXI person determined SMI is transferred to another behavioral health professional. Psychiatric assessments must also be reviewed and updated at least once every 12 months. Psychiatric assessments are provided in accordance with section II.C.3 of the ADHS/DBHS Covered Behavioral Health Services Guide and must be in compliance with A.A.C. R9-20-209.

Providers must additionally collect demographic information as required in the ADHS/DBHS Demographic Data Set User Guide when conducting a psychiatric assessment, when significant changes occur in a behavioral health recipient's status and at least annually.

Non-Title XIX/XXI persons determined SMI may be assessed a co-payment at the time of their appointment for psychiatric assessments in accordance with PM Section 3.4, Co-payments.