



Mental Health Block Grant

Frequently Asked Questions
May, 2021

Health Choice Clinical Grants Administration



An Independent Licensee of the Blue Cross Blue Shield Association

What are Block Grants?

- Block grants were created by federal statute to fund specific services & programs
- The Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) are the block grants the behavioral health system receives
- Funding is allocated by the Federal Gov (SAMHSA) to AHCCCS
- Currently only the RBHAs receive block grant funding from AHCCCS

What is the Mental Health Block Grant? Who is eligible?

- The MHBG is allotted specifically for mental health services for uninsured or underinsured individuals who are in need
- This funding is to be used for all community members, regardless of previous AHCCCS eligibility or enrollment
- Individuals must meet certain criteria to be covered under MHBG funding
 - Adults must be determined to have a Serious Mental Illness (SMI)
 - Children must be determined to have a Serious Emotional Disturbance (SED)
- To receive services a Health Home must submit at State Only Enrollment for the individual

How is eligibility for MHBG determined?

- Must be ineligible for TXIX/TXXI services
- Adults -SMI
 - Formal determination completed by CRN
 - Must have a qualifying SMI Dx: [AMPM 320-P Serious Mental Illness Qualifying Diagnosis Attachment B](#)
 - Display serious functional impairment/significant distress which significantly impacts important areas of functioning as a result of their mental disorder
- Children-SED
 - No formal process – determination made by Health Home
 - Younger than 18 years old
 - Have a current qualifying mental health Dx or have met criteria for a qualifying mental health within the last 12 months
 - Display serious functional impairment limiting the child's ability to function in the family, school, within relationships, and/or their community as a result of their mental disorder
 - Qualifying Dx does not include primary substance abuse, developmental disorders or ASD

What services can be provided?

- MHBG is the payor of last resort!
- MHBG covers:
 - Case management
 - Skills training & support services
 - Therapy
 - Medication (limitations for SED children)
 - Nursing
 - Supported Employment/Education
 - Crisis
 - Behavioral Health Residential Facility (without Room & Board)
 - Room & Board for Title XIX/XXI or Non-Title XIX/XXI SED children
 - Hospital/inpatient services are not allowable

For a complete list see: [AHCCCS EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES](#)

Are medications covered under MHBG?

- Medications covered by MHBG are limited
- Contact HCA Pharmacy Benefits for more information and to request approval

If an assessment is completed and the member does not qualify for MHBG, how do providers submit for reimbursement?

- For children MHBG-SED will cover assessment
- For adults Non-TXIX SMI General Funds will cover assessment
- Process:
 - Submit claim as usual
 - If claim denies Provider Claims will submit a CRCT Form
 - On CRCT form identify the claim is for an SMI or SED assessment where member was determined to not meet eligibility criteria and provide justification (e.g. no qualifying Dx, functional impairment)

If you have additional questions about this process, please contact your internal Claims Team or your Health Choice Provider Representative

Can ACC members receive non-Medicaid billable services under MHBG? What services?

- MHBG covers some non-Medicaid services:
 - Acupuncture & auricular services
 - Traditional healing services
 - Room & Board
- Room & Board services funded by MHBG for Title XIX children are limited to those identified as SED

For a complete list of allowable services see: [AHCCCS EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES](#)

How do ACC members get access to funding for covered services?

- ACC plan or Provider notifies Health Choice Production Department HCIC_production@healthchoiceaz.com
- Provider submits a State-only enrollment to the RBHA via a webpage accessed through HCA's ICE portal and identify member as SED
- The service provider is then able to bill Non-TXIX services under the member's State-only enrollment

If you have additional questions about this process, please contact your internal eligibility team or Health Choice Provider Representative.

What if a member is in need of services, but the provider has no funding available?

- MHBG services are provided as funding is available and are not an entitlement
- In the event funding is not available and a member is in need of service, please work with other community resources to determine if services are available

Can a non-TXIX MHBG member be referred to an outside agency for specialty services like peer/family support?

- Yes, members may be referred to and receive services from other specialty agencies
- The member must initially be enrolled at a Health Home that receives MHBG or SABG funding
- After enrollment, if the service plan identifies services that are available at other contracted providers, members are entitled to choose to receive those specific services from any contracted provider
- Services provided must be a covered service per [AHCCCS EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES](#)

Can MHBG be used to cover services provided for discharge planning?

- SABG or MHBG cannot be used for discharge planning for members who are discharging from psychiatric inpatient treatment

Can MHBG be used when members are incarcerated?

- Block grant funding can only be used for children who are in detention facilities and are pre-adjudicated status
 - If a child is adjudicated, they are considered an inmate and are ineligible for services
- Funding cannot be used for re-entry planning for members who are adjudicated
- Services must be provided with Place of Service 99 on billing claim
- Children must meet criteria for MHBG-SED

Other MHBG FAQs

- Can a member receiving MHBG services be charged co-pays?
 - No, members cannot be charged co-pays
- Can MHBG be used when a member is awaiting TXIX/XXI eligibility determination?
 - Yes, but upon TXIX/XXI eligibility determination services previously provided under MHBG will be retroactively billed to TXIX
- Can MHBG or MHBG-FEP be used for ‘patient assistance funds’ or ‘flex funds’?
 - No, assistance/flex funds purchases are not allowable

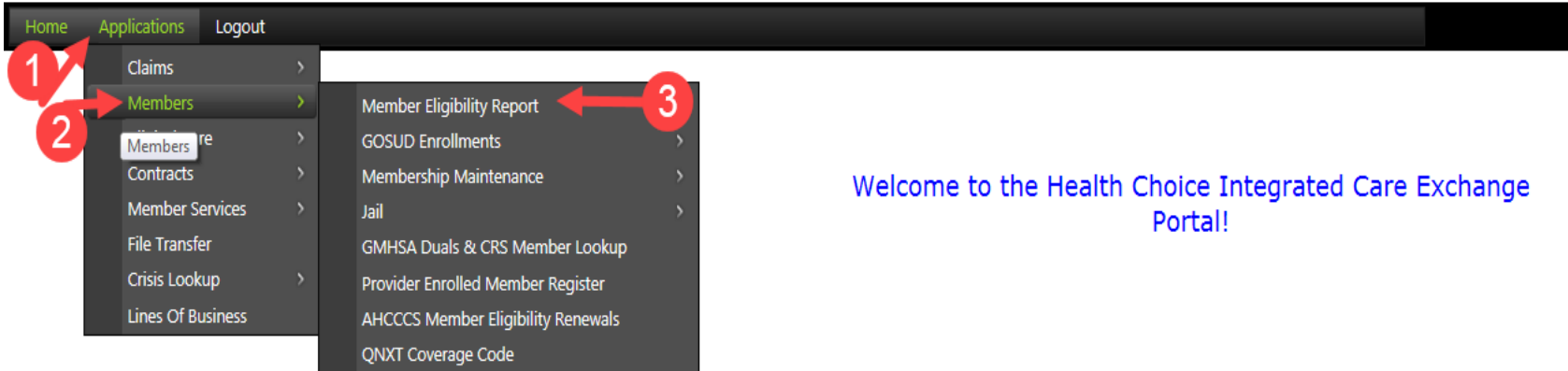
Other MHBG FAQs

- Can MHBG cover acute care of physical health services?
 - No, this is not an allowable expense

For other FAQs and more information please see [AHCCCS SABG & MHBG FAQs](#)

How can I check member eligibility in the ICE Portal? (1/4)

- HCA ICE Portal
 - Applications > Members > Member Eligibility Report
 - Input member AHCCCS



Welcome to the Health Choice Integrated Care Exchange Portal!

How can I check member eligibility in the ICE Portal? (2/4)

- HCA ICE Portal
 - Select Enrolled Coverage (Code) Assignments

Health Choice Integrated Care
 Integrated Care - Member Eligibility Verification Report

Print Date: 2/27/2020 2:35:31 PM
 HCIC Production Enterprise Report Server

AHCCCS Client ID: DEIDENTIFIED! Member Name: DEIDENTIFIED!

Member Name Search



HCIC				Hyperlinks (Goto):			
Client ID:	DEIDENTIFIED!			Current Member Information	Enrolled Health Plans	Enrolled Coverage (Code) Assignments	
CIS ID:	DEIDENTIFIED!			Current Insurance & Benefit Coverage	Third Party Liability (TPL)	AHCCCS Enrolled RA Pre-Assignments	
AHCCCS ID:	DEIDENTIFIED!			Current Residence Information	Demographic Assigned Health Homes		
State Only AHCCCS ID:	DEIDENTIFIED!			Authorizations QNXT	Episodes of Care (EOC)		
Name:	DEIDENTIFIED!			State Wide Roster Enrollments	Population (BHC)		
DOB / Age / Gender:	DEIDENTIFIED!	40	M	Enrollments (AHCCCS & State Only)	Provider Supports		

Current Member Information:							
Status		Start	End	Status			
STATE-ONLY Enrolled:	●	10/4/2019		Race:	[REDACTED]		
Member In EOC:	●			Age Group:	ADULT		

How can I check member eligibility in the ICE Portal? (3/4)

- HCA ICE Portal
 - Select Enrolled Coverage (Code) Assignments

integrated care QNXT Coverage / Rate Code Assignments

Client ID: Member Name:  

Coverage / Rate Code Assignments									
ID	Effective Date	Term Date	Rate Code (Coverage Code)	Rate ID	Segtype	QNXT Assigned EnrollKeys CIS ID (carriermemid)	IGGI AHCCCS ID	QNXT Attribute Assigned AHCCCS ID	1) Last Updated 2) Created Date
15833	10/4/2019		SHCNAZ_State_00_M	P01541673	INT				1) 10/9/2019 2) 10/9/2019
15833	10/4/2019		SHCNAZ_State_00_SABG	P01541673	INT				1) 10/9/2019 2) 10/9/2019
15833	2/27/2014	2/28/2015	AHCCCS_00_B	C00304629	INT				1) 3/2/2015 2) 3/11/2014
15833	2/1/2014	2/26/2014	AHCCCS_00_B	C00304629	INT				1) 3/12/2014 2) 3/11/2014

Member Eligibility Coverage Codes in ICE Portal (4/4)

- Heath Choice rate codes (coverage codes) for State Only members (Found in the ICE Portal)
 - Primary coverage codes – limited to only one coverage code
 - SHCNAZ_STATE_00_M – Crisis services only
 - SHCNAZ_STATE_00_SMI – Limited services for SMI members
 - SHCNAZ_STATE_00_BM – Members identified as SED
 - Add on coverage codes – unlimited
 - SHCNAZ_STATE_00_RB – Eligible for room & board services (H0046SE)
 - SHCNAZ_STATE_00_SABG – Member's claim contains a qualifying SA diagnosis

How can I check member eligibility through AHCCCS Online? (1/2)

- AHCCCS Online

Member Eligibility Verification: Eligibility And Enrollment

Recipient Search | **Eligibility And Enrollment** | Third Party Liability | CoPayment | Medicare Benefits | Behavioral Health Services | Share of Cost | Additional

Requested Data:

AHCCCS ID: [REDACTED]	Last Name:
DOB: 03/26/1997	First Name:
Begin Date of Service: 12/01/2019	SSN:
End Date of Service: 02/13/2020	Medicare Claim Number
	OR
	Medicare Beneficiary ID:

Returned Data:

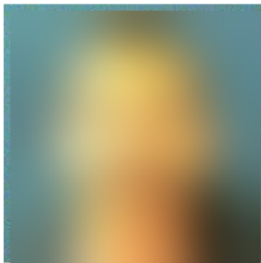
AHCCCS ID: [REDACTED]	Last Name: [REDACTED]
DOB: 03/26/1997	First Name: [REDACTED]
DOD:	SSN:
Gender: F	Medicare Beneficiary ID:

How can I check member eligibility through AHCCCS Online? (2/2)

- Select Behavioral Health Services

Member Eligibility Verification: Eligibility And Enrollment

Recipient Search | Eligibility And Enrollment | Third Party Liability | CoPayment | Medicare Benefits | **Behavioral Health Services** | Share of Cost | Additional Ben



Requested Data:

AHCCCS ID:		Last Name:	
DOB:		First Name:	
Begin Date of Service:	03/01/2017	SSN:	
End Date of Service:	02/26/2020	Medicare Claim Number OR Medicare Beneficiary ID:	

Returned Data:

AHCCCS ID:		Last Name:	
DOB:		First Name:	
DOD:		SSN:	
Gender: M		Medicare Beneficiary ID:	

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
S SMI	01/02/2020		38 HCIC<10-1/SHCA NON19>10-1	CH MENTAL HEALTH FACILITY - OUTPATIENT
S SMI	01/01/2020	01/01/2020	38 HCIC<10-1/SHCA NON19>10-1	CH MENTAL HEALTH FACILITY - OUTPATIENT
S SMI	10/01/2018	12/31/2019	52 STEWARD HEALTH CHOICE ARIZONA	CH MENTAL HEALTH FACILITY - OUTPATIENT

AZ State Behavioral Health Services

NO SRH FOUND

Where can I go to learn more?

- [Health Choice Grant Funded Services](#)
- [AHCCCS Grants](#)
- [AHCCCS SABG & MHBG FAQs](#)
- [AHCCCS Behavioral Health Services Matrix \(formerly B2 Matrix\)](#)
- [AHCCCS 320-T1 – BLOCK GRANTS AND DISCRETIONARY GRANTS](#)

Contact Us!

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Member Services

1.800.322.8670