

SERVICES		ACUTE CARE XIX		ALTCS				CHIP* XXI
		<21	>21	EPD		DDD		<19
				<21	>21	<21	>21	
Behavioral Health Counseling and Therapy	Individual	X	X	X	X	X	X	X
	Group and Family	X	X	X	X	X	X	X
Assessment, Evaluation and Screening Services	Screening	X	X	X	X	X	X	X
	Evaluation	X	X	X	X	X	X	X
	Assessment	X	X	X	X	X	X	X
	Testing	X	X	X	X	X	X	X
Other Professional**	Alcohol and/or drug services: Intensive Outpatient (Treatment Program that operates at least three hours/day and at least three hours/day week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education	X	X	X	X	X	X	X
	Multisystemic Therapy for Juveniles	X	NA	X	NA	X	NA	X
	Mental Health Services (formerly Traditional Healing)	**		** i	** i	NA	NA	**
	Auricular Acupuncture	**		**i	**i	NA	NA	**
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		X	X	X	X	X	X	X
Cognitive Rehabilitation		X	X	X	X	X	X	X
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)		X	X	X	X	X	X	X
Psycho Educational Services and Ongoing Support to Maintain Employment		X	X	X	X	X	X	X
Medical Services ***		X	X	X	X	X	X	X
Laboratory, Radiology, and Medical Imaging		X	X	X	X	X	X	X
Medical Management		X	X	X	X	X	X	X
Electro-Convulsive Therapy		X	X	X	X	X	X	X
Case Management		X	X	X	X	X	X	X
Personal Care Services		X	X	X	X	X	X	X
Home Care Training Family (Family Support)		X	X	X	X	X	X	X
Self-Help/Peer Services		X	X	X	X	X	X	X
Home Care Training to Home Care Client (HCTC)		X	X	X	X	X	X	X
Unskilled Respite Care ii		X	X	X	X	X	X	X
Supported Housing**		**	**	**i	**i	**	**	**
Sign Language or Oral Interpretative Services		Provided at no charge to the member						
Transportation	Emergency	X	X	X	X	X	X	X
	Non-Emergency	X	X	X	X	X	X	X
Crisis Intervention Services	(Mobile Community Based)	X	X	X	X	X	X	X
	(Stabilization, Facility Based)	X	X	X	X	X	X	X
	(Telephone)	X	X	X	X	X	X	X

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Hospital	X	X	X	X	X	X	X
Subacute Facility	X	X	X	X	X	X	X
Residential Treatment Center	X	X	X	X	X	X	X
Behavioral Health Residential Facility (Without Room and Board)	X	X	X	X	X	X	X
Mental Health Services NOS (Room and Board)**	**	**	X**	X**	X**	X**	**
Supervised Behavioral Health Treatment and Day Programs	X	X	X	X	X	X	
Therapeutic Behavioral Health Services and Day Programs	X	X	X	X	X	X	
Community Psychiatric Supportive Treatment and Medical Day Programs	X	X	X	X	X	X	

LIMITATIONS:

- * Services may be available through federal block grants.
- ** Services not available with Title XIX/XXI funding, but may be provided if other funds are available.
- *** See the Behavioral Health Drug List for further information on covered medication.

See the AHCCCS Covered Behavioral Health Services Guide for restrictions, scope and time limitations, provider requirements and eligibility limitations for Title XIX and Title XXI behavioral health services.

ⁱ Effective 10/1/17 for members determined to have a Serious Mental Illness

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