

Magellan Health Services of Arizona Edition

Section 3.13 Covered Behavioral Health Services

- 3.13.1 Introduction**
- 3.13.2 Terms**
- 3.13.3 Procedures**
- 3.13.3-A. Covered services matrix**
- 3.13.3-B. Medicare Part D Prescription Drug Coverage**
- 3.13.3-C. Flex Funds**
- 3.13.4 References**
- 3.13.5 PM Forms**
- 3.13.6 PM Attachments**

3.13.1 Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system of care offers an assortment of covered behavioral health services to meet the individual needs of persons eligible for behavioral health services. Covered behavioral health services assist and encourage each person to achieve and maintain the highest possible level of health and self-sufficiency. The type of behavioral health service covered is contingent on each person's current eligibility status and, for some persons, is based on available funding.

3.13.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> and <http://www.magellanofaz.com/for-providers/provider-manual/definitions.aspx>. The following terms are referenced in this section:

Flex funds

Medically necessary covered services

3.13.3 Procedures

3.13.3-A. Covered services matrix

[PM Attachment 3.13.1, Covered Services Matrix](#), lists the available covered behavioral health services for T/RBHA enrolled persons and Non-Title XIX/XXI, persons determined to have a Serious Mental Illness. These services must be provided by AHCCCS registered providers or Medicare registered providers. [PM Attachment 3.13.1, Covered Services Matrix](#) is a condensed summary of available behavioral health services and related funding sources. Behavioral health providers may reference the [ADHS/DBHS Covered Behavioral Health Services Guide](#) for more detailed information.

3.13.3-B. Medicare Part D Prescription Drug Coverage

Persons eligible for Medicare Part D must access the Medicare Part D prescription drug coverage by enrolling with a Medicare Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug plan (MA-PD). Persons eligible for both Medicare Part D and Title XIX/XXI (AHCCCS) will continue to have coverage of excluded Part D drugs, such as certain over the counter drugs, through Title XIX/XXI, if not included in the PDP or MA plans' formulary.

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Magellan Health Services of Arizona Edition

3.13.3-C. Flex Funds

ADHS/DBHS may allocate a limited amount of grant monies to the T/RBHAs to be utilized as flex funds.

Flex funds may only be used for non-medically necessary goods and/or services that are described in the person's service plan that cannot be purchased by any other funding source. Furthermore, the member receiving flex funds must meet the population requirements of respective Block Grant from which the funds originated. The goods and/or services to be provided using flex funds must be related to one or more of the following outcomes:

- Success in school, work or other occupation;
- Living at the person's own home or with family;
- Development and maintenance of personally satisfying relationships;
- Prevention or reduction in adverse outcomes, and/or;
- Becoming or remaining a stable and productive member of the community.

Flex funds must not be used for:

- Inpatient or other covered behavioral health services;
- The purchase of major medical equipment.
- The purchase or improvement of land;
- The purchase, construction or permanent improvement of any building or other facility (with the exception of minor remodeling consistent with this Section); and
- Any other prohibited activity as detailed in 45 CFR Part §96.135 et seq.

T/RBHAs and/or their subcontracted providers must use flex funds for the direct purchase of goods and/or services and may not provide flex funds as direct cash payments to behavioral health recipients or their families. See the [ADHS/DBHS Covered Behavioral Health Services Guide](#) for additional information regarding flex funds and applicable billing limitations.

How are flex funds accessed?

Each T/RBHA may approve flex fund services of up to \$1,525 per individual/family per year. Clinical teams may access flex funds by: first documenting all efforts to identify alternative funding or other resources prior to requesting flex funds. Teams may assist members (adults and children) in completing a flex funds request and submitting it to the CPNO/CPNO designee or APNO Regional Director for initial approval. The following items will be included in a completed request:

- The check request
- A copy of the vendor bill
- W-9
- Recipient's budget
- Progress Notes

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Magellan Health Services of Arizona Edition

- ISP and ISP signature page (the request must align with specific ISP requirements)
- Completed flex funds checklist
- Service Ticket

Flex Fund Requests for Adult Members

For assistance in preparing the requests or acquiring copies of forms or checklists, providers may contact the Magellan Adult Services Department at (602) 797-8293. The PNO Regional Director will ensure that all required information, documentation and justification are provided in the request, and then forward approved requests to the Magellan Senior Director Adult Services for Quality Care for final review and approval at either the following address or fax number:

Magellan Health Services of Arizona
Attention: Senior Director Adult Services, Quality Care
P.O. Box 68110
Phoenix, AZ 85082-8110

or

1-888-656-5267

If multiple checks are required for more than one vendor (i.e. rent, utilities, etc.) a separate check request, vendor bill and W-9 must be submitted for each request.

The Senior Director Adult Services for Quality Care or their designee is responsible for reviewing all flex fund requests and approving as appropriate. For approved requests, Magellan will prepare a check made out to the vendor, and coordinate with the provider for the check to be picked up. Providers will subsequently, ensure payment is made directly to the appropriate vendor. For all denied requests, Magellan will provide the recipient with written notice of the denial. Should a recipient wish to appeal the denial, the case manager will provide assistance to the recipient in following the applicable appeal process. A copy of the written denial notice and applicable appeal documentation will be included in the medical record.

Flex Fund Requests for Children's System Members

For assistance in preparing the requests or acquiring copies of forms or checklists, providers may contact the Magellan Children's Services Department at (602) 572-5845. The CPNO /CPNO designee will ensure that all required information, documentation and justification are provided in the request. If the request or the total of flex funds requests for the year exceeds the maximum allowable amount, the CPNO/CPNO designee must forward the approved requests to the Magellan Senior Director, Youth Services and Prevention for final review and approval at either the following address or fax number:

Magellan Health Services of Arizona
Attention: Senior Director, Youth Services and Prevention
P.O. Box 68110
Phoenix, AZ 85082-8110

or

1-888-424-4261

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Magellan Health Services of Arizona Edition

When flex funds are denied, CPNO /CPNO designee will ensure the recipient receives written notice of the denial. Should a recipient wish to appeal the denial, the case manager will provide assistance to the recipient in following the applicable appeal process. A copy of the written denial notice will be included in the medical record.

Providers are required to have policies and procedures in place that:

- Ensure that flex funds are requested, approved and disbursed in accordance with the requirements of this section;
- Establish internal financial controls that ensure fiscal accountability; and
- Require copies of receipts and all documentation used to support each request to be maintained by the provider and produced upon request by Magellan or ADHS/DBHS.

T/RBHAs must forward requests for approval of flex fund expenditures exceeding \$1,525 per individual/family per fiscal year to flexfunds@azdhs.gov using [PM Form 3.13.1, SAPT/CMHS Flex Fund Request](#). All documentation supporting the need and utilization of flex funds including, yet not limited to original receipts for goods or services purchased, and service plans indicating how the good or service relates to the treatment goals, must be made accessible to the T/RBHA and ADHS for auditing and financial tracking purposes. T/RBHAs must have a written procedure indicating where all supporting documentation is to be stored.

3.13.4 References

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

[42 CFR Part 400](#)

[42 CFR Part 403](#)

[42 CFR Part 411](#)

[42 CFR Part 417](#)

[42 CFR Part 422](#)

[42 CFR Part 423](#)

[9 A.A.C. 21](#)

[9 A.A.C. 22-1205](#)

[9 A.A.C. 31-1205](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.1, Eligibility for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program](#)

[Section 3.4, Co-payments](#)

[Section 3.19, Special Populations](#)

[Section 3.25, Crisis Intervention Services](#)

[Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)

[Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness](#)

[Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
*Magellan Health Services of Arizona Edition***

3.13.5 Forms

PM Form 3.13.1, SAPT/CMHS Flex Fund Request will be added here in PDF version.

3.13.6 Attachments

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

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Magellan Health Services of Arizona Edition

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 <u>Attachment A</u>)
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

Arizona Department of Health Services
 Division of Behavioral Health Services
 PROVIDER MANUAL

Magellan Health Services of Arizona Edition

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 grant funding**
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 <u>Attachment B</u>)
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

Magellan Health Services of Arizona Edition

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 (October 1st through September 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.**

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition
ATTACHMENT A

Case Manager Assignment Criteria for Non-Title XIX/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](#). 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 with 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 [A.R.S. §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

Magellan Health Services of Arizona Edition

- 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.