

Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) FAQs

- Q1: <u>During the Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) process, at what</u> point does County responsibility end?
- Q2: <u>Who can assist with coordination of COE and COT?</u>
- Q3: What are the associated AHCCCS policies available related to COE and COT?
- Q4: <u>How will I know when upcoming COE/COT policies are posted for Tribal Consultation</u> <u>Notification/Public Comment?</u>
- Q5: <u>When a member associated with an ACC plan has a Serious Mental Illness (SMI) designation</u> <u>during COE/COT, what is the process to transfer the member to a RBHA?</u>
- Q6: <u>When an ACC member has a Serious Mental Illness (SMI) designation during a COE/COT inpatient</u> stay, which entity is responsible for payment upon their discharge?
- Q7: <u>Does the RBHA assume responsibility for a member designated as having a Serious Mental</u> <u>Illness (SMI) on the date of the SMI evaluation, or the date that AHCCCS shows the change?</u>
- Q8: <u>Are there any identifiers that distinguish inpatient claim submissions for COE (county</u> responsibility) or COT (plan responsibility)?
- Q9: <u>Are inpatient providers able to bill and submit a separate physical acute event for reimbursement</u> <u>under the APR-DRG to the ACC plan or AIHP if such an event would occur during a patient's</u> <u>COE and/or COT treatment stay?</u>
- Q10: <u>What are the Mental Health Agency Contacts for Pre-Petition Screening and Court Ordered</u> <u>Evaluation (COE) by County?</u>
- Q11: What happens if a Tribal member residing on a reservation receives a Tribal Court Order?

Q1: During the Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) process, at what point does county responsibility end?

A1: Title XIX/XXI funds shall not be used to reimburse COE services.

AHCCCS COMPLETE CARE

The cost of screening and court ordered evaluation performed under Article 4 of Title 36, Chapter 5, is the financial responsibility of the county. The county's financial responsibility ends with the filing of a petition for court ordered treatment. Counties maintain financial responsibility of <u>any</u> <u>services</u> provided under COE until the date and time the petition for COT is actually filed.

Some counties contract with AHCCCS to have the health plan cover responsibility for screening, court ordered evaluation, or both. A listing of those counties is included in the response to FAQ 10. For more information regarding financial responsibility services provided after the completion of a court ordered evaluation, refer to Policy 437 of the AHCCCS Contractor Operations Manual.

Q2: Who can assist with coordination of COE and COT?

A2: Each AHCCCS Contractor and AIHP has a mailbox or Court Coordinator that is available for all questions and care coordination needs related to court ordered evaluation and treatment. Tribal RBHA contacts are provided for tribal consultation. Contact information for each contractor is as follows:

Plan	Email
	Care1stCOT@wellcare.com
Care1st Health Plan	1-602-778-1800
Arizona Complete Llealth	AzCHTitle36@azcompletehealth.com
Arizona Complete Health	1-888-788-4408
Banner University Family Care	BUHPCareMgmtBHMailbox@bannerhealth.com
	1-800-582-8686
Molina Complete Care	MCCAZ-COE-Justice@molinahealthcare.com
	1-800-424-5891
	adultcourtliaisons@mercycareaz.org
Mercy Care	1-800-624-3879
	HCHHCICt36@healthchoiceaz.com
Health Choice Arizona	1-800-322-8670
UnitedHealthcare Community Plan	COT_COE@uhc.com
	1-800-348-4058
American Indian Health Program	COT_AIHP@azahcccs.gov
	1-800-962-6690
Gila River TRBHA	www.gilariverrbha.org
	1-888-484-8526 ext. 7100
Navajo Nation TRBHA	www.nndoh.org/dbhs
	1-866-841-0277 or 1-928-871-6877
Pasqua-Yaqui TRBHA	www.pascuayaqui-nsn.gov
	1-520-879-6060
White Mountain Apache TRBHA	www.wmabhs.org
	1-928-338-4811

Q3: What are the associated AHCCCS policies available related to COE and COT?

A3: AMPM Policy 320-U, Pre-Petition Screening, Court Ordered Evaluation and Court Ordered Treatment (updated August 2023):

www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/320-U.pdf

ACOM Policy 437, Financial Responsibility for Services After the Completion of Court Ordered Evaluation: <u>www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/437.pdf</u>

Q4: How will I know when upcoming COE/COT policies are posted for Tribal Consultation Notification/Public Comment?

A4: Any interested party may subscribe for email notifications of AMPM Policy Updates, including AMPM Policy 320-U at <u>www.azahcccs.gov/shared/MedicalPolicyManual/</u>.

Any interested party may subscribe for email notifications of ACOM Policy Updates, at <u>www.azahcccs.gov/shared/ACOM/</u>.

- Q5: When a member associated with an ACC plan has a Serious Mental Illness (SMI) designation during COE/COT, what is the process to transfer the member to a RBHA?
- A5: AHCCCS Health Plans shall adhere to the processes outlined in ACOM Policy 402 relating to relinguishing contractor responsibilities (i.e., the ETI process). American Indian Health Program provide coordination (AIHP) shall assistance as outlined in AMPM policy 520 (https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/500/520.pdf). Throughout the transition, it is the AHCCCS Health Plan or AIHP's responsibility to coordinate with the receiving RBHA/TRBHA in order to facilitate a warm handoff. Per ACOM Policy 402, the administrative transition of the member's care may take up to 10 days; however, the RBHA plan assumes responsibility upon the SMI designation.

Q6: When an ACC member has a Serious Mental Illness (SMI) designation during a COE/COT inpatient stay, which entity is responsible for payment upon their discharge?

A6: County payment responsibility, regardless of SMI designation, is described in Q1. When a petition is filed for COT, or the COE is dropped and a member remains inpatient for voluntary treatment, the payment responsibility is based on the primary diagnosis. If there is a primary diagnosis of behavioral health, and thus the provider is paid a daily rate, the claim will be able to be split between the two AHCCCS payers - the ACC plan for the days the member is GMH/SU, and the RHBA for the days the member is designated SMI. If there is a primary diagnosis for a physical health condition, the DRG policy rules go into effect and the payer for the claim is the plan of enrollment as of the member's discharge date.

Q7: Does the RBHA assume responsibility for a member designated as having a Serious Mental Illness (SMI) on the date of the SMI evaluation, or the date that AHCCCS shows the change?

A7: AHCCCS updates the member's BH category with the effective date (i.e., the date of SMI designation), indicated by Solari, Inc., the SMI Designation vendor, on the date the update is received by AHCCCS (i.e., date of notification). Enrollment under the new BH category is effective from the date the update is received (date of notification) by AHCCCS. Providers will see an immediate impact to the BH category on the date of notification back to the effective date indicated by Solari, Inc., but will only see an impact to the enrollment from the date of notification forward.

Q8: Are there any identifiers that distinguish inpatient claim submissions for COE (county responsibility) or COT (plan responsibility)?

A8: The modifier for inpatient COE and COT claim submissions is H9.

Q9: Are inpatient providers able to bill and submit a separate physical acute event for reimbursement under the APR-DRG to the ACC plan or AIHP if such an event would occur during a patient's COE and/or COT treatment stay?

A9: AHCCCS hospital reimbursement is based on the primary diagnosis on the claim, regardless of the method used to pay (DRG, per diem, etc.). You cannot submit a behavioral health claim and a physical health claim for the same stay. The county shall be billed (or the county's TPA) for the COE and bill the ACC Plan (or RBHA for a member with an SMI designation) or AIHP for the COT. Assuming the primary diagnosis on the COE stay is behavioral health, you cannot bill AHCCCS for the same COE dates of service even if there are physical health services provided during the stay. The same is true for the COT stay.

Q10: What are the Mental Health Agency Contacts for Pre-Petition Screening and Court Ordered Evaluation (COE) by County?

A10: Each Geographic Service Area (GSA) is served by one of the following ACC- RBHA Health Plans.

Geographic Service Area (GSA)	ACC-RBHA Name	County	Providers	Website	Phone
Northern Arizona	Care1st	Apache and Navajo	ChangePoint Psychiatric Hospital	www.mychangepoint.org/court-ord ered-services	928-587-3435
			Little Colorado Behavioral Health	www.lcbhc.org	928-337-4301
			Community Bridges (CBI)	https://communitybridgesaz.org	877-931-9142
		Coconino	The Guidance Center	www.tgcaz.org	877-756-4090
		Mohave	Southwest Behavioral Health - Kingman Recovery Unit	www.sbhservices.org/kingman-out	928-753-9387
		Yavapai	Pronghorn Psychiatry/ Stoneridge Centers	pronghornpsych.com	928-583-7799
			Community Bridges (CBI)	https://communitybridgesaz.org/	877-931-9142

Information in this table confirmed March 2024.





Court Ordered Evaluation (COE)/ Court Ordered Treatment (COT) FAQs

Geographic Service Area (GSA)	ACC-RBHA Name	County	Providers	Website	Phone
Central Arizona	Mercy Care	Maricopa	Valley Wise Psychiatric Hospital	valleywisehealth.org/locations	602-344-5011
			Connections Health Solutions	https://connectionshs.com	602-416-7600
		Gila	Pronghorn Psychiatry/Stoneridge Centers	pronghornpsych.com	928-583-7799
			Community Bridges (CBI)	https://communitybridgesaz.org/	877-931-9142
		Pinal	Community Bridges (CBI)	https://communitybridgesaz.org/	877-931-9142
			Connections Health Solutions	https://connectionshs.com	602-416-7600
Southern Arizona	Arizona	Cochise	Community Bridges (CBI)	communitybridgesaz.org	520-323-1312
	Complete Health (AzCH) - Complete Care		Community Health Associates	www.chaarizona.com	928-376-0026
		Graham and Greenlee	Community Bridges (CBI)	communitybridgesaz.org	520-323-1312
		LaPaz and Yuma	Horizon Health and Wellness	www.hhwaz.org	866-495-6735

Q11: What happens if a Tribal member residing on a reservation receives a Tribal Court Order?

A11: Under A.R.S. §12-136, the process for establishing a Tribal court order for treatment under the jurisdiction of the state is a process of recognition. Once this process occurs, and if the recognition is approved by the Superior Court, the state-recognized tribal court order is enforceable off the reservation. Care and clinical coordination must run concurrently with the recognition process 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. For additional information related to the Tribal court ordered treatment process, please contact AIHP/Tribal Services at COT_AIHP@azahcccs.gov. For specific Tribal RBHA health plan contacts, please see the AHCCCS Tribal Court Procedures for Involuntary Commitment website.