DATE: March 31, 2021

TO: Regional Behavioral Health Authorities (RBHA) and Tribal Regional Behavioral Health Authorities (TRBHA)

FROM: Alisa Randall, Assistant Director, Division of Grants Administration

SUBJECT: REVISED Emergency COVID-19 Project & Emergency COVID-19 Project Supplemental Funding Frequently Asked Questions

AHCCCS compiled the following FAQs received related to the Emergency COVID-19 Response Grant and the Emergency COVID-19 Project Supplemental Funding and provided responses below. Questions pertaining to financial assistance should be directed to Heather Torrez at Heather.Torrez@azahcccs.gov. Programmatic questions should be directed to José Echeverría Vega, jose.echeverriavega@azahcccs.gov.

1. **Does the award permit for encounterable dollars?**
   Yes. AHCCCS provided information on how to submit invoices and NTXIX encounters using a specific indicator as outlined below. AHCCCS expanded this guidance to encompass the reporting of the Emergency COVID-19 Grant related funds.

   Historical Guidance:
   - Required for the reporting of NTXIX/XXI funds on applicable "State Only" encounters for dates of service on and after 7/1/2018.
   - Required for the flagging of Encounters related to Structure Payments for each applicable year,
   - Required for the reporting of E-Prescribing DAP encounters for each applicable year,
   - Required for the reporting of SUD funds on applicable encounters, and
   - Required for the reporting of Emergency COVID-19 Grant funds on applicable encounters.

   Revised layouts forms for inclusion in either initial Encounter Submissions or via the Post Adjudicated Encounter process for Payment Indicators are available. Please reach out to jose.echeverriavega@azahcccs.gov to receive the needed forms.

2. **If so, will there be an affiliated modifier or procedure code list for implementation?**
   AHCCCS will not establish an affiliated modifier for this implementation. AHCCCS established a specific indicator for Special Payment Source funds.

3. **Are all individuals served under the COVID-19 Emergency Response grant required to complete GPRAs?**
   Yes, all individuals served under Arizona Emergency COVID-19 program are required to report client-level data at intake to services, every six months thereafter, and at discharge from services. If additional data points are needed, AHCCCS will work with the lead evaluator to collect.

   Please note: The Government Performance and Results Act (GPRA) intake must not be a barrier

to individuals needing services as a result of COVID-19. If an individual refuses the GPRA, the provider must work with the lead evaluator to complete the general demographics of the client (on the GPRA), assign a client ID for tracking purposes, and mark the designated portions of the GPRA as "refused."

4. **Are all individuals served under the grant required to have a Non-Titled Enrollment?**
Yes. Individuals must be enrolled into a Non-Title, Behavioral Health State only category for behavioral health services in order to be served under this grant.

5. **What reporting requirements will be required of providers/contractors? Will there be templates and affiliated TA for this reporting?**
Refer to the approved budget and allocation letter provided to your organization.

6. **Can we serve individuals with a z-code diagnosis?**
AHCCCS will support the use of the z-code diagnosis for the services to healthcare workers only. All other categories will require traditional assessment and treatment diagnoses.

7. **Are there specific data points or metrics we will be expected to track and/or monitor?**
Refer to questions 3 and 5.

8. **Will this funding be distributed in 16 equal payments, or will contractors need to submit CERs?**
All funds are on a cost reimbursement basis and require a monthly Contractor Expenditure Report with backup documentation. It is expected that the backup documentation includes specific units of service for Non-Titled members served and by targeted population to coincide with the budget document. Specific information will be provided in the official allocation letter after review of the budget submitted to AHCCCS.

9. **Can these funds be used to cover medications? *REVISED***
Yes. Treatment services may include the use of FDA-approved medications to treat SMI or SUD, including opioid use disorder (OUD) and medication management.

10. **Please define "short-term wrap-around services."**
With the limitation of the duration of the grant and limited funding, funds must not be used to supplant ongoing services. Rather, the funding should be used for point in time services in response to the COVID-19 emergency and behavioral health needs as a result.

11. **Please define 'short-term recovery housing'.**
Refer to the SAMHSA recovery housing definition in question 12.

12. **What facilities are considered to be 'recovery housing'? *REVISED***
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery housing as: "*Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups, and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food*

and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders."[1]

SAMHSA indicated that using hotels and low-barrier shelters for recovery housing are not allowable for this grant.

Recovery housing will be assessed by SAMHSA on a case-by-case basis. If a program is considering the use of "recovery housing" to support those in treatment services, submit a revised budget detail including all costs associated with the recovery support. SAMHSA indicated that most of the project funds must not be expended on recovery housing.

13. **Can services be provided to any healthcare professional, or only those who provide direct services to individuals suffering from COVID-19? *REVISED***
    Healthcare professionals with a mental health disorder less severe than SMI may be served by this grant.

    Services may include support groups, warm line, treatment services, Employee Assistance Programs (EAP), education classes, etc. Questions regarding proposed allowable activities should be directed to the contacts above.

14. **Is PPE allowable only for FTEs that are paid for by the grant?**
    Yes. Purchase of personal protective equipment (PPE) for staff may be charged to the grant.

15. **Should PPE be placed on the Equipment or Supplies budget line?**
    PPE is considered a supply less than $5,000. Equipment is only applicable for items over $5,000 each.

16. **Is profit allowable for this grant?**
    Profit is not allowable.

17. **How can we modify the direct services split (70 percent SMI, SUD, OR SMI/SUD; 10 percent healthcare practitioners; and 20 percent mental health disorders less severe than SMI (GMH))? *NEW***
    Contractors were invited to submit revised budget narratives for all contractors/subcontractors detailing new proposed direct services "splits" with justification narratives. AHCCCS recommends assessing a network's unmet needs and tailoring the funding split to those eligible populations.

18. **How should we handle clients who are readmitted for treatment services? *NEW***
    Contractors are only required to administer a baseline GPRA intake one time per client. Administering a second (or third, fourth, etc.) baseline GPRA at intake is optional. In this case, the subsequent six-month follow-up is required from the latest baseline GPRA intake only. Each client counts once toward reaching the target number of clients served, regardless of the number of GPRA intakes. The same client ID number must be used, regardless of the number of times the client presents for services.

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[1] Source: https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf