

320-U - PRE-PETITION SCREENING, COURT ORDERED EVALUATION, AND COURT ORDERED TREATMENT| EFFECTIVE DATES: 07/01/16, 04/03/19, [10/01/19](#)¹| APPROVAL DATES: 01/04/17, 01/03/19, [08/15/19](#)²**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes guidelines, as applicable, for the provision and coordination of behavioral health services regarding the pre-petition screening, court ordered evaluation, and court ordered treatment process.

II. DEFINITIONS**COURT ORDERED EVALUATION (COE)**

~~A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions.~~
Evaluation ordered by the court (A.A.C R9-21-101). The COE process as specified in this Policy.³

COURT ORDERED TREATMENT (COT)

~~In accordance with the A.A.C. R9-21-101 and A.R.S. §36-533, an individual in Arizona can be ordered by the court to undergo mental health treatment if found to fit one of the following categories due to a mental disorder:
A Danger to Self,
A Danger to Others,
Gravely Disabled, or
Persistently or Acutely Disabled.~~
Treatment ordered by the court(A.A.C R9-21-101). The COT process as specified in this policy.⁴

¹ [Date policy is effective](#)

² [Date policy is approved](#)

³ [POST APC CHANGE- Aligned definition with Arizona Administrative Code's definition. Description of COE process is described in the policy](#)

⁴ [POST APC CHANGE- Aligned definition with Arizona Administrative Code's definition. Description of COT process is described in the policy](#)

EVALUATION AGENCY

A health care agency licensed by the Arizona Department of Health Services (ADHS) that has been approved pursuant to A.R.S. Chapter 5 Title 36, providing those services required of such agency ~~as delineated in the A.R.S. Chapter 5 Title 36 (A.R.S. §36-501).~~

MENTAL DISORDER

A substantial disorder of the individual's emotional processes, thought, cognition, or memory as ~~defined~~ specified in A.R.S. §36-501.

PRE-PETITION SCREENING

The review of each application requesting court ordered evaluation, including an investigation of facts alleged in such application, an interview with each applicant and an interview, if possible, with the proposed ~~individual~~ patient. The purpose of the interview with the proposed patient⁵ ~~member~~ is to assess the problem, explain the application, and, when indicated, attempt to persuade the proposed ~~member~~ patient to receive, on a voluntary basis, evaluation or other services as specified in A.R.S. §36-501.⁶

SCREENING AGENCY

A health care agency licensed by ADHS and that provides those services required of such agency ~~pursuant to~~ as specified in A.R.S. Chapter 5 Title 36 (A.R.S. §36-501).

⁵ POST APC CHANGE- Revised to align with statute changed to patient

⁶ Added legal citation for consistency

VOLUNTARY EVALUATION

For the purposes of this Policy⁷, An inpatient or outpatient professional multidisciplinary service based on analysis of data describing the individual person's identity, biography and medical, psychological and social conditions ~~evaluation service~~ that is provided after a determination that an person individual willingly ~~voluntarily~~ agrees to consent to receive an ~~evaluation~~ the service and is unlikely to present a danger to self or others until the ~~voluntary evaluation service~~ is completed. A voluntary evaluation is invoked after the filing of a pre-petition screening but before the filing of a court ordered evaluation and requires the informed consent of the ~~person~~ individual. Additionally, the ~~person~~ individual must be able to manifest capacity to give informed consent. ~~pursuant to A.R.S. §36-518.~~⁸

III. POLICY

This Policy outlines the processes and responsibilities applicable when it is necessary to initiate COE and /COT proceedings ~~detailed as specified~~⁹ in A.R.S. §36-501 et seq. This process is used to ensure the safety of an individual, or the safety of others when, due to an individual's Mental Disorder, that individual is unable or unwilling to participate in treatment. Contractor responsibilities may vary for Pre-Petition Screening and COE based on contractual arrangements between AHCCCS, Contractors, and ~~the Arizona~~ counties ^(¹⁰). Contractors shall ensure providers responsible for the COE/COT process adhere to requirements of this Policy.

When necessary, ~~in accordance with~~ as specified in A.A.C. R9-21-101 and A.R.S. §36-520, any responsible ~~person individual~~ may submit an application, ~~as specified in (Attachment A)~~¹¹; requesting an agency conduct a pre-petition screening¹² when another individual is alleged to be, as a result of a Mental Disorder:

1. Danger to Self (DTS),²
2. Danger to Others (DTO),²
3. Persistently or Acutely Disabled (PAD), or

⁷ POST APC CHANGE – Revised to clarify specific to this policy

⁸ POST APC CHANGE- Removed reference as it isn't applicable and added for purposes of this policy above for clarity

⁹ Added for clarity

¹⁰ Added attachment E to the policy in reference to counties

¹¹ Removed due to being present in rule. Aligned throughout

¹² Revised for clarity

4. Gravely Disabled (GD).

If the individual who is the subject of a court ordered commitment proceeding is subject to the jurisdiction of a Tribal nation, rather than the state, the laws of that tribal nation will govern the commitment process. Information about the tribal court process and the procedures under state law for recognizing and enforcing a tribal court order are found in this Policy.

Pre-Petition Screening includes an examination of the individual's mental status and/or other relevant circumstances by a designated Screening Agency. Upon review of the application, examination of the individual and review of other pertinent information, a licensed Screening Agency's medical director or designee will determine if the individual meets criteria for DTS, DTO, PAD, or GD as a result of a mental disorder.

If the pre-petition application screening indicates that the individual may be DTS, DTO, PAD, or GD, the Screening Agency ~~will~~ shall file an [Application for Emergency Admission for Evaluation, as specified in A.R.S. §36-524¹³](#) ~~application, as specified in Attachment B¹⁴~~, for a COE. Based on the immediate safety of the individual or others, an emergency admission for evaluation may be necessary. The Screening Agency, upon receipt of the application shall determine the need for continued evaluation and immediately act as prescribed, not to exceed 48 hours of the filing of the application excluding weekends and holidays as specified in A.R.S. §36-520.

Based on the COE, the Evaluating Agency may petition for COT on behalf of the individual. The subsequent hearing is the determination as to whether the individual will be court ordered to treatment as specified in A.R.S. §36-539. COT may include a combination of inpatient and outpatient treatment. Inpatient treatment days are limited contingent on the individual's designation as DTS, DTO, PAD, or GD. Individuals identified as:

1. DTS may be ordered up to 90 inpatient days per year.
2. DTO and PAD may be ordered up to 180 inpatient days per year, and
3. GD may be ordered up to 365 inpatient days per year.

If the court orders a combination of inpatient and outpatient treatment, a mental health agency will be identified by the court to supervise the individual's outpatient treatment. Before the court can order a mental health agency to supervise the individual's outpatient treatment, the agency medical director shall agree and accept responsibility by submitting a written treatment plan to the court.

¹³ Revised to refer to the name of the document as referenced in A.R.S. §36-524. Aligned throughout

¹⁴ Removed due to being present in rule. Aligned throughout

At every stage of the Pre-Petition Screening, COE, and COT process, an individual who manifests the capacity to give informed consent ~~pursuant to~~ as specified in A.R.S. §36-518 will be provided an opportunity to change his/her status to voluntary. Under voluntary status, the individual will voluntarily receive an evaluation ~~(Attachment-)~~¹⁵ and is unlikely to present as DTO/DTS during the time pending the voluntary evaluation.

Entities responsible for COE shall ensure the use of the ~~following~~¹⁶ forms ~~prescribed as specified~~ in 9 A.A.C. 21, Article 5 for individuals determined to have a Serious Mental Illness (SMI) and may also use these forms for all other populations:

- ~~1. AMPM Policy 320-U, Attachment A, Application for Involuntary Evaluation.~~
- ~~2. AMPM Policy 320-U, Attachment B, Application for Emergency Admission for Evaluation.~~
- ~~3. AMPM Policy 320-U, Attachment C, Petition for Court Ordered Evaluation.~~
- ~~4. AMPM Policy 320-U, Attachment D, Petition for Court Ordered Treatment.~~
- ~~5. AMPM Policy 320-U, Attachment E, Affidavit, Addendum No. 1 and Addendum No. 2, and~~
- ~~6. AMPM Policy 320-U, Attachment G, Application for Voluntary Evaluation.~~¹⁷

Although the Contractor may not be contracted for providing Pre-Petition Screening services, emergency/crisis petition filing, and COE services in all counties, the Contractor shall provide policies and procedures ~~for~~ to providers outlining these processes.

For FFS members not residing on a reservation, the FFS provider (mental health agency) shall follow all legal authorities in the State and county of the FFS member's place of residence or the county in which treatment was ordered because of a behavioral health crisis occurring off tribal land.

FFS members residing on a reservation are subject to the tribe's laws and tribal court jurisdiction. FFS providers (mental health agencies) shall ensure clinical coordination with the appropriate entities including but not limited to American Indian tribes, TRBHAs, and tribal courts. Refer to this ~~p~~ Policy for more information regarding Tribal Court Orders.

¹⁵ POST APC CHANGE- Removed reference due to being present in rule.

¹⁶ Deleted for clarity

¹⁷ Referenced as applicable throughout the policy rather than list them all

A. LICENSING REQUIREMENTS

Behavioral health providers who are licensed by the ADHS/Division of Public Health Licensing as a COE or COT agency shall adhere to ADHS licensing requirements.

B. PRE-PETITION SCREENING

1. Unless otherwise indicated in an Intergovernmental Agreement (IGA) with a county, Arizona counties are responsible for managing, providing, and paying for Pre-Petition Screening and COEs and are required to coordinate provision of behavioral health services with the member's Contractor or FFS program, responsible for the provision of behavioral health services. For additional information, visit the AHCCCS website, <https://www.azahcccs.gov>.

During the Pre-Petition Screening, the designated Screening Agency shall offer assistance, if needed, to the applicant in the preparation of the application for involuntary COE ~~— (see Attachment A).¹⁸—~~ Any behavioral health provider that receives an application for COE ~~(Attachment A)¹⁹~~ shall immediately refer the application for Pre-Petition Screening and petitioning for COE to the Contractor-designated Pre-Petition Screening agency or county facility.

2. Contractors shall develop policies that outline its role and responsibility related to the treatment of individuals who are unable or unwilling to consent to treatment. The policy shall conform to the processes ~~provided as specified~~ in A.R.S. Title 36-501 et seq., and at a minimum address:
 - a. Involuntary evaluation,
 - b. Petitioning process,
 - c. COE/COT process, including tracking the status of Court orders,
 - d. Execution of Court orders, and
 - e. Judicial Review.

C. RESPONSIBILITY FOR PROVIDING PRE-PETITION SCREENING

When a ~~—~~ Contractor is responsible through an IGA with a county for Pre-Petition Screening and petitioning for COE, the Contractor shall refer the applicant to a subcontracted Pre-Petition Screening Agency.

The Pre-Petition Screening Agency shall follow these procedures:

1. Provide Pre-Petition Screening within 48 hours excluding weekends and holidays.

¹⁸ [Removed due to being present in rule. Aligned throughout](#)

¹⁹ [Deleted as it is duplicative](#)

2. Prepare a report of opinions and conclusions. If Pre-Petition Screening was not possible, the Screening Agency shall report reasons why the screening was not possible, including opinions and conclusions of staff members who attempted to conduct the Pre-Petition Screening.
3. Ensure the agency's medical director or designee review of the report if the report indicates that there is no reasonable cause to support the allegations for COE by the applicant.
4. Prepare a petition for COE (~~Attachment C~~)²⁰ and file the petition if the Screening Agency determines that due to a Mental Disorder, there is reasonable cause to believe that the individual meets the criteria ~~set forth~~ as specified in A.R.S. §36-521(D).
5. Ensure completion of Application for Emergency Admission for Evaluation Attachment B, as specified in A.R.S. §36-524, and take all reasonable steps to procure hospitalization on an emergency basis, if it determines that there is reasonable cause to believe that the individual, without immediate hospitalization, is likely to harm themselves or others.
- ~~5.6.~~ Contact the county attorney prior to filing a petition if it alleges that an individual is DTO.

D. EMERGENT/CRISIS PETITION FILING PROCESS FOR CONTRACTORS CONTRACTED AS EVALUATING AGENCIES

When it is determined that there is reasonable cause to believe that the individual being screened is in a condition that without immediate hospitalization is likely to harm themselves or others, an emergent application shall be filed. The petition shall be filed at the appropriate agency as determined by the Contractor. ~~Pursuant~~ As specified in ~~to~~ A.R.S. §36-501 et seq., when considering the emergent petition process, the following shall apply:

1. Only applications indicating DTS and/or DTO can be filed on an emergent basis.
2. The applicant shall have knowledge of the behavior(s) displayed by the individual that is a danger to self or others consistent with requirements ~~identified~~ as specified in A.R.S. §36-524.
3. The applicant shall complete Application for Emergency Admission for Evaluation, as specified in A.R.S. §36-524. ~~Attachment B~~.

²⁰ Removed due to being present in rule. Aligned throughout

4. The applicant and all witnesses identified in the application as direct observers of the dangerous behavior/s may be called to testify in court if the application results in a petition for COE.
5. Immediately ~~u~~Upon receipt of an [Application for Emergency Admission for Evaluation, as specified in A.R.S. §36-524, Attachment B](#) and all corroborating documentation necessary to successfully complete a determination, the admitting physician will determine if enough evidence exists for an emergency admission for evaluation. If there is enough evidence to support the emergency admission for evaluation, the appropriate facility is not currently operating at or above its allowable member capacity, and the individual does not require medical care, then, facility staff will immediately coordinate with local law enforcement for the detention of the individual and transportation to the appropriate facility.
6. If the individual requires a medical facility, or if appropriate placement cannot be arranged within the 48 hour timeframe identified above relating to ~~the~~ [Application for Emergency Admission for Evaluation, as specified in A.R.S. §36-524 Attachment B](#), the Medical Director of the Contractor, ~~or for FFS members, the FFS Provider's Medical Director,~~²¹ ~~will~~ shall be consulted to arrange for a review of the case.
7. ~~Attachment B~~ [The Application for Emergency Admission for Evaluation, as specified in A.R.S. §36-524](#) may be discussed by telephone with the facility admitting physician, the referring physician, and a peace officer to facilitate transportation of the individual to be evaluated.
8. An individual proposed for emergency admission for evaluation may be apprehended and transported to the facility under the authority of law enforcement using [the Application for Emergency Admission for Evaluation, as specified in A.R.S. §36-524, Attachment B, in accordance](#) [A.R.S. §§36-524\(D\) and §36-525\(A\)](#), which outlines criteria for a peace officer to apprehend and transport an individual based upon either a telephonic or written application for emergency admission.
9. An emergency admission for evaluation begins at the time the individual is detained involuntarily by the admitting physician who determines if there is reasonable cause to believe that the individual, as a result of a Mental Disorder, is a DTS or DTO and that during the time necessary to complete pre-screening procedures the individual is likely, without immediate hospitalization, to suffer harm or cause harm to others.
10. During the emergency admission period of up to 23 hours the following occurs:
 - a. The individual's ability to consent to voluntary treatment is assessed,
 - b. The individual shall be offered and receive treatment to which he/she may consent; otherwise, the only treatment administered involuntarily will be for the

²¹ [Clarification of process for FFS population](#)

safety of the individual or others, i.e. seclusion/restraint or pharmacological restraint ~~in accordance with~~ as specified in A.R.S. §36-513, and

- c. When applicable, the psychiatrist will complete the Voluntary Evaluation within 24 hours of determination that the individual no longer requires an involuntary evaluation.

E. COURT ORDERED EVALUATION

1. If, after review of the petition for evaluation, the individual is reasonably believed to be DTS, DTO, PAD, GD as a result of a Mental Disorder, the court can issue an order directing the individual to submit to an evaluation at a designated time and place. The order shall specify whether the evaluation will take place on an inpatient or an outpatient basis.
 - a. The court may also order that, if the individual does not or cannot submit, the individual be taken into custody by a peace officer and delivered to an Evaluation Agency. For further requirements surrounding COEs on an inpatient basis, refer to A.R.S. §36-529.
2. If the Pre-Petition Screening indicates that the individual may be DTS, DTO, PAD, or GD, the Screening Agency will file a petition for COE. When, through an IGA with a county, Contractors are contracted to provide COE, they shall adhere to the following requirements when conducting COEs:
 - a. An individual who is reasonably believed to be DTO, DTS, PAD, or GD as a result of a Mental Disorder shall have a petition for COE prepared, signed and filed by the Medical Director of the agency or designee,
 - b. An individual admitted to an Evaluation Agency shall receive an evaluation as soon as possible, and receive care and treatment as required by their condition for the full period they are hospitalized,
 - c. A clinical record shall be kept for each ~~person~~ individual which details all medical and psychiatric evaluations and all care and treatment received by the ~~person~~ individual,
 - d. An individual being evaluated on an inpatient basis shall be released within 72 hours (not including weekends and court holidays)²² if further evaluation is not appropriate, unless the individual makes application for further care and treatment on a voluntary basis, or unless an application for COT has been filed, and
 - e. On a daily basis at minimum, an evaluation shall be conducted throughout the COE process for the purposes of determining if an ~~person~~ individual desires to be switched to a voluntary status, or qualifies for discharge.
3. For information on individuals being released from COE, and on COE dispositions, refer to A.R.S. §36-531.

²² Aligned with email clarification sent to plans on 3/12/19

4. For FFS members undergoing COE, the FFS provider (Evaluation Agency) is responsible for all aspects of care coordination with the appropriate entities, including but not limited to the Screening Agency conducting the Pre-Petition Screening if applicable, treatment agency if applicable, and AHCCCS DFSM.

F. VOLUNTARY EVALUATION

1. Contractors shall require behavioral health providers who receive an application for Voluntary Evaluation to immediately refer the individual to a facility responsible for Voluntary Evaluations. The Voluntary Evaluation may be on an inpatient or outpatient basis. Voluntary Evaluation may be carried out only if chosen by the individual during the course of a Pre-Petition Screening after an application for evaluation has been made.
2. When an individual consents to Voluntary Evaluation, the evaluating agency shall follow these procedures:
 - a. Obtain the individual's informed consent prior to the evaluation ~~(Attachment A)~~,²³
 - b. Provide an evaluation at a scheduled time and place within five business days of the notice that the individual will voluntarily receive an evaluation, and
 - c. For inpatient Voluntary Evaluations, complete evaluations in less than 72 hours (not including weekends and court holidays)²⁴ of receiving notice that the individual will voluntarily receive an evaluation.
3. Contractors shall require behavioral health providers that conduct Voluntary Evaluation services to include the following in the comprehensive clinical record as specified in ~~(Refer to~~ AMPM Policy 940):
 - a. A copy of the application for Voluntary Evaluation, ~~Attachment GA,~~
 - b. A completed informed consent form as specified in ~~(see~~ AMPM Policy 320-Q), and
 - c. A written statement of the individual's present medical condition.

G. COURT ORDERED TREATMENT FOLLOWING CIVIL PROCEEDINGS

Based on the COE, the evaluating agency may petition for COT. As specified in A.R.S. §36-501 et seq., Contractors shall require behavioral health providers to follow these procedures:

1. Upon determination that an person ~~individual~~ is DTS, DTO, GD, or PAD, and if no alternatives to COT exist, the Medical Director of the agency that provided the COE shall file a petition with the court for COT ~~(see Attachment D)~~.

²³ POST APC CHANGE – Removed reference; attachment is already identified above not needed here

²⁴ Aligned with email clarification sent to plans on 3/12/19

2. Any behavioral health provider filing a petition for COT shall do so in consultation with the individual's clinical team prior to filing the petition.
3. The petition shall be accompanied by the affidavits of the two physicians who conducted the examinations during the evaluation period and by the affidavit of the applicant for the evaluation (~~Attachment E~~).
4. In cases of GD, a copy of the petition shall be mailed to the public fiduciary in the county of the individual's residence, or the county in which the individual was found before evaluation, and to any ~~person-individual~~ nominated as ~~guardian/legal representative~~ Health Care Decision Maker²⁵. In addition, a copy of all petitions shall be mailed to the superintendent of the Arizona State Hospital (AzSH).
- ~~5.~~ For information regarding court options for treatment, release, discharge, annual reviews, or COT violations, refer to A.R.S. §36-540 et seq. For requirements relating to Judicial Review, see A.R.S. §§36-546 and §36-546.01.
5. For COT relating to DUI/Domestic Violence or other Criminal Offenses, refer to ACOM Policy 423.

H. INDIVIDUALS WHO ARE TITLE XIX/XXI ELIGIBLE AND/OR DETERMINED TO HAVE A SERIOUS MENTAL ILLNESS

When an individual referred for COT is Title XIX/XXI eligible and/or determined or suspected to have an SMI, Contractors shall:

1. Conduct an evaluation to determine if the individual has an SMI ~~in accordance with~~ as specified in AMPM Policy 320-P, and conduct a behavioral health assessment to identify the individual's service needs in conjunction with the individual's clinical team, as specified in AMPM Policy 320-O.
2. Provide necessary COT and other covered behavioral health services in accordance with the individual's needs, as determined by the individual's clinical team, family members, other involved parties.
3. Perform, either directly or by contract, all treatment ~~required by~~ as specified in A.R.S. Title 36, Chapter 5, Article 5 and 9 A.A.C. 21, Article 5.

²⁵ Revised. Applicable to HCDM

I. COURT ORDERED TREATMENT FOR AMERICAN INDIAN TRIBAL MEMBERS IN ARIZONA

Arizona tribes are sovereign nations and tribal courts have jurisdiction over their members residing on reservation. Tribal court jurisdiction, however, does not extend to tribal members residing off the reservation or to state issued COE or COT due to a behavioral health crisis occurs off reservation.

Several Arizona tribes have adopted procedures in their tribal codes, which are similar to Arizona law for COE and COT, however, each tribe has its own laws which shall be followed for the tribal court process.

Additional information on the history of the tribal court process, legal documents and forms, a diagram of payment structures, as well as contact information for the tribes, tribal liaisons, TRBHAs, and tribal court representatives can be found on the AHCCCS website under Tribal Court Procedures for Involuntary Commitment.

1. Tribal (COT) for American Indian tribal members in Arizona is initiated by the tribal behavioral health staff, the tribal prosecutor, or other individuals as authorized under tribal laws. ~~_. In accordance with~~ As specified in tribal codes, tribal members who may be a danger to themselves or others and in need of treatment due to a Mental Disorder are evaluated and recommendations are provided to the tribal judge for a determination of whether tribal COT is necessary. Tribal court orders specify the type of treatment needed.
2. Since many tribes do not have treatment facilities on reservation to provide the treatment ordered by the tribal court, tribes may need to secure treatment off reservation for tribal members. To secure COT off reservation, the court order shall be “recognized” or transferred to the jurisdiction of the state.
3. The process for establishing a tribal court order for treatment under the jurisdiction of the state is a process of recognition, or “enforcement” of the tribal court order as specified in ~~(see A.R.S. §12-136)~~. Once this process occurs, the state recognized tribal court order is enforceable off reservation. The state recognition process is not a rehearing of the facts or findings of the tribal court. Treatment facilities, including shall provide treatment, as identified by the tribe and recognized by the state. Attachment ~~FBD~~²⁶ is a flow chart demonstrating the communication between tribal and state entities ~~in accordance with~~ as specified in A.R.S. §12-136.
4. Contractors and providers shall comply with state recognized tribal court orders for Title XIX/XXI and Non-Title XIX individuals with an SMI determination. When tribal providers are also involved in the care and treatment of court ordered tribal

²⁶ Revised to align with correct attachment name. Aligned throughout

- members, ~~Contractors~~[Contractors](#), and providers shall involve tribal providers to ensure the coordination and continuity of care of the members for the duration of COT, and when members are transitioned to services on the reservation, as applicable. Contractors are encouraged to enter into agreements with tribes to address behavioral health needs and improve the coordination of care for tribal members.
5. The enforcement process shall run concurrently with the tribal staff's initiation of the tribal court ordered process in an effort to communicate and ensure clinical coordination with the appropriate Contractor. This clinical communication and coordination with the Contractor is necessary to assure continuity of care and to avoid delays in admission to an appropriate facility for treatment upon state/county court recognition of the tribal court order. The AzSH should be the last placement alternative considered and used in this process.
 6. The Court shall consider all available and appropriate alternatives for the treatment and care of the member. The Court shall order the least restrictive treatment alternative available [as specified in](#) ~~(A.R.S. §36-540(B))~~. The Contractor is expected to partner with American Indian tribes, TRBHAs, and tribal courts in their geographic service areas to collaborate in finding appropriate treatment settings for American Indians in need of behavioral health services.

Due to the options American Indians have regarding their health care, including behavioral health services, AHCCCS eligible American Indians may be covered and/or coordinate behavioral health services through a TRBHA, AIHP, Contractor, Tribal ALTCS, IHS or 638 tribal provider.

J. REPORTING REQUIREMENTS

[COE and COT processes, tracking, and reporting shall align with, and adhere to, the requirements of A.R.S. Title 36 Chapter 5 and A.A.C. Title 9 Chapter 21 including requirements for COE and COT forms as delineated in A.A.C. Title 9 Chapter 21 Article 5:²⁷](#)

- [Exhibit A – Application for Involuntary Evaluation](#)
- [Exhibit B – Petition for Court-Ordered Evaluation](#)
- [Exhibit C - Application for Emergency Admission for Evaluation](#)
- [Exhibit D - Application for Voluntary Evaluation](#)
- [Exhibit E - Affidavit](#)
- [Exhibit F - Petition for Court-ordered Treatment](#)
- [Exhibit G – Demand for Notice by Relative or Victim](#)
- [Exhibit H – Petition for Notice](#)

²⁷ [POST APC CHANGE – Added reference to rule and statute for alignment with all exhibits and exhibit requirements that are in rule and statute \(removing actual attachments from the policy\)](#)

~~—Exhibit I– Application for Voluntary Treatment~~

~~In addition to any reporting requirements related to COE/COT otherwise identified in Contract, Contractors RBHA Contractors shall submit, as specified in the Non-Title XIX/XXI Contract, a Petition Screening and Court Ordered Evaluation (COE) Report utilizing Attachment H (COE deliverable)A. and Attachment I (COT deliverable) as specified in Contract.~~^{28 29}

~~Contractors shall submit monthly Outpatient Commitment COT Monitoring reporting as specified in Contract.~~³⁰

For FFS members receiving COT, FFS providers responsible for the treatment shall submit ~~AMPM Policy 320 U, Attachment D, Petition for COT~~ a copy of the Petition for Court-Ordered Treatment, as specified in A.A.C R9-21-504 Exhibit F,³¹ to AHCCCS DFSM.

K. REIMBURSEMENT

1. Reimbursement for court ordered screening and evaluation services are the responsibility of the county ~~pursuant to~~ as specified in A.R.S. §36-545. For additional information regarding behavioral health services refer to 9 A.A.C. 22.
2. Refer to ACOM Policy 437 for clarification regarding financial responsibility for the provision of medically necessary behavioral health services rendered after the completion of a COE.

~~3. Title XIX/XXI funds shall not be used to reimburse COE services.~~

~~—For any Title XIX/XXI enrolled member who has been admitted to an Evaluation Agency under a petition for COE, the evaluation period is deemed to end~~

~~—upon the filing of a petition for COT by the Evaluation Agency~~

~~a. County payment responsibility ends that day, and transfers to the Contractor (AHCCCS plan of enrollment), who shall pay for all Title XIX/XXI medically necessary services thereafter, including services associated with the period of time between the filing of the Petition for COT, and the hearing set for the purposes of a judicial determination for the need for COT, and~~

~~b. County responsibility for payment of medically necessary days also ends when the 72__ hour__ (COE period is exceeded, which does not include inpatient days~~

²⁸ POST APC CHANGE – Removed Attachment C COT quarterly report; monthly report in contract suffices

²⁹ POST APC CHANGE – Revised to include B – COE and remove C-COT deliverables

³⁰ POST APC CHANGE – Revised to note the other deliverable that is in contract but not in policy

³¹ POST APC CHANGE-Revised to remove Attachment D and to -include correct documentation being used for COT

~~falling on weekends or legal holidays or if the time of admission on the initial day of COE is after 5:00 pm.~~³²

4.—For COEs that do not require an inpatient stay, any medically necessary physical health services provided to the individual shall be the responsibility of the Contractor of enrollment.

~~5.3.~~

OPEN UNTIL 10/14/19

³² [Section moved to ACOM 437](#)