

**PM ATTACHMENT 3.13.1
Covered Services Matrix**

AVAILABLE BEHAVIORAL HEALTH SERVICES *

| SERVICES | | TITLE XIX/XXI CHILDREN AND ADULTS | NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI |
|--|-----------------------------|---------------------------------------|--|
| TREATMENT SERVICES | | | |
| Behavioral Health Counseling and Therapy | Individual | Available | Not Available |
| | Group | Available | Not Available |
| | Family | Available | Not Available |
| Behavioral Health Screening, Mental Health Assessment and Specialized Testing | Behavioral Health Screening | Available | Not Available |
| | Mental Health Assessment | Available | Available |
| | Specialized Testing | Available | Not Available |
| Other Professional | Traditional Healing | Not Available with TXIX/XXI funding** | Not Available** |
| | Auricular Acupuncture | Not Available with TXIX/XXI funding** | Not Available** |
| REHABILITATION SERVICES | | | |
| Skills Training and Development | Individual | Available | Available |
| | Group | Available | Available |
| | Extended | Available | Available |
| Cognitive Rehabilitation | | Available | Available |
| Behavioral Health Prevention/Promotion Education | | Available | Available |

| SERVICES | | TITLE XIX/XXI CHILDREN AND ADULTS | NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI |
|---|--|-----------------------------------|---|
| Psycho Educational Services and Ongoing Support to Maintain Employment | Psycho Educational Services | Available | Available |
| | Ongoing Support to Maintain Employment | Available | Available |
| MEDICAL SERVICES | | | |
| Medication Services*** | | Available | Available |
| Lab, Radiology and Medical Imaging | | Available | Available |
| Medical Management | | Available | Available |
| Electro-Convulsive Therapy | | Available | Not Available |
| SUPPORT SERVICES | | | |
| Case Management | | Available | Available (See Case Manager Assignment Criteria in Attachment A) |
| Personal Care | | Available | Available |
| Home Care Training (Family) | | Available | Available |
| Self-help/Peer Services | | Available | Available |
| Home Care Training to Home Care Client (HCTC) | | Available | Not Available |

| SERVICES | | TITLE XIX/XXI CHILDREN AND ADULTS | NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI |
|---|---------------|---|--|
| Respite Care*** | | Available | Available |
| Supported Housing | | Provided based on available grant funding** | Provided based on available grantfunding** |
| Sign Language or Oral Interpretive Services | | Provided at no charge to the member | Provided at no charge to the member |
| Flex Fund Services | | Provided based on available grant funding** | Provided based on available grant funding** |
| Transportation | Emergency | Available | Limited to crisis service-related transportation |
| | Non-emergency | Available | Available (See limitations in Attachment B) |
| CRISIS INTERVENTION SERVICES | | | |
| Crisis Intervention – Mobile | | Available | Available |
| Crisis Intervention – Telephone | | Available | Available |
| Crisis Services – Stabilization | | Available | Available |
| INPATIENT SERVICES | | | |
| Hospital | | Available | Available but limited**** |
| Behavioral Health Inpatient Facility | | Available | Available but limited**** |
| | | | |

| SERVICES | | TITLE XIX/XXI CHILDREN AND ADULTS | NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI |
|---|--|--------------------------------------|--|
| RESIDENTIAL SERVICES | | | |
| Behavioral Health Residential Facility | | | |
| | | Available | Available but limited**** |
| Room and Board | | Not Available with TXIX/XXI funding* | Not Available |
| BEHAVIORAL HEALTH DAY PROGRAMS | | | |
| Supervised Day | | Available | Available |
| Therapeutic Day | | Available | Not Available |
| Medical Day | | Available | Not Available |

Limitations:

* For services available through federal block grants, please see [PM Section 3.19, Special Populations](#).

** Services not available with TXIX/XXI funding or state funds, but may be provided if grant funding or other funds are available.

See PM Section 3.16, ADHS/DBHS Drug List, for further information on covered medications* No more than 600 hours of respite care per contract year (July 1st through June 30th) per person.

**** Coverage is limited to 23 hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered, based upon the availability of funding.

Attachment A

Case Manager Assignment Criteria for Non-TXIX/XXI Persons Determined to have SMI

All non-Title XXI/XXI persons determined to have a Serious Mental Illness (SMI) are eligible to receive case management services, but only some Non-Title XXI/XXI persons determined to have SMI will be assigned a Case Manager. The assignment of an identified Case Manager for non-TXIX/XXI adults determined to have SMI shall be based upon an objective and individualized determination of member need using standardized criteria as outlined below. Assigned Case Managers shall be Behavioral Health Professionals or Behavioral Health Technicians as defined by 9 A.A.C-20 (http://www.azsos.gov/public_services/Title_09/9-20.htm). The Behavioral Health Medical Practitioner (BHMP) shall make the final determination based upon both the criteria outlined below and clinical judgment. This determination shall be documented as follows:

- Document on the initial comprehensive assessment upon completion of the assessment;
- Document on the annual update to the assessment upon completion of the annual update;
- Document in the psychiatric progress note at any time between comprehensive assessments when it is determined that (a) the member qualifies for assignment of an identified Case Manager or (b) the member no longer qualifies for assignment of an identified Case Manager.

A Case Manager shall be assigned to non-TXIX/XXI-eligible adults determined to have SMI when the member has been determined to be at-risk for safely and successfully managing themselves in the community due to treatment non-adherence, severity of symptoms, or inability to independently coordinate their own care or transition between systems. This may be evidenced by one or more of the following:

- Individuals that frequently access crisis services;
- Individuals in need of frequent hospitalization or inpatient services;
- Individuals under civil court – ordered treatment pursuant to ARS §36 – 501 et al;
- Individuals residing in the community under the jurisdiction of the Psychiatric Security Review Board (PSRB) as Guilty Except Insane (GEI) or as Not Guilty by Reason of Insanity (NGRI);
- Individuals under the jurisdiction of the Arizona Community Protection and Treatment Center (ACPTC) that are living in the community;
- Individuals discharged from long term hospitalization or an institutional setting, including the Arizona State Hospital (AzSH);
- Individuals with active involvement in the criminal justice system, including probation, parole or repeated arrests;
- Individuals that require ongoing assistance to access, maintain and monitor needed services;
- Individuals on an Assertive Community Treatment (ACT) or Intensive Recovery Team; and
- Individuals that have been determined to need Special Assistance under [ADHS/DBHS Provider Manual Section 5.4 Special Assistance for Persons Determined to have a Serious Mental Illness](#).

ATTACHMENT B

Non-Emergency Transportation for Non-TXIX/XXI Persons Determined to have SMI

Access to non-emergency transportation may be a necessary support service for non-Title XIX/XXI SMI individuals to access other covered behavioral health services, such as medication appointments. Non-emergency transportation for non-Title XIX/XXI SMI members may be covered as a support service with the following limitations:

- Transportation is covered only to and from providers of covered behavioral health services;
- Transportation is covered only when no other means of transportation are available to the member to access covered behavioral health services; and
- Only the most cost effective mode of transportation that meets the individual clinical needs of the member will be covered. The determination of the appropriate mode of transportation must be based upon the functional limitations of the member, and not as a matter of convenience for the member.