

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Community Partnership of Southern Arizona (CPSA)**

**Section 3.19**      **Special Populations**

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**3.19.1 Introduction**

ADHS/DBHS 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 ADHS/DBHS. ADHS/DBHS then provides financial assistance to each Regional Behavioral Health Authority (RBHA)\* 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 ADHS/DBHS 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 and prioritized to receive services under these fund sources;
- How the funds are prioritized; and
- What services are available through each fund source.

**3.19.2 References**

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

- [42 USC 290cc-21 et seq.](#) (The Stewart B. McKinney Homeless Assistance Amendments Act of 1990)
- [42 USC 300x-21 et seq.](#) (The Children's Health Act of 2000)
- [42 CFR Part 54 Charitable Choice Provisions and Regulations](#)
- [45 CFR Part 96 SAPT Block Grant Final Rules](#)
- [A.R.S. §36-141](#)
- [ADHS/RBHA Contract](#)
- [ADHS/TRBHA IGAs](#)
- [ADHS/DBHS Covered Behavioral Health Services Guide](#)
- [ADHS/DBHS Prevention Framework for Behavioral Health](#)
- [Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program](#)
- [Section 3.2, Appointment Standards and Timeliness of Service](#)

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\* Although the Tribal RBHAs do not receive financial allotments for the PATH and Cool Programs, they do receive SAPT Block Grant monies from ADHS/DBHS.

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- [Section 3.3, Referral Process](#)
- [Section 3.4, Co-payments](#)
- [Section 3.8, Outreach, Engagement, Re-engagement and Closure](#)
- [Section 3.9, Intake, Assessment and Service Planning](#)
- [Section 3.13, Covered Behavioral Health Services](#)
- [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)
- [Section 4.4, Coordination of Care with Other Government Entities](#)
- [Section 6.1, Submitting Tribal Fee-for-Service Claims to AHCCCS](#)
- [Section 6.2, Submitting Claims and Encounters to a RBHA](#)
- [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)

### **3.19.3 Scope**

#### **To whom does this apply?**

Persons who are eligible to receive behavioral health services through the Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant and the Projects for Assistance in Transition from Homelessness (PATH) Program.

### **3.19.4 Did you know...?**

#### SAPT Block Grant

- ADHS/DBHS is the designated single state authority in Arizona to administer the SAPT Block Grant. Each T/RBHA is allotted a set dollar amount by ADHS/DBHS 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. T/RBHAs with SAPT treatment funds are 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.

#### PATH Program

- PATH funds are dedicated to outreach for persons who are homeless and potentially have a serious mental illness.

### **3.19.5 Objectives**

To ensure that behavioral health providers are aware of:

- Specific Federal grants and State programs within the ADHS/DBHS public behavioral health system;
- Special populations and prioritized populations covered under each Federal grant and State program; and
- Responsibilities for delivering covered behavioral health services to the identified special populations.

### **3.19.6 Overview**

#### Substance Abuse Prevention and Treatment Performance Partnership (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

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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.

Projects for Assistance in Transition from Homelessness (PATH) Program

The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) awards PATH grants each fiscal year to all states that apply for funding. In Arizona, the awards are granted to ADHS/DBHS, which subcontracts with behavioral health providers who specialize in homeless outreach.

Homeless outreach services are interventions designed to assist individuals who are homeless and potentially have a serious mental illness. The services are to be provided in locations where persons who are homeless gather, such as food banks, parks, vacant buildings and the streets. ADHS/DBHS utilizes the PATH Formula Grant to provide an array of services to Special Populations persons who are homeless and are determined to have a serious mental illness, including those with co-occurring substance abuse problems.

**3.19.7 Procedures**

**3.19.7-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:

- 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;
- Non-TXIX injection drug users; and
- Any Non-TXIX person (youth or adult) who has a substance abuse disorder, pending availability of funds..

All providers that serve injecting drug users and/or pregnant women and receive Block Grant funds are required to have policies and procedures that ensure that they have priority in admission to treatment facilities. Preference in admission must be in the following order:

1. pregnant injecting drug users
2. pregnant substance abusers
3. women with dependent children
4. injecting drug users
5. all others

CPSA requires programs that serve pregnant women to admit them within 48 hours of request and those that serve injecting drug users to admit them within 14 days. If a program serving pregnant women is unable to admit a pregnant woman within 48 hours of referral, it must attempt to find another program that is able to. If the program cannot find another program that can admit a pregnant woman within 48 hours, the provider must notify the appropriate Adult Services Manager. If a program serving injecting drug users is unable to admit within 14 days of referral, it may maintain such individual on a wait list for up to 120 days, but must provide interim services within 48 hours. If the program cannot admit an injecting drug user within 120 days, the provider must notify the appropriate CPSA Adult Services Manager. (Refer to additional language regarding interim services later in this section).

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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 \[Eng large print\]](#) [[Documento Adjunto 3.19.1 Spanish](#)] [[Spa large print](#)]. 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 RBHA of the referral and ensure that the person makes contact with the alternative provider. The provider should contact CPSA Member Services 1-800-771-9889.

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 or arranged as needed:

- Referral for primary medical care for pregnant females;
- Referral for primary pediatric care for children;
- Gender specific substance abuse treatment;
- Therapeutic interventions for children;

T/RBHAs must ensure the following issues do not pose barriers to access to obtaining substance abuse treatment:

- Child care;
- Case management; and
- Transportation.

T/RBHAs must publicize the availability of gender-based substance abuse treatment services 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.

All CPSA providers receiving funds for residential substance abuse treatment services through the SAPT Block Grant for pregnant/parenting women must provide all required services outlined above. Other providers attempting to place women in such programs should contact the appropriate CPSA Adult Services Manager at (520) 325-4268 if they need assistance in identifying where these programs are located, or assistance in securing services for a woman in such programs.

All providers that received Block Grant funds are required to complete the "Monthly Priority Admissions and Capacity Management Report" ([PM FORM 3.19.2](#)) on a monthly basis. This form is due at the CPSA office on or by the 10th of each month for the prior month.

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All providers that receive Block Grant funds for substance abuse treatment report to the CPSA Adult Services Manager at (520) 325-4268 within seven (7) days of the program(s) reaching 90% capacity (when the program was formerly reported as less than 90% capacity).

Programs that have difficulty placing individuals in a priority population must contact the CPSA Adult Services Manager for technical assistance.

Interim Services for Pregnant Women/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:
  - Behaviors which increase the risk of contracting HIV, Hepatitis C and other sexually transmitted diseases;
  - Effects of substance use on fetal development;
- Risk assessment/screening;
- Referrals for HIV, Hepatitis C, and tuberculosis screening and services; and
- Referrals for primary and prenatal medical care.

Additionally, CPSA requires interim services to include:

- Counseling and education about HIV and TB;
- Risks of needle sharing; and
- Risks of transmission.

SAPT Reporting Requirements:

The T/RBHA must, on a quarterly basis, provide ADHS/DBHS with a comprehensive written wait list report.

Each T/RBHA must submit an annual plan regarding outreach activities and coordination efforts with local substance abuse coalitions.

Other SAPT Requirements:

Each T/RBHA must designate:

- A lead substance abuse treatment coordinator who will be responsible for ensuring T/RBHA compliance with all SAPT requirements;
- A women's treatment coordinator;
- A prevention services administrator, and
- An HIV early intervention services coordinator.

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.

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CPSA subcontracts with agencies in both GSAs to provide HIV Early Intervention Services. Providers wishing to identify where these services are located and how to access them should contact the appropriate CPSA Adult Services Manager at (520) 325-4268.

CPSA expects any agency with whom it subcontracts to provide HIV Early Intervention Services to ensure that all required components of this service are provided as delineated in the ADHS/DBHS Final Guidelines: HIV Early Intervention Program, January 1999. CPSA will ensure that a copy of these guidelines is available to any agency that provides these services.

In GSA 3, HIV Early Intervention Services can be accessed through the SEABHS Outpatient sites. For members and their families, the Clinical Liaison can arrange to make these services available. For non-members, the SEABHS Site Coordinator is available for assistance.

In GSA 5, COPE Behavioral Services, Inc. delivers HIV Early Intervention Services, through their Insiders Program. The Insiders Program, located at 101 S. Stone in Tucson, provides a full range of HIV Early Intervention Services, including a drop-in center for HIV information, support, counseling and testing. Please call (520) 798-1772 for hours and/or further information. The Insiders Program is also available to deliver education, counseling and testing on-site at any treatment location within the CPSA System in Pima County. There is also limited availability for this service at other publicly-funded agencies, call CPSA Member Services at 1-800-771-9889 for information.

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

- HIV Early intervention service providers who accept funding under the SAPT grant must provide HIV testing services.
- 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 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.
- 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](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm) for Centers for Disease Control Quality Assurance Guidelines).
- HIV Early intervention service providers must ensure that employees complete the HIV Prevention Counseling Training provided through ADHS prior to performing Rapid HIV testing and other related services, such as counseling and providing referrals.
- 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.
- HIV early intervention service providers must actively participate in regional community planning groups to ensure coordination of HIV services.

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- HIV early intervention service providers must submit HIV testing data to the ADHS HIV testing database following each test administered.

Minimum performance expectations

T/RBHAs are expected to administer a minimum of 1 test per \$100 of HIV funding.

HIV Monitoring and reporting requirements

T/RBHAs collect monthly progress reports from subcontractors and submit quarterly progress reports on ADHS/DBHS. T/RBHAs 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 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).

Tuberculosis Services

CPSA requires all providers that receive SAPT Block Grant funds for substance abuse treatment to provide or make referrals for Tuberculosis (TB) services directly or through arrangements with other entities. These TB services shall include: counseling and TB risk assessment, testing, medical evaluation and treatment.

Additionally, CPSA requires providers to have written protocols to prevent transmission of TB, including: screening of member, identification of high-risk members, case management to ensure individuals receive services, and mandatory reporting of positive TB tests, consistent with any applicable State and Federal confidentiality requirements.

Limitations of SAPT Block Grant funds

SAPT Block Grant funds may be used to support all covered behavioral health services listed in the ADHS/DBHS Covered Behavioral Health Services Guide with the following limitations:

- SAPT funds may not be used to make cash payments to recipients of services (Flex Funds).
- SAPT funds may not be used to provide covered services in penal or correctional facilities.
- SAPT funds may not be used to provide inpatient hospital services.
- SAPT funds may not be used to provide treatment services to people who do not have a substance abuse disorder;
- SAPT funds may not be used to provide covered services to people who are Title XIX/XXI eligible.
- A T/RBHA 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 an OBHL licensed setting where persons also receive covered substance abuse services.

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**3.19.7-B. PATH Grant**

This section is not applicable to behavioral health providers contracting exclusively with a Tribal RBHA.

Who is covered and what populations are prioritized?

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless; and
- Are suffering from serious mental illness; or
- Have a substance abuse disorder and are suffering from a serious mental illness.

Currently, services are prioritized for:

- Homeless persons determined to have a serious mental illness who also have substance abuse issues;
- Persons involved in domestic violence cases, especially when there is a mental health or substance abuse problem;
- Homeless women with children; and
- Elderly homeless persons who have substance abuse dependency issues.

What services are available to PATH Grant special populations?

The PATH Grant provides the following services and assistance:

- Outreach and community education;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transition assistance;
- Hotel vouchers in emergency situations;
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care; etc.);
- Transition into a behavioral health case management system;
- Assistance in getting prescriptions filled;
- Moving assistance; and
- Housing referrals, both transitional and permanent placements.

PATH grant services are provided through selected behavioral health providers that have contracted with ADHS/DBHS or a RBHA designated to receive PATH funding. To initiate a referral for PATH services, behavioral health providers may contact:

- In Maricopa County, Southwest Behavioral Health Services at (602) 257-9339;
- In Pima County, contact La Frontera Center at (520) 884-9920; or
- In the NARBHA region, contact Mohave Mental Health Clinic at (928) 757-8111.

PATH Grant reporting requirements

**This section is only applicable to behavioral health providers designated to deliver PATH Grant services.**

- All designated PATH providers are responsible for submitting data to the SAMHSA secure website. [PM Form 3.19.1, SAMHSA Path Report](#), is an example of the required information collected through the SAMHSA secure website.

All designated PATH providers are responsible for submitting the following reports to ADHS/DBHS:

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- Quarterly reports that include the number of individuals receiving PATH services. The report is to be submitted to ADHS/DBHS on the 15<sup>th</sup> day of the month following the last reporting quarter.
- Annual reports, including a narrative and statistical report to ADHS/DBHS. The annual report is due on February 1<sup>st</sup> of each year. This report includes programmatic and cost data that identifies:
  - The number of individuals served (determined by established demographics); and
  - A comprehensive written narrative outlining accomplishments and progress towards meeting program goals.