

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

Arizona's Substance Abuse Block Grant (SABG) and the Mental Health Block Grant (MHBG) are federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The grants have specific requirements for the Regional Behavioral Health Authorities (RBHAs), Tribal Regional Behavioral Health Authorities (TRBHAs), and community provider agencies to adhere to as they best meet the needs of individuals in Arizona with substance use disorders and/or behavioral health issues. The SABG and MHBG requirements can often be complex. Please see below for answers to many of the frequently asked questions related to SABG Treatment and Prevention and the MHBG grants. If you are unable to find the information related to the Block Grants that you need, please contact [GrantsManagement@azahcccs.gov](mailto:GrantsManagement@azahcccs.gov).

### Substance Abuse Block Grant (SABG)

1. [What populations are to be served with SABG funding?](#)
2. [Must members be actively using a substance to be accepted into a SABG funded program?](#)
3. [Are there age restrictions on the populations to be served?](#)
4. [Can SABG funds be used to provide services to members who have a co-occurring general mental health disorder, or are determined to have a SMI?](#)
5. [Can SABG funds be used to provide services to members who are awaiting a Title XIX/XXI eligibility determination?](#)
6. [Can SABG funds be used for Crisis Services?](#)
7. [Can SABG funds be used to provide services that are not covered by Title XIX/XXI?](#)
8. [Can agency providers charge a co-payment for SABG funded treatment services?](#)
9. [Can SABG funding be used for detoxification?](#)
10. [What is Medicated Assisted Treatment \(MAT\)?](#)
11. [Can SABG funding be used for Medicated Assisted Treatment \(MAT\) medications?](#)
12. [What are the restrictions on grant expenditures?](#)
13. [Should families involved with the Department of Child Safety \(DCS\) be prioritized for treatment services?](#)
14. [If a member refuses treatment, no shows, cancels treatment or says they are not interested in treatment, do interim services need to be provided, and does the AHCCCS SABG online residential waitlist need to be updated?](#)
15. [What constitutes "first treatment"?](#)
16. [Does a referral, the initial intake assessment, an ASAM Criteria assessment, or case management qualify as the first treatment?](#)
17. [What if the identified treatment need/service is not currently available?](#)
18. [If a member identifies a treatment need that is residential, detox, or Intensive Outpatient \(IOP\) and the member is able to start that identified treatment within 48 hours \(for pregnant women/teenagers\), 5 calendar days \(for women/teenagers with dependent children\) or 14 calendar days \(for intravenous drug users \(IVDU\), are interim services needed?](#)
19. [If a member who needs SUD treatment is not eligible for Title XIX funding and determined to have a Serious Mental Illness \(SMI\), are they still eligible for SABG funding and do providers still need to enter the member to the AHCCCS SABG online residential waitlist?](#)
20. [Are agency providers required to refer or provide for child care for women/teenagers with dependent children while the member receives treatment services?](#)
21. [Are agency providers required to arrange for or provide transportation for SABG members to attend treatment related services?](#)

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### Substance Abuse Block Grant (SABG) Primary Prevention

1. [Who is eligible to be served with SABG primary prevention funding?](#)
2. [What is the Synar Amendment?](#)
3. [What are Primary Prevention Strategies, and what types of activities can be funded?](#)
4. [Can SABG funds be used to provide promotional materials to implement or enhance a primary prevention program?](#)
5. [What types of substances can AHCCCS and its contractors address with primary prevention funding?](#)
6. [What data sources does AHCCCS and its contractors utilize to inform prevention planning and priorities?](#)
7. [Where can I go to learn more about substance use prevention?](#)

### Mental Health Block Grant (MHBG)

1. [What populations can be served by the Mental Health Services Block Grant \(MHBG\)?](#)
2. [Can anyone be served with the MHBG?](#)
3. [How does Arizona define SMI, SED, and FEP/ESMI?](#)
4. [What is the treatment for FEP/ESMI and where are the treatment programs located?](#)
5. [How are MHBG funds allocated?](#)
6. [What services can be paid for with the MHBG?](#)
7. [Can the MHBG be used for crisis services?](#)
8. [Can the MHBG be utilized for room and board?](#)
9. [Can MHBG funds be used for discharge planning from institutions?](#)
10. [Can a member receiving MHBG funded services be charged co-pays?](#)
11. [Can MHBG funds be used to provide services to members who are awaiting a Title XIX/XXI eligibility determination?](#)
12. [What are allowable expenditures for FEP/ESMI funds?](#)
13. [What are some restrictions on MHBG grant expenditures?](#)
14. [What are additional restricts on grant expenditures for FEP/ESMI?](#)
15. [What is the Planning Council, and what is its function?](#)
16. [How can I become a member of the Planning Council?](#)

### Substance Abuse Block Grant (SABG)

The Substance Abuse Block Grant (SABG) supports the primary prevention services and treatment services for individuals without health insurance or other resources with Substance Use Disorders (SUD). It is used to plan, and treat SUD. Grant funds are also used to provide early intervention services for Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) disease in high-risk substance users.

#### 1. What populations are to be served with SABG funding?

Members who are uninsured or underinsured in the following populations can be served (*in order of priority*):

- Pregnant women/teenagers who use drugs by injection;
- Pregnant women/teenagers who use substances;
- Other members who use drugs by injection;
- Substance using women/teenagers with dependent children and their families, including women who are attempting to regain custody of their children; and
- *As Funding is Available* - all other members with a SUD, regardless of gender or route of use.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### 2. Must members be actively using a substance to be accepted into a SABG funded program?

Members must indicate active substance use within the previous 12-months to be eligible for SABG services. This also includes individuals who were incarcerated and reported using while incarcerated. The 12-month standard may be waived for members on medically necessary methadone maintenance upon assessment for continued necessity as well as members incarcerated for longer than 12 months that indicate substance use in the 12 months prior to incarceration.

### 3. Are there age restrictions on the populations to be served?

No, members of all ages (including children) meeting SABG criteria (see questions 1 and 2 above) can be served. When providing services to a member funded through the SABG, agencies must adhere to the requirements stated in the [AHCCCS Covered Behavioral Health Services](#) Guide and [AMPM Exhibit 300-2B](#).

### 4. Can SABG funds be used to provide services to members who have a co-occurring general mental health disorder, or are determined to have a SMI?

Yes, SABG funding may be used to cover the SUD treatment services for members with co-occurring SUD and mental health disorders; however, the provider must adhere to the priority population placement and funding requirements outlined in questions 1 and 2 of this document.

### 5. Can SABG funds be used to provide services to members who are awaiting a Title XIX/XXI eligibility determination?

Yes, members can be served through SABG while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination when the retroactive covered dates of Title XIX/XXI eligibility includes dates when Title XIX/XXI covered services were billed to SABG, the Contractor is required to transfer the expense to their Title XIX/XXI funding.

### 6. Can SABG funds be used for Crisis Services?

Yes, funds can be used for crisis and crisis stabilization services related to a SUD.

### 7. Can SABG funds be used to provide services that are not covered by Title XIX/XXI?

Yes, the SABG is specifically allocated to provide services not otherwise covered by Title-XIX/XXI funding. This includes SUD treatment services for members who do not qualify for Title XIX/XXI, as well as the non-Medicaid reimbursable services identified by AHCCCS in the Covered Behavioral Health Services Guide, unless otherwise specified for priority populations. The SABG is to be used as the payer of last resort.

Room and Board (H0046 SE) services funded by SABG are limited to Children/Adolescents with a SUD, and adult priority population members (pregnant women/teenagers, and/or women/teenagers with dependent children, and intravenous drug users with a SUD). Furthermore, the provider must adhere to the priority population placement and funding requirements outlined in questions 1 and 2 of this document for all service provisions.

### 8. Can agency providers charge a co-payment for SABG funded treatment services?

No, contractors and providers are prohibited from charging a co-payment, or any other fee, for SUD treatment services funded through the SABG.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### 9. Can SABG funding be used for detoxification?

Yes, but only if provided in an Outpatient setting, a free-standing sub-acute facility, or Rural Substance Abuse Transitional Center.

### 10. What is Medicated Assisted Treatment (MAT)?

MAT is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. According to research, a combination of medication and behavioral therapies are effective in the treatment of substance use disorders, and can help some people to sustain recovery.

### 11. Can SABG funding be used for Medicated Assisted Treatment (MAT) medications?

Yes, SABG funding will cover all MAT medications for Opioid Use Disorder. SABG funding will also cover medications for Alcohol Use Disorder (AUD). More information can be found in the [AHCCCS Behavioral Health Drug List](#).

### 12. What are the restrictions on grant expenditures?

The State shall not expend the Block Grant funds on the following activities:

- a) Inpatient hospital services;
- b) Acute Care or physical health care services including payment of copays, unless otherwise specified for priority populations;
- c) Cash payments to intended recipients of health services;
- d) Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS;
- e) Purchase major medical equipment;
- f) To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- g) Provide financial assistance (grants) to any entity other than a public or non-profit private entity;
- h) Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS);
- i) Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see [https://grants.nih.gov/grants/policy/salcap\\_summary.htm](https://grants.nih.gov/grants/policy/salcap_summary.htm);
- j) Purchase treatment services in penal or correctional institutions in the State of Arizona;
- k) Flex funds purchases; or
- l) Sponsorship for events and conferences.

### 13. Should families involved with the Department of Child Safety (DCS) be prioritized for treatment services?

No, however the prioritized populations listed in question 1 (above) may include families or members who are involved with DCS.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

**14. If a member refuses treatment, no shows, cancels treatment or says they are not interested in treatment, do interim services need to be provided, and does the AHCCCS SABG online residential waitlist need to be updated?**

Yes, interim services must be provided to all SABG members. If a member declines treatment, no shows or cancels referrals/treatment, the AHCCCS SABG online residential waitlist needs to be updated by providers with their engagement activities indicates.

**15. What constitutes “first treatment”?**

First treatment is defined as the date the member attends the first routine appointment and/or comprehensive treatment service that was identified as an individualized clinical need upon initial assessment (i.e. individual or group therapy, medication evaluation, residential, detoxification, Intensive Outpatient, etc.).

**16. Does a referral, the initial intake assessment, an ASAM Criteria assessment, or case management qualify as the first treatment?**

No, these activities are not considered the first treatment. The assessments provide information as to which treatment would best fit the need of the member. Case management is one of the interim services.

**17. What if the identified treatment need/service is not currently available?**

If a member is referred to a treatment modality or level of care (i.e. residential) that has been identified as a clinical need and is not available within the time frame (see question 18) set forth for that population, the member is put on an actively managed waitlist and interim services must be provided. Interim services include:

- a) Education that covers prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C, and other communicable diseases;
- b) Education that covers the effects of substance use on fetal development;
- c) Risk assessment/screening;
- d) Referrals for HIV, Hepatitis C, and TB screening/services; and
- e) Referrals for primary and prenatal medical care.

**18. If a member identifies a treatment need that is residential, detox, or Intensive Outpatient (IOP) and the member is able to start that identified treatment within 48 hours (for pregnant women/teenagers), 5 calendar days (for women/teenagers with dependent children) or 14 calendar days (for intravenous drug users (IVDU), are interim services needed?**

No, if the identified services are available within the required timeframes, but if the member needs further interim services, those services should still be provided. Also, if the member is later re-assessed as needing a treatment/service that is not currently available, interim services are required.

**19. If a member who needs SUD treatment is not eligible for Title XIX funding and determined to have a Serious Mental Illness (SMI), are they still eligible for SABG funding and do providers still need to enter the member to the AHCCCS SABG online residential waitlist?**

Yes, if the member also meets the criteria of a priority population member (i.e. pregnant women/teenagers, IVDU). The provider must adhere to the priority population funding requirements outlined in questions 1 and 2 of this document.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### 20. Are agency providers required to refer or provide for child care for women/teenagers with dependent children while the member receives treatment services?

Yes, agency providers are required to refer dependent children to child care or to provide child care for SABG funded members that meet the Pregnant Women/Women with Dependent Children (PW/WDC) priority population. Informal supports and referral for child care options available to the members should be used when available rather than SABG funding for the service. Provider agencies may use the code T1009 to bill for Child Care for the PW/WDC eligible members while they are accessing outpatient services. More information on this service will be forthcoming.

### 21. Are agency providers required to arrange for or provide transportation for SABG members to attend treatment related services?

Yes, provision for transportation must be arranged when reasonable. Transportation may be accomplished in a variety of ways including use of provider's vehicle, provision of bus passes and identification of and access to other community transportation resources. Informal supports and referral for transportation options available to the members should be used when available rather than SABG funding for the service. All other reasonable options, (e.g. telemedicine) must be explored in order to provide the most clinically appropriate care.

## Substance Abuse Block Grant (SABG) Primary Prevention

### 1. Who is eligible to be served with SABG primary prevention funding?

Primary Prevention services are to be delivered prior to the onset of a SUD. These interventions are intended to prevent or reduce the risk of developing a SUD problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use. Therefore, any individual who does not have a diagnosed SUD is eligible to receive primary prevention services.

### 2. What is the Synar Amendment?

The Synar Amendment to the 1992 Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) aims to decrease youth access to tobacco. SAMHSA oversees the implementation of the amendment. In order to receive the full SABG awards, states (all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions) must enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. AHCCCS has an agreement with the Arizona Department of Health Services to administer the Synar program as well as a Memorandum of Understanding with the Attorney General's Office.

- The Synar legislation requires states to do the following:
  - Enact laws prohibiting the sale and distribution of tobacco products to minors.
  - Enforce such laws in a manner that can reasonably be expected to reduce the availability of tobacco products to youth under the age of 18.
  - Conduct random, unannounced inspections of tobacco outlets.
  - Report annual findings to the secretary of the U.S. Department of Health and Human Services by December 31 each year.



## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### 3. What are Primary Prevention Strategies, and what types of activities can be funded?

Primary Prevention Strategy	Description	Types of Activities
1) Information Dissemination	This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities.	<ul style="list-style-type: none"> <li>• Clearinghouse/information resource center(s);</li> <li>• Resource directories;</li> <li>• Media campaigns;</li> <li>• Brochures;</li> <li>• Radio/TV public service announcements;</li> <li>• Speaking engagements;</li> <li>• Health fairs/health promotion; and</li> <li>• Information lines.</li> </ul>
2) Education	This strategy involves two-way communication and aims to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities.	<ul style="list-style-type: none"> <li>• Classroom and/or small group sessions (all ages);</li> <li>• Parenting and family management classes;</li> <li>• Peer leader/helper programs;</li> <li>• Education programs for youth groups; and</li> <li>• Children of substance abusers groups.</li> </ul>
3) Alternatives	This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use.	<ul style="list-style-type: none"> <li>• Drug free dances and parties;</li> <li>• Youth/adult leadership activities;</li> <li>• Community drop-in centers; and</li> <li>• Community service activities.</li> </ul>
4) Problem Identification and Referral	This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education.	<ul style="list-style-type: none"> <li>• Employee assistance programs;</li> <li>• Student assistance programs; and</li> <li>• Driving while under the influence/driving while intoxicated education programs.</li> </ul>

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

<b>5) Community Based Process</b>	<p>This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders.</p>	<ul style="list-style-type: none"> <li>• Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training;</li> <li>• Systematic planning;</li> <li>• Multi-agency coordination and collaboration;</li> <li>• Accessing services and funding; and</li> <li>• Community team-building.</li> </ul>
<b>6) Environmental</b>	<p>This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population.</p>	<ul style="list-style-type: none"> <li>• Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;</li> <li>• Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;</li> <li>• Modifying alcohol and tobacco advertising practices; and</li> <li>• Product pricing strategies.</li> </ul>



## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### 4. Can SABG funds be used to provide promotional materials to implement or enhance a primary prevention program?

Yes, promotional materials for primary prevention programs are allowable. AHCCCS has developed the following criteria Statewide for promotional material approval process:

- The Contractor will submit justification describing the items requested to be purchased including why the items are necessary to carry out the authorized prevention services/ activities to AHCCCS;
- The Contractor will submit the prototype and/or description of the information to be printed on the promotional items to AHCCCS; and AHCCCS will continue to research the State of Arizona Accounting Manual (SAAM) to ensure compliance and review any additional State Level restrictions that may apply.

### 5. What types of substances can AHCCCS and its contractors address with primary prevention funding?

- Alcohol
- Marijuana
- Opiates/Heroin
- All other Illicit Drugs (including Cocaine, Methamphetamine, etc.)
- Prescription Drugs
- Tobacco

### 6. What data sources does AHCCCS and its contractors utilize to inform prevention planning and priorities?

- Arizona Youth Survey (AYS)
- National Survey on Drug Use and Health (NSDUH)
- Arizona Department of Transportation (ADOT)
- Arizona Department of Health Services (ADHS)
- Arizona Institutes of Higher Education (AZIHE) Network's Alcohol and Other Drugs (AOD)
- Arizona Department of Public Safety (AZDPS)

### 7. Where can I go to learn more about substance use prevention?

- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>
- Center for the Application of Prevention Technologies: <http://www.samhsa.gov/capt/capt/>
- Community Anti-Drug Coalitions of America: [www.cadca.org/](http://www.cadca.org/)
- Office of National Drug Control Policy: <https://www.whitehouse.gov/ondcp>
- National Institute on Health: [www.nih.gov/](http://www.nih.gov/)
- Centers for Disease Control: [www.cdc.gov/](http://www.cdc.gov/)
- National Institute on Drug Abuse: <https://www.drugabuse.gov/>
- Governor's Office of Youth, Faith and Family: <http://substanceabuse.az.gov/>

Additional information can be found at:

- AHCCCS Medical Policy Manual (AMPM): <https://www.azahcccs.gov/shared/MedicalPolicyManual/>  
320-T Non-Discretionary Federal Grants
- 45 CFR Part 96 : <https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### Mental Health Block Grant (MHBG)

The Mental Health Block Grant (MHBG) is allocated from SAMHSA to provide behavioral health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). It is designed to support states in reducing their reliance on psychiatric inpatient services and to facilitate the development of effective community-based mental health services and programs for adults with SMI and children with SED.

#### 1. What populations can be served by the Mental Health Services Block Grant (MHBG)?

The MHBG can only be used to provide services for members who are uninsured or underinsured and are:

- Adults (18+) with Serious Mental Illness (SMI);
- Children (17 and under) with Serious Emotional Disturbance (SED); or
- Individuals experiencing a First Episode Psychosis (FEP)/Early Serious Mental Illness (ESMI).

#### 2. Can anyone be served with the MHBG?

No, only members who are uninsured or underinsured and determined to have FEP/ESMI, SMI or SED qualify as eligible for services under the MHBG. (For information on funding for FEP see #12 below)

#### 3. How does Arizona define SMI, SED, and FEP/ESMI?

The determination of SMI or SED requires both a qualifying SMI/SED diagnosis and functional impairment as a result of the qualifying diagnosis. ***These definitions are not intended to include conditions that are attributable to the physiologic effects of a substance, substance use disorder, are attributable to an intellectual developmental disorder or are attributable to another medical condition.***

A. The definition of SED is as follows:

Children from birth up until age 18;

*And*

Currently or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual, Fifth Edition (DSM-5);

*And*

The mental, behavioral or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### B. The definition of SMI is as follows:

Adults age 18 and older;

*And*

Must have, as a result of a qualifying SMI diagnoses, dysfunction in at least one of the following three domains for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months:

- Inability to live in an independent or family setting without supervision;
- A risk of serious harm to self or others; or
- Dysfunction in role performance at work or school setting.

Details of the diagnoses and functioning levels can be found in the [AHCCCS Medical Policy Manual \(AMPM\) 320-P](#).

### C. The definition of FEP/ESMI is as follows:

First Episode Psychosis (FEP) refers to adolescents and young adults who are experiencing psychotic symptoms or a psychotic episode for the first time. Members ranging in ages from 15-25 (although some programs allow the age up to 35) that have recently experienced their first episode of psychosis. ESMI refers to adolescents and young adults who are experiencing non-psychosis related serious mental health symptoms for the first time. Typically individuals who are experiencing a first episode may not know what's happening and the unfamiliar symptoms may cause someone to feel scared, confused, and distressed.

- The member must have experienced a recently developed psychotic illness (typically within the past 2 years).
- The following diagnoses are eligible for FEP:
  - Schizophrenia;
  - Schizoaffective disorder;
  - Schizophreniform disorder;
  - Delusional disorder;
  - Psychotic disorder NOS (Not Otherwise Specified); or
  - Spectrum or affective disorders with psychotic features.

## 4. What is the treatment for FEP/ESMI and where are the treatment programs located?

Current and effective treatment includes promoting shared decision making and a team based approach to the member's treatment. FEP programs are designed to reduce hospitalization, relapse, incarceration, and vocational difficulties associated with the onset of psychosis and psychosis-related illnesses over a long period of time. FEP providers throughout the state utilize practices including: psychotherapy, medication management, nursing services, intensive case management (if applicable), family education & support, cognitive behavioral therapies, individual and group therapies, cognitive remediation therapy utilizing software programs aimed at improving memory, decision making, and attention, as well as other specialized services. Additional practices include supported employment and education. Families can contact their respective Regional Behavioral Health Authority (RBHA) to find out more about the FEP programs in their area.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

- Health Choice Integrated Care: Fast Forward (Flagstaff) Northern Arizona's FEP programs are incorporated into their Health Homes.
- Mercy Maricopa Integrated Care:
  - Maricopa Integrated Health System (MIHS) First Episode Psychosis Intervention Center – Peoria (Phoenix).
  - Institute for Mental Health Research (IMHR) Epicenter - Central Phoenix.
- Cenpatco Integrated Care: Epicenter at University of Arizona – Tucson.

### 5. How are MHBG funds allocated?

AHCCCS allocates 10% of MHBG funds for FEP services, and the remainder is divided into 65% for children with SED and 35% for adults determined to have a SMI. These funding amounts are subject to change based on AHCCCS' requirement to meet the Children's Set Aside in accordance with 42 U.S.C. §300x-2(c).

### 6. What services can be paid for with the MHBG?

MHBG funds are only to be used for allowable services identified in the [AHCCCS Covered Behavioral Health Services Guide](#) and [AMPM Exhibit 300-2B](#) for members who are uninsured or underinsured with SMI or SED or Non-Title XIX/XXI services for Title XIX/XXI members with SMI or SED.

### 7. Can the MHBG be used for crisis services?

Yes, a limited amount of the MHBG funding can be utilized for crisis services, provided the member is uninsured or underinsured and has been determined SMI or SED.

### 8. Can the MHBG be utilized for room and board?

Yes, it is an appropriate use of MHBG SED funds to be used for Room and Board. However, Room and Board is not an allowable service for MHBG SMI funds.

### 9. Can MHBG funds be used for discharge planning from institutions?

No, MHBG funds cannot be utilized for supportive case management services with the purpose of discharge planning for persons with SMI or SED who are incarcerated, with the exception of members with SED in juvenile detention facilities.

### 10. Can a member receiving MHBG funded services be charged co-pays?

No, members receiving MHBG funded services cannot be charged co-pays.

### 11. Can MHBG funds be used to provide services to members who are awaiting a Title XIX/XXI eligibility determination?

Yes, members who meet determination for SED, SMI or FEP/ESMI can be served through MHBG while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination when the retroactive covered dates of Title XIX/XXI eligibility includes dates when Title XIX/XXI covered services were billed to MHBG, the Contractor is required to transfer the expense to their Title XIX/XXI funding.

## Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)

### 12. What are allowable expenditures for FEP/ESMI funds?

Through the 10% set-aside, MHBG funds for FEP can be used for the following:

- Treatment of members determined to have experienced a first episode of psychosis;
- Expansion of Evidence-Based Practices in Supported Employment or wrap around services for individuals living in Permanent Supported Housing;
- Programmatic / treatment related services for members enrolled in FEP programs;
- Salaries of employees that work in administrative, supervisory and directly in a treatment capacity with FEP members;
- Promotion of the current and effective treatment model; and
- General startup costs such as planning administration and training related to establishing and providing services.

### 13. What are the restrictions on MHBG grant expenditures?

The State shall not expend the Block Grant on the following activities:

- a) Inpatient hospital services;
- b) Acute Care or physical health care services including payment of copays;
- c) Cash payments to intended recipients of health services;
- d) Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS;
- e) Purchase major medical equipment;
- f) To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds;
- g) Provide financial assistance (grants) to any entity other than a public or non-profit private entity;
- h) Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS);
- i) Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see [https://grants.nih.gov/grants/policy/salcap\\_summary.htm](https://grants.nih.gov/grants/policy/salcap_summary.htm);
- j) Purchase treatment services in penal or correctional institutions in the State of Arizona;
- k) Flex funds purchases; or
- l) Sponsorship for events and conferences.

### 14. Are there additional restricts on grant expenditures for FEP/ESMI?

Yes, MHBG FEP/ESMI funds cannot be used to pay for equipment, electronic or otherwise that is not directly related to therapy for those experiencing a first episode of psychosis.

### 15. What is the Planning Council, and what is its function?

SAMHSA requires states and territories receiving MHBG funding to collaborate with recipients to form and support a Behavioral Health Planning Council for the purpose of providing member input, collaboration and monitoring of the state's mental health services and activities to provide their input on the mental health plan submitted to SAMHSA. The council is comprised of behavioral health service members, family members, behavioral health providers, and representatives of state agencies.

**Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG)****16. How can I become a member of the Planning Council?**

For more information on the Behavioral Health Planning Council, visit the AHCCCS website at: <https://www.azahcccs.gov/Resources/Grants/CMHS/>. There you can access the Behavioral Health Planning Council Membership Application.