

## **320-T2 – NON-TITLE XIX/XXI SERVICES AND FUNDING (EXCLUDING BLOCK GRANTS AND DISCRETIONARY GRANTS)**

EFFECTIVE DATES: 07/01/20, 10/01/20, 10/01/21, 10/01/24, 10/01/25

APPROVAL DATES: 07/16/20, 05/04/21, 08/10/21, 06/06/24, 05/23/25

### **I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, DCS CHP (CHP), DES DDD (DDD), and ALTCS E/PD Contractors and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS (collectively 'Contractors'); and Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations. This excludes the Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy describes Non-Title XIX/XXI behavioral health services, funded by Non-Title XIX/XXI, Non-Federal funding through ACC-RBHAs, TRBHAs, Tribal ALTCS program and other entities who have a direct Non-Title XIX/XXI Funding contractual relationship with AHCCCS, available for members and care coordination requirements of all involved entities to ensure each member's continuity of care.

### **II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.:

For purposes of this Policy, the following terms are defined as:

#### **ELIGIBLE POPULATION**

Populations that are acknowledged within specific grant or funding requirements that are identified as the only allowable population on whom those specific funds may be expended. Eligible populations may be identified in Contract for each funding source. Different grants or funding sources may have varying eligible populations.

#### **MEMBER**

An eligible individual who is enrolled in AHCCCS, as defined in ARS 36-2931, 36-2901, and ARS 36-2981, referred to as Title XIX/XXI Member or Medicaid member. Also, for the purpose of this policy, an eligible individual who needs or may be at risk of needing covered health-related services but does not meet federal and state requirements for Title XIX or Title XXI eligibility, referred to as Non-Title XIX/XXI member.

**NON-TITLE XIX/XXI FUNDING**

Fixed, non-capitated funds, including but not limited to funds from County, other funds and State appropriations (excluding State appropriations for State match to support Title XIX and Title XXI programs), which are used to fund medically necessary services to qualifying Non-Title XIX/XXI individuals and for medically necessary behavioral health services not covered by Title XIX or Title XXI programs for qualifying individuals.

**III. POLICY**

The ACC-RBHAs and TRBHAs are responsible for the administration, oversight, and monitoring of Non-Title XIX/XXI funds and funded activities per the Non-Title XIX/XXI Contracts/Intergovernmental Agreements (IGAs). The ACC-RBHAs, TRBHAs and other entities that have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS shall manage available Non-Title XIX/XXI funds and funded activities in a manner consistent with the Non-Title XIX/XXI Contract's specified purpose and identified Eligible Populations. The ACC, ALTCS E/PD, CHP and DDD Contractors, AIHP, and FFS providers do not receive or administer Non-Title XIX/XXI funds. Contractors, Tribal ALTCS, TRBHAs and FFS providers shall assist members in accessing services utilizing these funding sources through referral and care coordination activities in partnership with the ACC-RBHA or TRBHA responsible for the administration of Non-Title XIX/XXI funding if a Non-Title XIX/XXI service need is identified. For Tribal ALTCS members, providers shall contact the Tribal ALTCS program of enrollment to determine whether a member qualifies for a Non-Title XIX/XXI service.

**A. GOALS**

The overarching goal of Non-Titled XXI/XIX funding is to ensure that children and adults have access to a comprehensive system of integrated care, including employment, housing services, case management, rehabilitation, as well as behavioral health and substance use services and supports.

The Program success is measured through uniform reporting on access, quality, and outcomes of services. Contractors, TRBHAs, Tribal ALTCS, and FFS providers shall assist members in accessing services and shall coordinate care for members as appropriate to:

1. Promote participation by members/Health Care Decision Makers/Designated Representatives (HCDM/DR), their families, and other personal support people as identified by the member in planning and implementing services and programs, as well as in evaluating State mental health systems.
2. Ensure access for underserved populations, including individuals who are homeless, residents of rural areas, and older adults.
3. Promote recovery and community integration for members with a Serious Mental Illness (SMI) designation.

4. Increase provider accountability for the delivery of behavioral health services provided through Non-Title XIX/XXI funds.

**B. GENERAL RESOURCES AND REQUIREMENTS FOR MEDICAL CODING**

All applicable Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) for Non-Title XIX/XXI Services are found on the Medical Coding and Resources page of the AHCCCS website. Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the AHCCCS Medical Coding Resources webpage, <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>.

For outpatient behavioral health services, services are considered medically necessary regardless of a member's diagnosis if there are documented behaviors and/or symptoms that will benefit from behavioral health services, and a valid ICD-10-CM diagnostic code is utilized.

For billing limitations, refer to the AHCCCS FFS Provider Manual and AHCCCS Medical Coding Resources webpage.

**C. NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES**

AHCCCS covers Non-Title XIX/XXI behavioral health services (e.g., mental health and/or substance use) within certain limits for Title XIX/XXI and Non-Title XIX/XXI members when medically necessary. Behavioral health services covered under Non-Title XIX/XXI Funds (excluding federal grants) are specified below. Refer to AMPM Policy 320-T1 for services covered under Block and Discretionary Grants.

For information and requirements regarding Title XIX/XXI Behavioral Health Services, refer to AMPM Policy 310-B.

All services provided shall have proper documentation maintained in the member's medical records. Covered Non-Title XIX/XXI behavioral health services include:

1. Auricular Acupuncture Services is the application of auricular acupuncture needles to the pinna, lobe, or auditory meatus to treat mental health, alcoholism, substance use, trauma, or chemical dependency by a certified acupuncturist practitioner as specified in ARS 32-3922.
2. Mental Health Services (Traditional Healing Services) – Treatment services for mental health or substance use problems provided by traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress evident by disruption of the individual's functional ability.
3. Mental Health Services, Room and Board – The provision of lodging and meals to an individual residing in a residential facility or supported independent living setting which may include but is not limited to services such as:
  - a. Housing costs,
  - b. Food and food preparation,

- c. Personal laundry, and
- d. Housekeeping.

This service may also be used to report bed hold/home pass days in Behavioral Health Residential Facilities (BHRF). For room and board services, billing limitations apply. All other fund sources (e.g., Department of Child Safety (DCS) funds for foster care children, Social Security Income [SSI]) shall be exhausted prior to billing this service.

- 4. For Non-Title XIX/XXI eligible populations, most behavioral health services that are covered through Title XIX/XXI funding are also covered through Non-Title XIX/XXI Funding for uninsured members including but not limited to:
  - a. Residential treatment,
  - b. Counseling,
  - c. Case management,
  - d. Medication services, and
  - e. Supportive services.

The services provided through Non-Title XIX/XXI Funding are restricted to certain members as specified in this Policy and as specified in AMPM Exhibit 300-2B and are not an entitlement. Services provided through Non-Title XIX/XXI Funding are limited by the availability of funds.

- 5. Crisis Services – the ACC-RBHAs and the TRBHAs are responsible for crisis intervention services for Non-Title XIX/XXI members for up to 72 hours. Refer to AMPM Policy 590 or TRBHA IGAs for a detailed description of crisis intervention services and responsibilities.

When encounters are submitted for “unidentified” individuals (such as in crisis situations when an individual’s eligibility or enrollment status is unknown), the Contractor shall require the provider to use the applicable pseudo-ID number(s) that are assigned to each ACC-RBHA. For assistance, contact AHCCCS Operations, Encounters Unit. Pseudo-ID numbers are not assigned to TRBHAs.

As specified in the U.S. Attorney General’s Order No.2353-2001.4(a), individuals presenting for and receiving crisis, mental health or Substance Use Disorder (SUD) treatment services are not required to verify U.S. citizenship/lawful presence prior to receiving, or in order to receive, crisis services.

- 6. The assessments are covered for Non-Title XIX/XXI members to determine SMI eligibility in accordance with AMPM Policy 320-P. Non-Title XIX/XXI SMI General Funds may be used for the assessment, regardless of whether the individual is found to have an SMI designation including individuals who are assessed at 17.5 years old and older. Refer to AMPM Policy 320-O for additional information regarding behavioral health assessments, service, and treatment planning.

**D. NON-TITLE XIX/XXI ELIGIBLE POPULATIONS**

The Non-Title XIX/XXI eligible populations are enrolled with an ACC-RBHA or TRBHA and other entities that have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS. Enrollment is based on the zip code or tribal community in which the member resides. Non-Title XIX/XXI eligible populations are listed below:

1. Additional information regarding SMI eligibility determination, as specified in AMPM Policy 320-P.
2. The Non-Title XIX/XXI Funding for individuals in the General Mental Health (GMH) behavioral health category is limited. However, in certain scenarios GMH members are eligible to access certain funding sources on a limited basis. For example, individuals are eligible for Non-Title XIX/XXI housing funding as available and as specified in this Policy.
3. The Non-Title XIX/XXI Funding for individuals in the SUD behavioral health category is limited.

However, in certain scenarios SUD members are eligible to access certain funding sources on a limited basis.

4. In accordance with the Maricopa County IGA, assessment, evaluation and treatment services are covered for remanded juveniles when the evaluation is ordered by the Maricopa County Superior Court as specified in ARS Title 36, Chapter 5, Article 4, and treatment is ordered by the Superior Court as specified in ARS Title 36, Chapter 5, Article 5 as funded by Maricopa County.
5. The Contractor and TRBHA shall ensure that all members receiving funded services are required to have a Title XIX/XXI eligibility screening completed and documented in their medical record at the time of intake and annually thereafter. For uninsured and underinsured Non-Title XIX/XXI members, documentation shall include verification that other insurers (e.g., Medicare, private insurance, Federal health insurance exchange plans) have been engaged and are being billed for all applicable services provided in conjunction with the services being covered with any Non-Title XIX/XXI funding source.

**E. GENERAL REQUIREMENTS**

1. The Contractor and TRBHA shall:
  - a. Report financial information in conformance with the AHCCCS Financial Reporting Guide, AHCCCS Contract and/or Interagency Service Agreement (ISA)/IGAs or as specified in the AHCCCS Allocation Letter, as applicable,
  - b. Comply with the confidentiality of Alcohol and Drug Patient Records as specified in 42 CFR Part 2,

- c. Develop and maintain fiscal controls in accordance with authorized activities of the AHCCCS Contract/ISA/IGA, State of Arizona Accounting Manual (SAAM), and State Policy and Procedures, and
    - d. Designate a single point of contact as the Coordinator for all services provided through Non-Title XIX/XXI funding (Non-Title XIX/XXI Funding Program Coordinator) as specified in Contract or IGA, as applicable.
  2. The Non-Title XIX/XXI Funding shall not be utilized for the following:
    - a. Cash payments to members receiving or intending to receive health services except as a part of a targeted contingency management program that is allowable under the specific funding source and with written approval from AHCCCS,
    - b. Purchase or improvement of land, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
    - c. Purchase of major medical equipment,
    - d. Flex fund purchases of non-medically necessary services and supports that are not reimbursable or covered under Title XIX/XXI or Non-Title XIX/XXI,
    - e. Sponsorship for events and conferences, or
    - f. Childcare services.
  3. The Non-Title XIX/XXI Funding:
    - a. The Non-Title XIX/XXI Funding may be used for behavioral health services for Non-Title XIX/XXI members, including mental health treatment and supportive services. This funding may also be used for Title XIX/XXI members for services not otherwise covered by Title XIX/XXI.

For additional information on Non-Title XIX/XXI covered services, refer to AMPM Chapter 300 and AMPM Exhibit 300-2B.
    - b. The Non-Title XIX/XXI Funding shall not be used to supplant other funding sources, however, if funds from the Indian Health Services (IHS) and/or Tribal owned/or operated facilities are available, the IHS/638 funds shall be treated as the payor of last resort. Refer to AMPM Policy 320-T1 for information regarding supplanting and payor of last resort as applicable to federal grant funded programs, and
    - c. The Non-Title XIX/XXI funds paid to the Contractor for a state fiscal year shall be available for obligation and expenditures for dates of service through the end of the state fiscal year for which the funds were paid unless otherwise noted in the AHCCCS Allocation Schedules or AHCCCS Contract/IGA/ISA and/or Allocation Letters. Similarly, funds paid to the Contractor for a contract year, if applicable, shall be available for obligation and expenditures until the end of the contract year for which funds were paid.

4. Considerations when delivering Services to SUD Populations – The Contractor shall ensure the providers consider the following:
  - a. The treatment services that include clinical care to those with an SUD shall also be designed to have the capacity and staff expertise to utilize Food and Drug Administration (FDA) approved medications for the treatment of SUD/Opioid Use Disorder (OUD) and/or have collaborative relationships with other providers for service provision,
  - b. The specific requirements regarding preferential access to services and the timeliness of responding to a member’s identified needs, and
  - c. The provider submission of specific data elements to identify special populations and record limited clinical information as specified in the AHCCCS DUGless Portal Guide.

**F. NON-TITLE XIX/XXI FUNDED CARE COORDINATION REQUIREMENTS**

The providers shall make it a priority to work with the ACC-RBHA and/or TRBHA to enroll the individual in Non-Title XIX/XXI funded services immediately, while continuing to assist the individual with the processes to determine Title XIX/XXI eligibility. If the individual is deemed eligible for Title XIX/XXI funding, the member may choose a Contractor and American Indian members may choose to enroll with either a Contractor, AIHP, or a TRBHA, if one is available in their area, to receive covered services.

The provider shall work with the Care Coordination teams of all involved with the Contractor or payors to ensure continuity of care for each member. Non-American Indian members with an SMI designation will be enrolled with an ACC-RBHA. American Indian members with an SMI designation have the choice to enroll with a TRBHA for their behavioral health assignment if one is available in their area, an ACC-RBHA or AIHP. For Tribal ALTCS members, providers shall contact the Tribal ALTCS Program of enrollment if they feel a member qualifies for a Non-Title XIX/XXI service.

If a Title XIX/XXI member loses Title XIX/XXI eligibility while receiving behavioral health services, the provider shall attempt to prevent an interruption in services. The provider shall work with the care coordinators of the Contractor or ACC-RBHA in the Geographic Service Area (GSA) where the services are being provided, for Contractor enrolled or AIHP enrolled members, or the assigned TRBHA, to determine whether the services are eligible to continue through available Non-Title XIX/XXI Funding.

If the provider does not receive Non-Title XIX/XXI Funding, the provider and member shall work together to determine where the member may receive services from a provider that does receive Non-Title XIX/XXI Funding. The provider shall then facilitate a transfer of the member to the identified provider and work with the Care Coordination teams of all involved Contractors or payors. Contract language and measures stipulate that providers will be paid for treating members while payment details between entities are determined.

If a Title XIX/XXI member, whether Contractor or AIHP enrolled, requires Non-Title XIX/XXI services, the provider shall work with the ACC-RBHA in the GSA where the member is receiving services, or the assigned TRBHA, to coordinate the Non-Title XIX/XXI services.

1. The ACC-RBHA shall ensure its subcontractors educate and encourage Non-Title XIX/XXI SMI members to enroll in a qualified health plan through the federal health insurance exchange and offer assistance for those choosing to enroll during open enrollment periods and qualified life events.

The following applies:

- a. The individuals enrolled in a qualified health plan continue to be eligible for Non-Title XIX/XXI covered services that are not covered under the qualified health plan,
- b. The Non-Title XIX/XXI funds may not be used to cover premiums, deductibles, or copays associated with qualified health plans or other TPL premiums, deductibles, or copays except for coverage of cost sharing and copays for Medicare Part D for members with an SMI designation, and
- c. The ACC-RBHA shall ensure receipt of a denial-of-service coverage prior to utilization of Non-Title XIX/XXI funding for services otherwise covered under a qualified health plan.

An individual who is found not eligible for Title XIX/XXI covered services may still be eligible for Non-Title XIX/XXI services. An individual may also be covered under another health insurance plan, including Medicare. The Contractor shall ensure that subcontractors educate and encourage individuals to enroll in a qualified health plan through the federal health insurance exchange as specified in ACOM Policy 434 and assist individuals with applying for benefits and programs at the time of intake for behavioral health services. This shall include Arizona Public Programs (Title XIX/XXI, Medicare Savings Programs, Nutrition Assistance, and Cash Assistance), and Medicare Prescription Drug Program (Medicare Part D), including the Medicare Part D “Extra Help with Medicare Prescription Drug Plan Costs” low-income subsidy program as specified in ACOM Policy 201.

2. The individuals who refuse to participate in the AHCCCS screening/application process are ineligible for state funded behavioral health services, as specified in ARS 36-3408 and AMPM Policy 650.

The following conditions do not constitute an individual’s refusal to participate:

- a. An individual’s inability to obtain documentation required for the eligibility determination, or
- b. An individual is incapable of participating as a result of their mental illness and does not have a legal guardian.

The members may be served through the Non-Title XIX/XXI Funding while awaiting a determination of Title XIX/XXI eligibility.

However, upon Title XIX eligibility determination the covered services billed to Non-Title XIX/XXI, that are Title XIX covered, shall be reversed by the Contractor and charged to Title XIX funding for the retro covered dates of Title XIX eligibility. This does not apply to Title XXI members, as there is no Prior Period Coverage (PPC) for these members.

The ACC-RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS are responsible for managing and prioritizing Non-Title XIX/XXI funds to ensure, within the limitation of available funding, that services are available for all individuals, prioritizing those with the highest level of need and eligible members.

The ACC-RBHAs, TRBHAs, and other entities who have a direct contractual relationship with AHCCCS are responsible for managing Non-Title XIX/XXI funding to ensure, to the maximum extent possible, that funding is available for the fiscal period and if all Non-Title XIX/XXI Funding is expended, ACC-RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS shall provide coordination services to address the needs through other community-based options and shall maintain a database of members referred for services that are unable to receive the service due to funding depletion. Members pending services due to funding depletion shall receive follow-up to provide alternative services as possible and available until the referred service may be provided.

The Contractor(s) are responsible for ensuring a comprehensive system of care for Non-Title XIX/XXI members, and members shifting in and out of Title XIX/XXI eligibility.

The system development efforts, programs, service provision, and stakeholder collaboration shall be guided by the Principles specified in AMPM Exhibit 300-3, and care coordination requirement specified in AMPM Chapter 500.

If there are any barriers to care, the provider shall work with the Care Coordination teams of all involved health plans or payors.

If the provider is unable to resolve the issues in a timely manner to ensure the health and safety of the member, the provider shall contact AHCCCS. If the provider believes that there are systemic problems, rather than an isolated concern, the provider shall notify AHCCCS of the potential barrier. AHCCCS will conduct research and work with the Contractor and responsible entities to address or remove the potential barriers.

#### **G. NON-TITLE XIX/XXI FUNDING SOURCES**

All Non-Title XIX/XXI Funding, as listed in the AHCCCS Allocation Schedule, shall be used for medically necessary behavioral health services only. The ACC-RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship shall report each Non-Title XIX/XXI Funding source and services separately and provide information related to Non-Title XIX/XXI expenditures to AHCCCS upon request and/or in accordance with AHCCCS the Contract/ISA/IGA or as specified in the AHCCCS Allocation Schedule and/or Allocation Letter. Services provided under Non-Title XIX/XXI funds through an ACC-RBHA are to be encounterable. Outreach activities or positions that are non-encounterable may be allowable expenses, but they shall be pre-approved by AHCCCS, tracked, activities monitored, and outcomes collected on how the activities or funded positions are facilitating access to care for Non-Title XIX/XXI eligible populations, as specified in the Non-Title XIX/XXI Contract.

Additionally, positions funded exclusively through the Non-Title XIX/XXI funding shall not bill for services to receive additional funding from any fund source.

The positions partially funded through the Non-Title XIX/XXI Funding may only bill for services during periods when they are not being paid with Non-Title XIX/XXI funds.

1. The TRBHA housing funding requirements are outlined in their IGA. All housing funding is subject to the requirements as specified in AMPM Policy 1710 including:
  - a. Supported Housing General Fund - This funding may be used for rental subsidies, move-in kits, assistance with deposits, utility payments, and eviction-Prevention efforts for members with GMH/SUD or individuals that have an SMI designation who are either Title XIX/XXI or Non-Title XIX/XXI. Any property improvements may only be for individuals with an SMI designation and shall be in accordance with the AHCCCS approved annual Housing Spending Plan,
  - b. The SMI Housing Trust Fund - This funding may be used for property acquisition and/or property improvements for individuals with an SMI designation who are either Title XIX/XXI or Non-Title XIX/XXI. Funds may also be used for rental subsidies for individuals with an SMI designation.
  - c. Use of this funding shall be in accordance with the AHCCCS-approved annual Housing Spending Plan, and
  - d. Non-Title XIX/XXI SMI General Fund - This funding may be used for individuals with an SMI designation who are either Title XIX/XXI or Non-Title XIX/XXI for rental subsidies, move-in kits, and assistance with deposits, utility payments, and eviction-prevention efforts. Any property improvements may only be for individuals with an SMI designation and shall be in accordance with the AHCCCS approved annual Housing Spending Plan.
2. The General Fund and other appropriated and non-appropriated state funds include:
  - a. Non-Title XIX/XXI SMI General Fund - This funding may be used for behavioral health services for Non-Title XIX/XXI members with an SMI designation and for Non-Title XIX/XXI services as specified in AMPM Exhibit 300-2B. The covered services are similar to the services covered by the Mental Health Block Grant (MHBG) (as specified in AMPM Policy 320-T1) and also may include room and board when no other funding source is available for a Non-Title funded XIX/XXI member with an SMI designation,
  - b. Crisis General Fund - This funding may be used for medically necessary crisis services for Non-Title XIX/XXI members,
  - c. Crisis Substance Abuse Services Funds –This funding may be used for medically necessary crisis services for Non-Title XIX/XXI members with SUD, as specified in ARS 36-141 and ARS 36-2005, and
  - d. Liquor Service Fees – This funding may be used to provide services in Pima County for SUD services including crisis, detoxification services, outpatient services, and Court Ordered Evaluations as specified in ARS 4-203.02 and ARS 36-2021 through ARS 36-2031.

3. State and Local Fiscal Recovery (SLFR) Funds – This funding is used for crisis behavioral health services in conjunction with the State Crisis General Fund as described in the ACC-RBHA Non-Title XIX/XXI Contract and AMPM Policy 590.
4. County Funds for the following counties:
  - a. Maricopa County - This funding may be used for Pre-Petition Screening and Court Ordered Evaluation (COE) as required under Title 36 of the Arizona Revised Statutes for Title XIX/XXI and Non-Title XIX/XXI members and services for Non-Title XIX/XXI individuals with an SMI designation, similar to services covered by the MHBG (as specified in AMPM Policy 320-T1), some limited services for GMH and child populations, and specific SUD services for the Community Bridges Central City Addiction Recovery Center (CCARC),
  - b. Pima County - This funding may be used for Pre-Petition Screening as required under ARS 36-545 for Title XIX/XXI and Non-Title XIX/XXI Members and for crisis services for Non-Title XIX/XXI members, and
  - c. All County funding is subject to specific requirements as outlined in the AHCCCS/County IGAs.
5. Special considerations for medication coverage: The Non-Title XIX/XXI SMI General Funds, and Maricopa County Funds for payment of behavioral health drugs for children and individuals with a SMI designation (Both Title XIX/XXI and Non-Title XIX/XXI). The Contractors, TRBHAs and ACC-RBHAs shall utilize available Non-Title XIX/XXI SMI General Funds or Maricopa County Funds, if applicable, to cover applicable Medicare Part D copayments and cost sharing amounts, including payments for the Medicare Part D coverage gap, for medications to treat behavioral health diagnoses for Title XIX/XXI and Non-Title XIX/XXI children and individuals with an SMI designation, subject to the following:
  - a. Coverage of cost sharing is to be used only for Federal and State reimbursable medications used to treat children and individuals with an SMI qualifying behavioral health diagnosis including medications to treat the side effects of these medications,
  - b. Medicare copayments and cost sharing are covered for medications to treat children and individuals with an SMI behavioral health diagnosis when dispensed by an AHCCCS-registered provider,
  - c. The payment of Medicare Part D copayments and cost sharing amounts for medications to treat children and individuals with an SMI qualifying behavioral health diagnoses, shall be provided regardless of whether or not the provider is in the Contractor's provider network or whether or not prior authorization has been obtained,
  - d. The Contractor shall not apply pharmacy benefit utilization management edits when coordinating reimbursement for Medicare Cost Sharing for medications to treat children and individuals with an SMI qualifying behavioral health diagnoses,
  - e. When a request for a medication to treat children and individuals with an SMI qualifying behavioral health diagnoses has been denied by the Medicare Part D plan and the denial has been upheld through the Medicare appeals process, the Contractor shall evaluate the request and may elect to utilize Non-Title XIX/XXI SMI General Funds or Maricopa County Funds, when applicable, to cover the cost of the non-covered Medicare Part D medication to treat children and individuals with an SMI qualifying behavioral health diagnosis,

- f. The Contractor does not have the responsibility to make Medicare Part D copayments and cost sharing payments to pharmacy providers that are not AHCCCS registered. For additional information on Medicare cost sharing refer to ACOM Policy 201, and
- g. The Contractor shall ensure the Pharmacy Benefit Manager (PBM) plan set up for Medicare cost sharing for children and individuals with an SMI designation is the same PBM set up for all ACC-RBHA PBM subcontractors as approved by AHCCCS.

#### **H. OVERSIGHT AND MONITORING**

AHCCCS monitors the Contractor, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship for compliance with Federal and State statute, regulations, and guidelines to determine if the Contractor(s)/TRBHA are providing services outlined within their AHCCCS Contract/IGA.

AHCCCS accomplishes monitoring objectives through a variety of techniques, including but not limited to:

1. Receiving and reviewing reports and/or deliverables.
2. Monitoring spending through Contractor Expense Reports (CERs).
3. Conducting periodic audits/reviews in accordance with Contract/IGA.