



Pascua Yaqui TRBHA
CENTERED SPIRIT PROGRAM
Provider Manual - 2023



Section 3.19 **Special Populations**

- I. Statement of Purpose
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I. STATEMENT OF PURPOSE:

The Arizona Health Care Cost Containment System (AHCCCS) 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 AHCCCS. AHCCCS then provides financial assistance to each Regional Behavioral Health Authority (RBHA) and to the Tribal Regional Behavioral Health Authorities (TRBHAs) 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 AHCCCS 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 PY/CSP Provider Manual Sections can serve as additional resources for this content area:

- Section 3.1, Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance*
- Section 3.2, Appointment Standards and Timeliness of Service*
- Section 3.3, Referral and Intake Process*
- Section 3.8, Engagement, Re-engagement and Ending an Episode of Care and Disenrollment*
- 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, Persons Determined to Have a Serious Mental Illness (SMI)

Section 4.4, Coordination of Care with Other Governmental Entities

Section 6.1, Submitting Claims and Encounters

Section 7.5, Enrollment, Disenrollment and Other Data Submission

The following citations and AHCCCS documents can also serve as a resource for this content area:

42 USC 290cc-21 et seq.

42 USC 300x-21 et seq.

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

AHCCCS/TRBHA Intergovernmental Agreement (IGA) 2021

III. **DEFINITIONS:**

Block Grant:

Federal money allocated to states, cities, or counties for distribution to community groups, charities, and other social service providers, most often administered under the allocated agency's rules and regulations (also known as "formula" grant). URL:

<http://answers.hhs.gov/questions/3208>

Serious Emotional Disturbance (SED)

1. Children from birth up to age 18; and
2. Child currently or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual, Fifth Edition (DSM V)*. Qualifying SED diagnoses are listed as ICD-10 codes in AHCCCS Attachment 7.5.3, SMI and SED Qualifying Diagnoses Table; and
3. The mental, behavioral, or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.



IV. **STANDARDS:**

The Substance Abuse Prevention and Treatment (SAPT) Block Grant, Center for Mental Health Services (CMHS) Block Grant and Projects for Assistance in Transition from Homelessness (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.

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.

- AHCCCS is the designated single state authority in Arizona to administer the SAPT Block Grant. The Pascua Yaqui (PY) Centered Spirit Program (CSP) TRBHA is allotted a set dollar amount by AHCCCS 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. The PY TRBHA with SAPT treatment funds is 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.

Center for 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.



V. 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:

1. 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;
2. Non-TXIX injection drug users; and
3. 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:

1. Referral for primary medical care for pregnant females;
2. Referral for primary pediatric care for children;
3. Gender-specific substance abuse treatment;
4. Therapeutic interventions for dependent children;
5. Childcare;
6. Case management; and
7. Transportation.

TRBHAs 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 with 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:

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



SAPT Reporting Requirements:

The TRBHA must, on a monthly basis, provide AHCCCS with a comprehensive written report containing the following information:

1. Outreach activities:
2. Number of referrals received for substance abuse treatment;
3. Location and number of persons receiving substance abuse treatment due to of outreach efforts;
4. Number of persons on managed waitlist;
5. Utilization data: Number of persons served, identified by demographic categories such as age, race, gender, and ethnicity.
6. Allocation of SAPT funding for the following populations and services:
 - a. Females who are pregnant or who have dependent children;
 - b. Injection drug users;
 - c. Other Non-Title XIX/XXI persons with substance abuse disorders;
 - d. HIV Early Intervention Services Prevention; and/or
 - e. Other services (must include an explanation);
7. A list of providers who provide services under the SAPT block grant, listing the following identifying information:
 - a. Provider name;
 - b. ISATS-ID;
 - c. CIS Provider ID;
 - d. Contact information, including address, phone number and fax;
 - e. Contract start date;
 - f. Contract end date;
 - g. Types of services provided;
 - h. Service locations;



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- i. Populations served;
- j. Capacity (i.e. number of beds);
- k. Availability of childcare services;
- l. Availability of onsite pediatric and prenatal care; and
- m. Availability of gender specific treatment.

Other SAPT requirements:

Each TRBHA must designate:

- 1. A lead substance abuse treatment coordinator who will be responsible for ensuring TRBHA compliance with all SAPT requirements;
- 2. A women's treatment coordinator;
- 3. A prevention network coordinator; and
- 4. An HIV early intervention services coordinator.

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

Each TRBHA 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:

- 1. HIV early intervention service providers who accept funding under the SAPT grant must provide HIV testing services.
- 2. 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/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.

3. 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)
4. HIV early intervention service providers must ensure that employees complete the HIV Prevention Counseling Training provided through AHCCCS prior to performing rapid HIV testing and other related services such as counseling, and providing referrals.
5. 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.
6. HIV early intervention service providers must actively participate in regional community planning groups to ensure coordination of HIV services.
7. HIV early intervention service providers must submit HIV testing data to the AHCCCS HIV testing database following each test administered.

Minimum performance expectations:

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

HIV monitoring and reporting requirements:

TRBHAs collect monthly progress reports from subcontractors and submit quarterly progress reports to AHCCCS. TRBHAs 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 AHCCCS Covered Behavioral Health Services Guide with the following limitations:

1. SAPT funds may not be used to make cash payments to recipients of services (Flex Funds);
2. SAPT funds may not be used to provide covered services in penal or correctional facilities;
3. SAPT funds may not be used to provide inpatient hospital services;
4. SAPT funds may not be used to provide treatment services to people who do not have a substance abuse disorder;
5. SAPT funds may not be used to provide covered services to people who are Title XIX/XXI eligible;
6. A TRBHA 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; and
7. A TRBHA 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 a Bureau of Medical Facility Licensing (BMFL) 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:

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1. 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;
2. 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;
3. To ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults;
4. To promote recovery and community integration for adults with SMI and children with SED;
5. To provide for a system of integrated services to include:
 - a. Social services;
 - b. Educational services;
 - c. Juvenile justice services;
 - d. Substance abuse services;
 - e. Health and behavioral health services; and
 - f. To provide for training of providers of emergency health services regarding behavioral health.

Restrictions on the use of CMHS Block Grant Funds:

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

1. To provide inpatient hospital services;
2. To make cash payments to intended recipients of health services;
3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);
5. To provide financial assistance to any entity other than a public or nonprofit private entity;



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6. 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;
7. 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
8. 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.

PY TRBHA Requirements for Subcontractors Under both SAPT and CMHS Block Grants:

Each Subcontractor receiving SAPT or CMHS Block Grant funding for services rendered, must, on a monthly basis, provide PY TRBHA with a comprehensive written report containing the following information:

1. Outreach activities:
2. Location and number of persons receiving substance abuse treatment due to outreach efforts;
3. Number of persons on managed waitlist;
4. Utilization data: Number of persons served, identified by demographic categories such as age, race, gender, and ethnicity.
5. Allocation of SAPT and/or CMHS funding for the following populations and services:
 - a. Females who are pregnant or who have dependent children;
 - b. Injection drug users;
 - c. Other Non-Title XIX/XXI persons with substance abuse disorders;
 - d. HIV Early Intervention Services Prevention; and/or
 - e. Other services (must include an explanation)



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6. A list of Subcontractor's providers who provide services under the SAPT and/or CMHS block grant, listing the following identifying information:
 - a. Provider name;
 - b. ISATS-ID;
 - c. CIS Provider ID;
 - d. Contact information, including address, phone number and fax;
 - e. Contract start date;
 - f. Contract end date;
 - g. Types of services provided;
 - h. Service locations;
 - i. Populations served;
 - j. Capacity (i.e. number of beds);
 - k. Availability of childcare services;
 - l. Availability of onsite pediatric and prenatal care; and
 - m. Availability of gender specific treatment.