

SECTION: 100 CHAPTER: 200
POLICY: 201, Covered Health Services

1. PURPOSE:

This policy covers requirements for coverage of behavioral health services and physical health services, as established through contract between the Arizona Department of Health Services (ADHS) and a Regional Behavioral Health Authority (RBHA) or through an Intergovernmental Agreement (IGA) between ADHS and a Tribal RBHA (TRBHA); requirements for transportation services; and requirements for Flex Funds.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>
 The following terms are referenced in this section:

- Geographic Service Area (GSA)
- Flex Funds
- Integrated RBHA
- Medically necessary covered services
- RBHA
- Transportation Services
- Tribal RBHA

3. PROCEDURES:

- a. T/RBHAs must include in the T/RBHA Provider Manual a description of covered services. T/RBHAs must communicate the availability of covered services to members through the T/RBHA member handbooks.
- b. T/RBHAs must cover behavioral health services consistent with the table below.

AVAILABLE BEHAVIORAL HEALTH SERVICES*

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI
TREATMENT SERVICES			
Behavioral Health Counseling and Therapy	Individual	Available	Not Available
	Group	Available	Not Available
	Family	Available	Not Available
Behavioral Health Screening, Mental Health Assessment and Specialized Testing	Behavioral Health Screening	Available	Not Available
	Mental Health Assessment	Available	Available
	Specialized Testing	Available	Not Available

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SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI
Other Professional	Traditional Healing	Not Available with TXIX/XXI funding**	Not Available**
	Auricular Acupuncture	Not Available with TXIX/XXI funding**	Not Available**
REHABILITATION SERVICES			
Skills Training and Development	Individual	Available	Available
	Group	Available	Available
	Extended	Available	Available
Cognitive Rehabilitation		Available	Available
Behavioral Health Prevention/Promotion Education		Available	Available
Psycho Educational Services and Ongoing Support to Maintain Employment	Psycho Educational Services	Available	Available
	Ongoing Support to Maintain Employment	Available	Available
MEDICAL SERVICES			
Medication Services***		Available	Available
Lab, Radiology and Medical Imaging		Available	Available
Medical Management		Available	Available
Electro-Convulsive Therapy		Available	Not Available
SUPPORT SERVICES			
Case Management		Available	Available (See Case Manager Assignment Criteria in Attachment A)
Personal Care		Available	Available
Home Care Training (Family)		Available	Available
Self-help/Peer Services		Available	Available
Home Care Training to Home Care Client (HCTC)		Available	Not Available

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SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI
Respite Care****		Available	Available
Supported Housing		Provided based on available grant funding**	Provided based on available grant funding**
Sign Language or Oral Interpretive Services		Provided at no charge to the member	Provided at no charge to the member
Flex Fund Services		Provided based on available grant funding**	Provided based on available grant funding**
Transportation	Emergency	Available	Limited to crisis service-related transportation
	Non-emergency	Available	Available
CRISIS INTERVENTION SERVICES			
Crisis Intervention – Mobile		Available	Available
Crisis Intervention – Telephone		Available	Available
Crisis Services – Stabilization		Available	Available
INPATIENT SERVICES			
Hospital		Available	Available but limited*****
Behavioral Health Inpatient Facility		Available	Available but limited*****
RESIDENTIAL SERVICES			
Behavioral Health Residential Facility		Available	Available but limited*****
Room and Board		Not Available with TXIX/XXI funding**	Not Available
BEHAVIORAL HEALTH DAY PROGRAMS			

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SERVICES	TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI
Supervised Day	Available	Available
Therapeutic Day	Available	Not Available
Medical Day	Available	Not Available

Limitations:

*Services may be available through federal block grants**Services not available with TXIX/XXI funding or state funds, but may be provided if grant funding or other funds are available.

***See the ADHS/DBHS Drug List for further information on covered medications.

****No more than 600 hours of respite care per contract year (October 1st through September 30th) per person.

*****Coverage is limited to 23 hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered, based upon the availability of funding.

- c. The table below lists physical health care services available for Title XIX/XXI eligible persons determined to have a Serious Mental Illness (SMI), who are receiving both behavioral health and physical health care services from their Integrated RBHA (see the AHCCCS Covered Services, Acute Care, listed in the [AHCCCS Medical Policy Manual](#), for further information on covered physical health care services and dental services).

AVAILABLE PHYSICAL HEALTH CARE SERVICES

SERVICES	TITLE XIX		TITLE XXI
	<	≥21	<19
Audiology	X	X	X
Breast Reconstruction After Mastectomy	X	X	X
Chiropractic Services	X		X
Cochlear Implants	X		X
Emergency Dental Services	X		X
Preventive & Therapeutic Dental Services	X		X
Limited Medical and Surgical Services by a Dentist (for Members Age 21 and older)		X	
Dialysis	X	X	X
Emergency Services-Medical	X	X	X
Emergency Eye Exam	X	X	X
Vision Exam/Prescriptive Lenses	X		X
Lens Post Cataract Surgery	X	X	X

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Treatment for Medical Conditions of the Eye	X	X	X
Health Risk Assessment & Screening Tests (for Members Age 21 and Older)		X	
Preventive Examinations in the Absence of any Known Disease or Symptom	X		X
HIV/AIDS Antiretroviral Therapy	X	X	X
Home Health Services	X	X	X
Hospice	X	X	X
Hospital Inpatient Medical	X	X	X
Hospital Observation	X	X	X
Hospital Outpatient Medical	X	X	X
Hysterectomy (medically necessary)	X	X	X
Immunizations	X	X	X
Laboratory	X	X	X
Maternity Services	X	X	X
Family Planning	X	X	X
Early and Periodic Screening, Diagnosis and Treatment (Medical Services)	X		X
Other Early and Periodic Screening, Diagnosis and Treatment Services Covered By Title XIX	X		X
Medical Foods	X	X	X
Durable Medical Equipment	X	X	X
Medical Supplies	X	X	X
Prosthetic	X	X	X
Orthotic Devices	X		X
Nursing Facilities (up to 90 days)	X	X	X
Non-Physician First Surgical Assistant	X	X	X
Physician Services	X	X	X
Foot and Ankle Services	X	X	X
Prescription Drugs	X	X	X
Primary Care Provider Services	X	X	X
Private duty nursing	X	X	X
Radiology and Medical Imaging	X	X	X
Occupational Therapy – Inpatient	X	X	X
Occupational Therapy – Outpatient	X		X
Physical Therapy – Inpatient	X	X	X
Physical Therapy – Outpatient (Limitations)	X	X	X
Speech Therapy – Inpatient	X	X	X

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Speech Therapy – Outpatient	X		X
Respiratory Therapy	X	X	X
Total Outpatient Parenteral Nutrition	X	X	X
Non-Experimental transplants approved for Title XIX reimbursement ¹			
Transplant Related immunosuppressant drugs	X	X	X
Transportation – Emergency	X	X	X
Transportation - Non-emergency	X	X	X
Triage	X	X	X
Well exams		X	

¹ See the AHCCCS Medical Policy Manual, Chapter 300, Policy 310, 310-DD, *Covered Transplants and Related Immunosuppressant Medications*.

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- d. Transportation Services may be provided by:
 - i. Non-emergency transportation providers (e.g., vans, buses, taxis) who are registered with AHCCCS as a non-emergency transportation provider and have proof of insurance, a valid driver's license, and insurance as required by state law.
 - ii. Emergency transportation providers (e.g. air or ground ambulance) who are registered with AHCCCS as emergency transportation providers and have been granted a certificate of necessity by the Arizona Department of Health Services/Bureau of Emergency Medical Services ([A.R.S. 36-2233](#)).
 - iii. In most instances, transportation services should be provided by non-emergency transportation providers.

- e. Emergency ground and air ambulance services required to manage an emergency medical condition of a member at an emergency scene and/or to transport to the nearest appropriate facility are covered for all members. Emergency transportation is needed:
 - i. When an individual's condition is such that the use of any other method of transportation is contraindicated and medically necessary health care services are not available in the hospital from which the person is being transported and/or;
 - ii. A sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:
 - (1) Placing the member's health in serious jeopardy
 - (2) Serious impairment of bodily functions; or
 - (3) Serious dysfunction of any bodily part or organ.
 - (4) In instances of Maternal and Newborn Transportation; the Maternal Transport Program (MTP) and the Newborn Intensive Care Program (NICP) administered by ADHS provides special training and education to designated staff in the care of maternity and newborn emergencies during transport to a perinatal center. The high risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. Only MTP or NICP Contractors may provide air transport For additional information regarding the MTP or NICP transportation program, please see the [ADHS High-Risk Perinatal Program/Newborn Intensive Care Program, Maternal and Neonatal Transport Services](#).
 - iii. Emergency transportation service shall not require prior authorization.
 - iv. For additional information regarding the amount, duration, and scope of covered emergency transportation services see the [AHCCCS Medical Policy Manual 310-BB Transportation Policy](#).

- f. Non-emergency transportation is provided for all members including persons and/or families who are unable to arrange or pay for their transportation or who do not have

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access to free transportation in order to access medically necessary covered health services under the following conditions:

- i The medical or behavioral health service for which the transportation is needed is a covered AHCCCS service.
 - ii The member is not able to provide, secure or pay for their own transportation,
 - iii and free transportation is not available; and
 - iv The transportation is provided to and from the nearest appropriate AHCCCS registered provider.
 - v For additional information regarding amount, duration, scope, and additional requirements for ambulance and non-ambulance providers see the [AHCCCS Medical Policy Manual 310-BB Transportation Policy](#).
- g. Access to non-emergency transportation may be a necessary support service for non-Title XIX/XXI SMI individuals to access other covered behavioral health services, such as medication appointments. Non-emergency transportation for non-Title XIX/XXI SMI members may be covered as a support service with the following limitations:
- i Transportation is covered only to and from providers of covered behavioral health services;
 - ii Transportation is covered only when no other means of transportation are available to the member to access covered behavioral health services; and
 - iii Only the most cost effective mode of transportation that meets the individual clinical needs of the member will be covered. The determination of the appropriate mode of transportation must be based upon the functional limitations of the member, and not as a matter of convenience for the member.
- h. It is the T/RBHA's responsibility to ensure that if a member needs medically necessary transportation, that the transportation is provided and that the member arrives at his/her appointment no sooner than one hour before the appointment, and does not have to wait for more than one hour after the end of their appointment for transportation back to his/her home. For further information regarding appointment standards, please refer to the [Policy 102, Appointment Standards and Timeliness of Services](#).
- i. It is the provider's responsibility to maintain documentation that supports each transport provided. Transportation providers put themselves at risk of recoupment of payment IF the required documentation is not maintained or covered services cannot be verified. The following elements for record-keeping are recommended for documentation of non-emergency transportation services. T/RBHAs must communicate documentation requirements to their contracted providers.
- i Complete Service Provider's Name and Address
 - ii Name and signature of the driver who provided the service
 - iii Vehicle Identification (car, van, wheelchair van, etc.)

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- iv Recipient (being transported) name
 - v Recipient's AHCCCS ID
 - vi Complete date of service, including month, day and year
 - vii Complete address of the pick-up site
 - viii Complete address of drop off destination
 - ix Type of trip (round trip or one way)
 - x Escort (if any) must be identified by name and relationship to the member being transported
 - xi Signature of recipient, verifying services were rendered
- j. When a contract does not exist between a Ground Ambulance Transportation provider and T/RBHAs, providers are reimbursed for services according to fees established with ADHS or through the AHCCCS Capped Fee for Service Schedule. For further information regarding criteria and reimbursement processes for Ground Ambulance Transportation Reimbursement please refer to AHCCCS ACOM Policy 205, Ground Ambulance Transportation Reimbursement Guidelines for Non-Contracted Providers.
- k. Flex Funds
- i ADHS/DBHS may allocate a limited amount of grant monies to the T/RBHAs to be utilized as flex funds.
 - ii Flex funds may only be used for non-medically necessary goods and/or services that are described in the person's service plan that cannot be purchased by any other funding source. Furthermore, the member receiving flex funds must meet the population requirements of the respective Block Grant of which the funds originated. The goods and/or services to be provided using flex funds must be related to one or more of the following outcomes:
 - (1) Success in school, work or other occupation;
 - (2) Living at the person's own home or with family;
 - (3) Development and maintenance of personally satisfying relationships;
 - (4) Prevention or reduction in adverse outcomes, and/or;
 - (5) Becoming or remaining a stable and productive member of the community.
 - iii Flex funds must not be used for:
 - (1) The purchase or improvement of land;
 - (2) The purchase, construction or permanent improvement of any building or other facility (with the exception of minor remodeling consistent with this Section); and
 - (3) The purchase of major medical equipment.
 - (4) Any other prohibited activity as detailed in 45 CFR Part §96.135 et seq.
 - iv T/RBHAs and/or their subcontracted providers must use flex funds for the direct purchase of goods and/or services and may not provide flex funds as direct cash payments to behavioral health recipients or their families. See the [ADHS/DBHS](#)

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- [Covered Behavioral Health Services Guide](#) for additional information regarding flex funds and applicable billing limitations.
- v Each T/RBHA may approve flex fund services of up to \$1,525 per individual/family per year. T/RBHAs must outline in policy how clinical teams may access flex funds and how flex fund expenditures are approved.
 - vi T/RBHAs must forward requests for approval of flex fund expenditures exceeding \$1,525 per individual/family per fiscal year to flexfunds@azdhs.gov using the SAPT/CMHS Flex Fund Request (see Attachment B). All documentation supporting the need and utilization of flex funds including, yet not limited to original receipts for goods or services purchased, and service plan indicating how the good or service relates to the treatment goals must be made accessible to the T/RBHA and ADHS for auditing and financial tracking purposes. T/RBHAs must have a written procedure indicating where all supporting documentation is to be stored.

4. REFERENCES:

[A.R.S. § 36-2233](#)

[A.A.C. R9-22-211](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA Intergovernmental Agreements \(IGAs\)](#)

[AHCCCS Medical Policy Manual \(AMPM\) Chapter 300, Policy 310 Covered Services,](#)

[AHCCCS Medical Policy Manual \(AMPM\) Chapter 300, Policy 310 Covered Services, 310](#)

[BB-Transportation](#)

[AHCCCS Contractor Operations Manual Chapter 200, Policy 205 Ground Ambulance](#)

[Transportation Reimbursement Guidelines for Non-Contracted Providers](#)

[ADHS High-Risk Perinatal Program/Newborn Intensive Care Program \(HRPP/NICP\)](#)

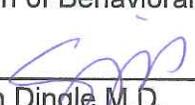
[Program I](#)

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5. APPROVED BY:



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