

320-T2 – NON-TITLE XIX/XXI SERVICES AND FUNDING (EXCLUDING BLOCK GRANTS AND DISCRETIONARY GRANTS)

EFFECTIVE DATES: [07/01/20 as specified in Section G, NON-TITLE XIX/XXI FUNDING SOURCES](#),¹10/01/20

APPROVAL DATES: [05/04/21 Retroactive Approval](#)² 07/16/20

I. PURPOSE

This Policy applies to ACC, DCS/CMDP (CMDP), DES/DDD (DDD), ALTCS E/PD, RBHA Contractors, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS (collectively ‘Contractors’); and Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP); TRBHAs; Tribal ALTCS; and all FFS populations. This excludes Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy describes Non-Title XIX/XXI behavioral health services, funded by Non-Title XIX/XXI Non-Federal funding through RBHAs, TRBHAs, Tribal ALTCS Program and other entities who have a direct Non-Title XIX/XXI Funding contractual relationship with AHCCCS, available for members and Care Coordination requirements of all involved entities to ensure each member’s continuity of care.

II. DEFINITIONS

ALLOCATION LETTER Communication provided by AHCCCS to identify funding not otherwise included in the original Allocation Schedule and specific terms and conditions for receipt of Non-Title XIX/XXI funding.

ALLOCATION SCHEDULE The schedule prepared by AHCCCS –that specifies the Non-Title XIX/XXI non-capitated funding sources by program including State General Fund appropriations, county, and other funds, which are used for services not covered by Title XIX/XXI funding and for populations not otherwise covered by Title XIX/XXI funding.

ELIGIBLE POPULATION Populations that are acknowledged within specific funding requirements that are identified as the population on whom those specific funds may be expended. Eligible populations may be identified in Contract for each funding source.

GENERAL FUND The primary fund of a government that is used to record all assets and liabilities not assigned to a fund used for some

¹ [Specific Language addition is retroactive to 07/01/20.](#)

² [Date retroactive language was presented at APC Meeting.](#)

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES

specific purpose. AHCCCS receives specific appropriations of the general fund for Non-Title XIX/XXI behavioral health services from the Arizona State Legislature.

**GENERAL
MENTAL HEALTH
(GMH)**

Behavioral health services provided to adult members age 18 and older who have not been determined to have a Serious Mental Illness (SMI), and have a behavioral health diagnosis other than substance use disorder.

**INTERAGENCY SERVICE
AGREEMENT
(ISA)**

A binding contract between state government agencies whereby one agency provides reimbursement for services performed by another agency to carry out the objectives of the funding source. Refer to A.R.S. § 35-148.

**INTERGOVERNMENTAL
AGREEMENTS
(IGA)**

When authorized by legislative or other governing bodies, two or more public agencies or public procurement units by direct contract or agreement may contract for services or jointly exercise any powers common to the contracting parties and may enter into agreements with one another for joint or cooperative action or may form a separate legal entity, including a nonprofit corporation to contract for or perform some or all of the services specified in the contract or agreement or exercise those powers jointly held by the contracting parties. A.R.S. Title 11, Chapter 7, Article 3 (§ 11-952.A).

MEMBER

For purposes of this Policy, an eligible individual who is enrolled in AHCCCS, as defined in A.R.S. § 36-2931, § 36-2901, and A.R.S. § 36-2981, referred to as Title XIX/XXI Member or Medicaid Member. Also, an eligible individual who needs or may be at risk of needing covered health-related services, but does not meet Federal and State requirements for Title XIX or Title XXI eligibility, referred to as Non-Title XIX/XXI Member.

**NON-TITLE XIX/XXI
FUNDING**

For purposes of this policy, fixed, non-capitated funds, including but not limited to funds from County, other funds and State appropriations (excluding State appropriations for State match to support Title XIX and Title XXI programs), which are used to fund services to Non-Title XIX/XXI members and for medically necessary behavioral health services not covered by Title XIX or Title XXI programs This does not include block or formula grants, discretionary grants, or other grant-based funding referred to in AMPM [Policy 320-T1](#).

REMANDED JUVENILE

A remanded juvenile is a person under eighteen years of age who has been transferred to the criminal division of the Superior Court pursuant to A.R.S. § 8-327 or who has been charged with an offense pursuant to A.R.S. § 13-501; and has not been sentenced, pursuant to A.R.S. § 13-701 on the charges pending against the juvenile in the criminal division of the Maricopa County Superior Court pursuant to A.R.S. § 8-327 or A.R.S. § 13-501.

**SERIOUS
MENTAL ILLNESS
(SMI)**

A designation as defined in A.R.S. § 36-550 and determined in an individual 18 years of age or older.

**SUBSTANCE USE
DISORDER
(SUD)**

A range of conditions that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders requiring long-term and sustained treatment and recovery management.

III. POLICY

ACC, CMDP, DDD, ALTCS E/PD Contractors, AIHP, and FFS Providers do not receive or administer Non-TXIX/XXI funds but shall follow care coordination requirements to ensure each Member's continuity of care. As specified in the Non-Title XIX/XXI Contracts/IGAs, the RBHAs and TRBHAs are responsible for administering Non-Title XIX/XXI funds. The RBHAs, TRBHAs, Tribal ALTCS Program, and other entities that have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS shall manage available Non-Title XIX/XXI funds in a manner consistent with the Non-Title XIX/XXI's identified Eligible Populations.

A. GOALS

Ensure access to a comprehensive system of care for children and adults, including employment, housing services, case management, and rehabilitation, as well as mental health and substance abuse services and supports through uniform reporting on access, quality, and outcomes of services. Contractors, TRBHAs, Tribal ALTCS and FFS Providers shall assist Members in accessing services, and shall coordinate care for Members as appropriate to:

1. Promote participation by Members and their families in planning and implementing services and programs, as well as in evaluating State mental health systems.
2. Ensure access for underserved populations, including individuals who are homeless, residents of rural areas, and older adults.
3. Promote recovery and community integration for Members with SMI.

4. Increase provider accountability for the delivery of behavioral health services provided through Non-Title XIX/XXI funds.

B. GENERAL REQUIREMENTS FOR CODING/BILLING

All applicable Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) for Non-Title XIX/XXI Services are listed in the AHCCCS Behavioral Health Services Matrix (previously referred to as the B2 Matrix) found on the AHCCCS website. Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the AHCCCS Medical Coding Resources webpage.

For outpatient behavioral health services, services are considered medically necessary regardless of a Member's diagnosis, so long as there are documented behaviors and/or symptoms that will benefit from behavioral health services and a valid ICD-10-CM diagnostic code is utilized.

C. NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES

AHCCCS covers Non-Title XIX/XXI behavioral health services (mental health and/or substance use) within certain limits for Title XIX/XXI and Non-Title XIX/XXI Members when medically necessary. Behavioral health services covered under Non-Title XIX/XXI Funds (excluding federal grants) are specified below. As specified in AMPM Policy 320-T1 for services covered under Block and Discretionary Grants.

For information and requirements regarding Title XIX/XXI Behavioral Health Services, see AMPM Policy 310-B.

All services provided shall have proper documentation maintained in the Member's medical records.

For billing limitations, refer to the AHCCCS FFS Provider Manual and AHCCCS Medical Coding Resources webpage.

Covered Non-Title XIX/XXI behavioral health services include:

1. **Auricular Acupuncture Services**
Auricular Acupuncture Services is the application of auricular acupuncture needles to the pinna, lobe, or auditory meatus to treat mental health, alcoholism, substance use or chemical dependency by a certified acupuncturist practitioner as specified in A.R.S. § 32-3922.
2. **Mental Health Services (Traditional Healing Services)**
Treatment services for mental health or substance use problems provided by traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress evident by disruption of the individual's functional ability.

3. Supported Housing

Supported housing services are provided by behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals, to assist individuals or families to obtain and maintain housing in an independent community setting including the individual's own home or apartments and homes owned or leased by a subcontracted provider.

4. Mental Health Services, Room and Board

The provision of lodging and meals to an individual residing in a residential facility or supported independent living setting which may include but is not limited to: services such as, housing costs, food and food preparation, personal laundry, and housekeeping. This service may also be used to report bed hold/home pass days in Behavioral Health Residential facilities.

For room and board services, the following billing limitations apply. All other fund sources (e.g. Arizona Department of Child Safety (ADCS) funds for foster care children, SSI) shall be exhausted prior to billing this service.

5. Other Non-Title XIX/XXI Behavioral Health Services

For Non-Title XIX/XXI Eligible Populations, most behavioral health services that are covered through Title XIX/XXI funding are also covered through Non-Title XIX/XXI Funding including but not limited to: residential treatment, counseling, case management, crisis services (see below) and supportive services, but may be restricted to certain Members as described in this Policy and as specified in AMPM, Exhibit 300-2B, and are not an entitlement. Services provided through Non-Title XIX/XXI Funding are limited by the availability of funds.

6. Crisis Services

For Crisis Services of Title XIX/XXI Members as specified in AMPM Policy 310-B a more detailed description of Crisis Intervention Services and responsibilities.

For Non-Title XIX/XXI eligible Members, RBHAs and TRBHAs are responsible for crisis intervention services as specified in AMPM Policy 310-B for Non-Title XIX/XXI Members (up to 72 hours). When encounters are submitted for "unidentified" individuals (such as in crisis situations when an individual's eligibility or enrollment status is unknown), Contractors shall require the provider to use the applicable pseudo-ID numbers that are assigned to each RBHA. For assistance, contact Operations, Encounters Unit. Pseudo-ID numbers are not assigned to TRBHAs.

Pursuant to the U.S. Attorney General's Order No. 2049-96 (61 Federal Register 45985, August 30, 1996), individuals presenting for and receiving crisis, mental health or SUD treatment services are not required to verify U.S. citizenship/lawful presence prior to or in order to receive crisis services.

7. Assessments

Assessments may be covered for Non-Title XIX/XXI Members when they are conducted to determine SMI eligibility. Non-Title XIX/XXI SMI General Funds may be used for the assessment, regardless of whether the individual is found to have an SMI and includes individuals who are assessed at 17.5 years old and older. As specified in AMPM Policy 320-O additional information is provided regarding behavioral health assessments and treatment/service planning.

D. NON-TITLE XIX/XXI ELIGIBLE POPULATIONS

Non-Title XIX/XXI Eligible Populations are enrolled with a RBHA or TRBHA and other entities that have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS. Enrollment is based on the zip code or tribal community in which the Member resides. Non-Title XIX/XXI Eligible Populations are listed below:

1. Serious Mental Illness

Additional information regarding SMI Eligibility Determination, as specified in AMPM Policy 320- P.

2. General Mental Health

Non-Title XIX/XXI Funding for individuals in the GMH behavioral health category is limited. However, in certain scenarios GMH Members are eligible to access certain funding sources on a limited basis. For example, individuals are eligible for Non-Title XIX/XXI housing funding as available and as specified in this Policy.

3. Substance Use Disorder

Non-Title XIX/XXI Funding for individuals in the SUD behavioral health category is limited. However, in certain scenarios SUD Members are eligible to access certain funding sources on a limited basis. For example, individuals are eligible for Non-Title XIX/XXI SUDS funding as available and as specified in this Policy.

4. Children

In accordance with the Maricopa County IGA, assessment, evaluation and treatment services are covered for Remanded Juveniles when the evaluation is ordered by the Maricopa County Superior Court as specified in A.R.S. Title 36, Chapter 5, Article 4 and treatment is ordered by the superior court pursuant to A.R.S. Title 36, Chapter 5, Article 5 as funded by Maricopa County.

5. Eligibility Requirements

All Members receiving funded services are required to have a Title XIX/XXI eligibility screening completed and documented in the medical record at the time of intake and annually thereafter.

E. GENERAL REQUIREMENTS

1. Contractors and TRBHAs shall manage, record, and report Non-Title XIX/XXI funds in accordance with the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM), and Non-Federal requirements such as legislation and IGAs.
2. Contractors and TRBHAs shall:
 - a. Report financial information in conformance with the AHCCCS Financial Reporting Guide for RBHA Contractors, AHCCCS Contract and/or ISA/IGAs or as specified in the Allocation Letter, as applicable,
 - b. Comply with the confidentiality of Alcohol and Drug Patient Records [42 CFR Part 2],
 - c. Develop and maintain fiscal controls in accordance with authorized activities of the AHCCCS Contract/ISA/IGA, SAAM, and State Policy and Procedures, and
 - d. Designate a Non-Title XIX/XXI Funding Coordinator as specified in Contract or IGA, as applicable.
3. Restrictions
Non-Title XIX/XXI Funding may not be utilized for the following:
 - a. Cash payments to members receiving or intending to receive health services,
 - b. Purchase or improvement of land, purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
 - c. Purchase of major medical equipment,
 - d. Flex funds purchases of non-medically necessary services and supports that are not reimbursable or covered under Title XIX/XXI or Non-Title XIX/XXI,
 - e. Sponsorship for events and conferences, or
 - f. Childcare Services.
4. Non-Title XIX/XXI Funding:
 - a. Non-Title XIX/XXI Funding may be used for behavioral health services for Non-Title XIX/XXI Members, including mental health treatment and supportive services. This funding may also be used for Title XIX/XXI Members for services not otherwise covered by Title XIX/XXI. As specified in AMPM Chapter 300, Exhibit 300-2B for additional information on Non-Title XIX/XXI covered services,
 - b. Non-Title XIX/XXI Funding shall not be used to supplant other funding sources, however, if funds from the Indian Health Services and/or Tribal owned/or operated facilities are available, the IHS/638 funds shall be treated as the payor of last resort, and
 - c. Non-Title XIX/XXI funds paid to the Contractor for a state fiscal year shall be available for obligation and expenditures for dates of service through the end of the state fiscal year for which the funds were paid unless otherwise noted in the Allocation Schedules or AHCCCS Contract/IGA/ISA and/or Allocation Letters. Similarly, funds paid to the Contractor for a contract year, if applicable, shall be

available for obligation and expenditures until the end of the contract year for which funds were paid.

5. Considerations When Delivering Services to SUD Populations
Contractors shall ensure providers consider the following:
 - a. Treatment services that include clinical care to those with an SUD shall also be designed to have the capacity and staff expertise to utilize FDA-approved medications for the treatment of SUD/OD and/or have collaborative relationships with other providers for service provision,
 - b. Specific requirements regarding preferential access to services and the timeliness of responding to a Member's identified needs, and
 - c. Provider submission of specific data elements to identify special populations and record limited clinical information as specified in the AHCCCS DUGless Portal Guide.

F. NON-TITLE XIX/XXI FUNDED CARE COORDINATION REQUIREMENTS

Providers shall make it a priority to work with the RBHA and/or TRBHA to enroll the individual in Non-Title XIX/XXI funded services immediately, while continuing to assist the individual with the processes to determine Title XIX/XXI eligibility. If the individual is deemed eligible for Title XIX/XXI funding, the Member may choose a Contractor and American Indian Members may choose either a Contractor, or AIHP, or a TRBHA if one is available in their area, and receive covered services through that Contractor or AIHP or a TRBHA. The provider shall work with the Care Coordination teams of all involved Contractors or payers to ensure each Member's continuity of care. Members designated as SMI are enrolled with a RBHA. American Indian Members designated as SMI have the choice to enroll with a TRBHA for their behavioral health assignment if one is available in their area.

If a Title XIX/XXI Member loses Title XIX/XXI eligibility while receiving behavioral health services, the provider shall attempt to prevent an interruption in services. The provider shall work with the care coordinators of the Contractor or RBHA in the GSA where the Member is receiving services, for Contractor enrolled or AIHP enrolled Members, or the assigned TRBHA, to determine whether the Member is eligible to continue services through available Non-Title XIX/XXI Funding. If the provider does not receive Non-Title XIX/XXI Funding, the provider and Member shall work together to determine where the Member may receive services from a provider that does receive Non-Title XIX/XXI Funding. The provider shall then facilitate a transfer of the Member to the identified provider and work with the Care Coordination teams of all involved Contractors or payors. Contract language and measures stipulate that providers will be paid for treating Members while payment details between entities are determined. If a Title XIX/XXI Member, whether Contractor or AIHP enrolled, requires Non-Title XIX/XXI services, the provider shall work with the RBHA in the GSA where the Member is receiving services, or the assigned TRBHA, to coordinate the Non-Title XIX/XXI services.

Behavioral health providers are required to assist individuals with applying for Arizona Public Programs (Title XIX/XXI, Medicare Savings Programs, Nutrition Assistance, and Cash Assistance), and Medicare Prescription Drug Program (Medicare Part D), including the Medicare Part D “Extra Help with Medicare Prescription Drug Plan Costs” low income subsidy program as

Individuals who refuse to participate in the AHCCCS screening/application process are ineligible for state funded behavioral health services, as specified in A.R.S. § 36-3408 and AMPM Policy 650.

The following conditions do not constitute an individual’s refusal to participate:

1. An individual’s inability to obtain documentation required for the eligibility determination, and/or
2. An individual is incapable of participating as a result of their mental illness and does not have a legal guardian.

Members may be served through Non-Title XIX/XXI Funding while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX eligibility determination the covered services billed to Non-Title XIX/XXI, that are Title XIX covered, shall be reversed by the Contractor and charged to Title XIX funding for the retro covered dates of Title XIX eligibility. This does not apply to Title XXI Members, as there is no PPC for these Members.

The RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS are responsible for managing and prioritizing Non-Title XIX/XXI funds to ensure, within the limitation of available funding, that services are available for all individuals, prioritizing those with the highest level of need and Eligible Members.

RBHAs, TRBHAs, and other entities who have a direct contractual relationship with AHCCCS are responsible for managing Non-TXIX/XXI funding to ensure, to the maximum extent possible, that funding is available for the fiscal period and if all Non-Title XIX/XXI Funding is expended, RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship with AHCCCS shall provide coordination services to address the needs through other community-based options and shall maintain a database of Members referred for services that are unable to receive the service due to funding depletion. Members pending services due to funding depletion shall receive follow up to provide alternative services as possible and available until the referred service may be provided.

In addition, Contractors are responsible for ensuring a comprehensive system of care for Non-Title XIX/XXI Members, and Members shifting in and out of Title XIX/XXI eligibility. As specified in AMPM Policy 100 information on the Nine Guiding Principles for the Adult System of Care, and on the Twelve Guiding Principles for the

Children’s System of Care. System development efforts, programs, service provision, and stakeholder collaboration shall be guided by the principles therein.

If there are any barriers to care, the provider shall work with the Care Coordination teams of all involved health plans or payers. If the provider is unable to resolve the issues in a timely manner to ensure the health and safety of the Member, the provider shall contact AHCCCS/DHCM, Clinical Resolutions Unit (CRU). If the provider believes that there are systemic problems, rather than an isolated concern, the provider shall notify AHCCCS/DHCM, CRU of the potential barrier. AHCCCS will conduct research and work with the Contractors and responsible entities to address or remove the potential barriers.

G. NON-TITLE XIX/XXI FUNDING SOURCES

All Non-Title XIX/XXI Funding shall be used for medically necessary behavioral health services only.

RBHAs, TRBHAs, and other entities who have a direct Non-Title XIX/XXI funded contractual relationship shall report each Non-Title XIX/XXI Funding source and services separately and provide information related to Non-Title XIX/XXI expenditures to AHCCCS upon request and/or in accordance with AHCCCS Contract/ISA/IGA or as specified in the Allocation Schedule and/or Allocation Letter.

Services provided under Non-Title XIX/XXI funds through a RBHA are to be encounterable. Outreach activities or positions that are non-encounterable may be allowable expenses, but they shall be pre-approved by AHCCCS, tracked, activities monitored, and outcomes collected on how the activities or funded positions are facilitating access to care for Non-Title XIX/XXI Eligible Populations, as specified in the Non-TXIX/XXI Contract.

Additionally, positions funded exclusively through the Non-Title XIX/XXI funding shall not bill for services to receive additional funding from any fund source. Positions partially funded through the Non-Title XIX/XXI Funding may only bill for services during periods when they are not being paid with Non-Title XIX/XXI funds.

1. Housing

Housing funding requirements for TRBHAs are outlined in their IGA. For RBHAs, all housing funding is subject to the requirements as specified in ACOM Policy 448 including:

- a. Supported Housing General Fund - This funding may be used for rental subsidies, move-in kits, assistance with deposits, utility payments, and eviction-Prevention efforts for Members with GMH/SU or individuals who are designated as SMI who are either Title XIX/XXI or Non-Title XIX/XXI. Any property improvements may only be for individuals designated as SMI and shall be in accordance with the AHCCCS approved annual Housing Spending Plan,
- b. SMI Housing Trust Fund - This funding may be used for property acquisition and/or property improvements for individuals designated as SMI who are either

Title XIX/XXI or Non-Title XIX/XXI. Funds may also be used for rental subsidies for individuals designated as SMI. Use of this funding shall be in accordance with the AHCCCS approved annual Housing Spending Plan, and

- c. Non-Title XIX/XXI SMI General Fund - This funding may be used for individuals designated as SMI who are either Title XIX/XXI or Non-Title XIX/XXI for rental subsidies, move-in kits, and assistance with deposits, utility payments, and eviction-Prevention efforts. Any property improvements may only be for individuals designated as SMI and shall be in accordance with the AHCCCS approved annual Housing Spending Plan.
2. General Fund and other appropriated and non-appropriated state funds:
 - a. Non-Title XIX/XXI SMI General Fund - This funding may be used for behavioral health services for Non-Title XIX/XXI Members designated as SMI and for Non-Title XIX/XXI services as specified in AMPM Chapter 300, Exhibit 300-2B. The covered services are similar to the services covered by the Mental Health Block Grant (MHBG) (as specified in AMPM Policy 320-T1) and also may include room and board when no other funding source is available for a Non-Title funded XIX/XXI Member designated as SMI, Crisis General Fund - This funding may be used for medically necessary crisis services for Non-Title XIX/XXI Members,
 - b. Crisis Substance Abuse Services Funds - This funding may be used for medically necessary crisis services for Non-TXIX/XXI Members with SUD, per A.R.S. § 36-141 and A.R.S. § 36-2005, and
 - c. Liquor Service Fees – This funding may be used for SUD services including crisis, detoxification services, outpatient services, and Court Ordered Evaluations per A.R.S. § 36-2021 through A.R.S § 36-2031.
 3. Substance Use Disorders (SUDS) Fund
This funding may be used to increase outreach and identification of under and uninsured Non-Title XIX/XXI Members with an Opioid Use Disorder (OUD) (especially older adults, pregnant and parenting women, individuals re-entering from correctional settings, veterans, adolescents and transition age youth, American Indians, and families of individuals with OUD), and to increase navigation of these individuals to, and utilization of OUD treatment. This funding is subject to the terms and conditions as specified in the Allocation Schedules or AHCCCS Contract/IGA/ISA and/or Allocation Letters, and A.R.S. § 36-2930.06.
 4. County Funds:
 - a. Maricopa County - This funding may be used for Court Ordered Evaluation (COE) for Title XIX/XXI and Non-Title XIX/XXI Members and services for Non-Title XIX/XXI individuals designated as SMI, similar to services covered by the MHBG (as specified in AMPM Policy 320-T1), some limited services for GMH and Child populations, and specific SUD services for the Central City Addiction Recovery Center (CCARC),
 - b. Pima County - This funding may be used for COE screening for Title XIX/XXI and Non-Title XIX/XXI Members and for Crisis services for Non-Title XIX/XXI Members,

- c. Coconino County - This funding may be used for COE services for Title XIX/XXI and Non-Title XIX/XXI Members, and
- d. All County funding is subject to specific requirements as outlined in the AHCCCS/County IGAs.

5.—

6.5. Effective 7/1/20³, Non-Title XIX/XXI SMI General Funds and Maricopa County Funds for Payment Of Behavioral Health Drugs For Individuals Designated As SMI (Both Title XIX/XXI and Non-Title XIX/XXI):

- a. The TRBHAs and RBHA Contractors shall utilize available Non-Title XIX/XXI SMI General Funds or Maricopa County Funds, if applicable, to cover applicable Medicare Part D copayments and cost sharing amounts, including payments for the Medicare Part D coverage gap, for medications to treat behavioral health diagnoses for Title XIX/XXI and Non-Title XIX/XXI individuals determined to have an SMI, subject to the following:
 - i. Coverage of cost sharing is to be used only for federal and state reimbursable medications used to treat an SMI behavioral health diagnoses,
 - ii. Medicare copayments and cost sharing are covered medications to treat an SMI behavioral health diagnoses when dispensed by an AHCCCS-registered provider,
 - iii. The payment of Medicare Part D copayments and cost sharing amounts for medications to treat an SMI behavioral health diagnoses for individuals determined to have SMI, shall be provided regardless of whether or not the provider is in the Contractor's provider network or whether or not prior authorization has been obtained,
 - iv. The TRBHAs and RBHA Contractors shall not apply pharmacy benefit utilization management edits when coordinating reimbursement for Medicare Cost Sharing for medications to treat an SMI behavioral health diagnoses for individuals determined to have an SMI,
 - v. When a request for a medication to treat an SMI behavioral health diagnoses has been denied by the Medicare Part D plan and the denial has been upheld through the appeals process, the Contractor shall evaluate the request and may elect to utilize Non-Title XIX/XXI SMI General Funds or Maricopa County Funds, if applicable, to cover the cost of the non-covered Medicare Part D medication to treat an SMI behavioral health diagnosis,⁴ and
 - vi. The Contractor does not have the responsibility to make Medicare Part D copayments and cost sharing payments to pharmacy providers that are not AHCCCS registered.⁵ For additional information on Medicare cost sharing refer to ACOM Policy 201.

³ Language is retroactive to 07/01/20.

⁴ Adding clarification language to ensure MCO PBM plan parameters do not interfere with the COB of the Medicare Part D Rx Claim. Also, Changing from BH medications to medications to treat behavioral health diagnoses so that medications which are not a psychotropic medication(s) are included for pharmacy coordination of payment. For example, a medication to treat an Extrapyrimal Side effect (EPS) is not a psychotropic but is used to treat the side effect of the BH medication causing the EPS.

⁵ The Contractor only has responsibility to make payments to AHCCCS registered providers. One of the requirements for a pharmacy to be in a network at the PBMs is that it has to be AHCCCS registered and AHCCCS utilizes the AHCCCS Provider File in the adjudication process. Not to be confused with AHCCCS registered

OPEN UNTIL 06/19/21

[providers that are not in a specific PBM network, these claims have to be coordinated, it is only if the pharmacy is not AHCCCS registered. We have had this element in place for many years as part of the adjudication process.](#)