

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

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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.

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 any services 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 order evaluation, or both. A listing of those counties is included in the response to FAQ 11. 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 Title 36 questions and care coordination needs. Contact information for each contractor is as follows:

Plan	Email
Care1st Health Plan	Care1stCOT@wellcare.com
Arizona Complete Health	AzCHTitle36@azcompletehealth.com
Banner University Family Care	BUHPCareMgmtBHMailbox@bannerhealth.com
Magellan Complete Care	MCCAZCOEJustice@magellanhealth.com

Mercy Care	adultcourtliaisons@mercycaresaz.org
Steward Health Choice Arizona	HCH.HCICt36@steward.org
UnitedHealthcare Community Plan	COT_COE@uhc.com
American Indian Health Program	toni.tapia@azahcccs.gov

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: www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/320-U.pdf
 - ACOM Policy 437, Financial Responsibility for Services After the Completion of Court Ordered Evaluation: www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/437.pdf

AMPM Policy 320-U is currently being reviewed for updates and shall be posted for Tribal Consultation Notification/Public Comment upon completion of the proposed revisions. Feedback, comments, and suggestions may be provided regarding the proposed revisions during the Tribal Consultation Notification/Public Comment 45 day period.

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 www.azahcccs.gov/shared/MedicalPolicyManual/

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

Q5: When a member associated with an ACC plan is determined to have a Serious Mental Illness 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 relinquishing contractor responsibilities (i.e. the ETI process). American Indian Health Program (AIHP) shall provide coordination 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 determination.

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

- A6:
- County payment responsibility timeframes for COE remains the same regardless of SMI determination. Please refer to FAQ #1.
 - Payment responsibility is based on the primary diagnosis
 - If the stay has a primary diagnosis of behavioral health, and thus paid daily rates, 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 RBHA for the days the member is SMI.
 - If the stay has a primary diagnosis of physical health, the DRG policy rules kick in and the payer for the claim is the plan of enrollment as of the discharge date.

Q7: Does the RBHA assume responsibility for a member determined to have 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 determination), indicated by Crisis Response Network (CRN), the SMI Determination 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. This has not changed with the 10/1/18 ACC changes. Providers will see an immediate impact to the BH category on the date of notification back to the effective date indicated by CRN but will only see an impact to the enrollment from the date of notification forward.

In typical scenarios, the SMI behavioral health category will take effect the day of, or the day after the SMI determination.

Example:

1. On 10/25/18, CRN sends a BH category update that the member is determined SMI 10/24/18
2. The member's BH category will be updated 10/25/18 (date of notification from CRN) with an effective date of 10/24/18 to SMI.
3. The member's enrollment will be updated to reflect the RBHA as the plan of enrollment (or if already in that plan but non-SMI, the SMI contract type) effective 10/25/18.

Q8: Will the payment practices for type 02 hospitals change after October 1, 2018?

A8: Background:

1. Prior to October 1, RBHAs paid 02 hospitals in the following manner:
 - a. Per diem rates for claims with a primary diagnosis of BH.
 - b. DRGs for claims with a primary diagnosis of physical health (PH).
2. Prior to October 1, ACC Plans paid 02 hospitals in the following manner:
 - a. DRGs for all claims.

Effective October 1, 2018, AHCCCS is amending the FFS reimbursement methodology for 02 hospital inpatient claims with a primary diagnosis of BH as follows:

Pay using a daily rate rather than a DRG

1. This daily rate shall be considered an administrative day rate.
2. The claim shall be submitted as an administrative day claim and follow the process outlined by AHCCCS for billing of administrative day claims.
3. AHCCCS will amend the definition of an administrative day in Rule, the DRG Policy Document, and the FFS Provider Manual.

Q9: Are there any identifiers that distinguish inpatient claim submissions for COE (county responsibility) or COT (plan responsibility)?

A9: AHCCCS is researching the appropriate modifiers to use for claims relating to COE.

Q10: 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?

A10: 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.

Q11: What are the Mental Health Agency Contacts for Pre-Petition Screening and Court Ordered Evaluation by County?

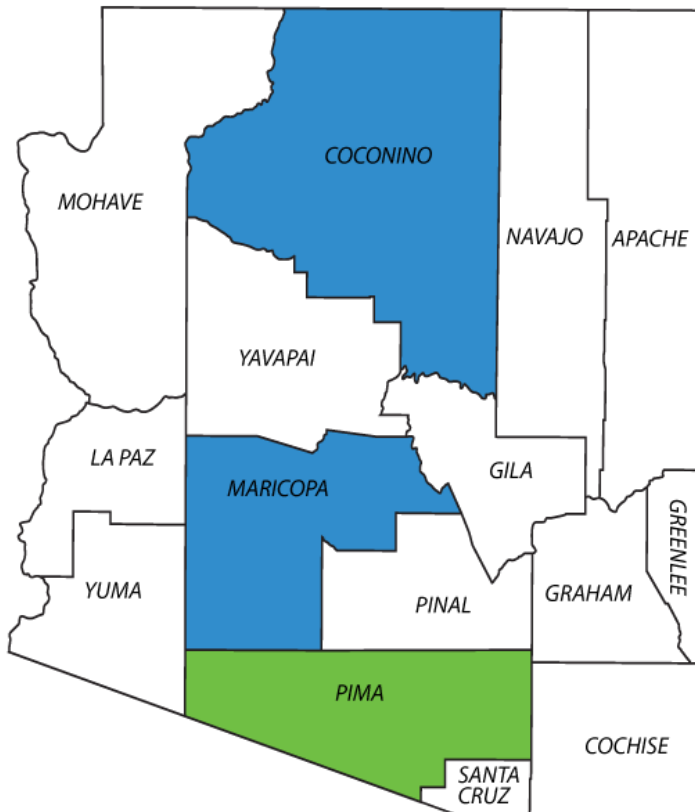
A11: * Counties highlighted in blue have an IGA for pre-petition screening and evaluation services

* Counties highlighted in green have an IGA for pre-petition screening services only

County	Mental Health Agency	Services Offered	Contact Information
Coconino	The Guidance Center, Inc.	Screening and assistance with evaluation	Guidance Center - (928) 527-1899 tgcaz.org
	Encompass Health Services (Northern Coconino County)	Screenings (Northern Coconino County)	Encompass - (928) 645-5113 www.encompass-az.org
Apache	Little Colorado Behavioral Health Centers	Screening and evaluation	Phone: (928) 333-2683 www.lcbhc.org
Mohave	Mohave Mental Health Clinic, Inc.	Screening and evaluation	Phone: (928) 757-8111 www.mmihc-inc.org
Navajo	Change Point Integrated Health	Screening and evaluation	Phone: (928) 537-5315 www.mychangepoint.org
Yavapai	Pronghorn Psychiatry	Screening and evaluation	Phone: (928) 583-7799 www.stoneridgecenters.com
La Paz	Crisis Response Center	Screening and evaluation	Phone: (520) 301-2284 www.connectionsarizona.com
Yuma	Crisis Horizon Acute Care Center	Screening and Evaluation	Phone: (520) 301-2284 www.connectionsarizona.com
Cochise	Involve PeopleCare (Formerly Nursewise)	Screening Only *Evaluation at nearest County Agency	Phone: (866) 495-6735 www.involvehealth.com
Graham	Involve PeopleCare (Formerly Nursewise)	Screening Only *Evaluation at nearest County Agency	Phone: (866) 495-6735 www.involvehealth.com
Greenlee	Involve PeopleCare (Formerly Nursewise)	Screening Only *Evaluation at nearest County Agency	Phone: (866) 495-6735 www.involvehealth.com
Santa Cruz	Involve PeopleCare (Formerly Nursewise)	Screening Only *Evaluation at nearest County Agency	Phone: (866) 495-6735 www.involvehealth.com

		<i>Agency</i>	
Gila	Community Bridges	Screening Only <i>*Evaluation at nearest County Agency</i>	Phone: (928) 425-2415 communitybridgesaz.org
Pinal	Horizon Health and Wellness	Screening and Evaluation	Phone: (480) 983-0065 www.hhwaz.org
Pima	Crisis Response Center (CRC)	Screening and Evaluation	Phone: (520) 301-2284 www.connectionsarizona.com
Maricopa	ConnectionsAZ Urgent Psychiatric Care Center (UPC); or Community Bridges - Community Psychiatric Emergency Center (CPEC); or RI International - Recover Response Center (RRC)	UPC: Screening Only CPEC: Screening Only RRC: Screening Only	UPC - Phone: (602) 416-7600 www.connectionsarizona.com CPEC - Phone: (480) 507-5180 communitybridgesaz.org RRC - Phone: (602) 636-4380 riinternational.com
	Maricopa Integrated Health System - Desert Vista Behavioral Health Center; or Maricopa Integrated Health System – Behavioral Health Annex	MIHS – Desert Vista: Evaluation Only MIHS – Annex: Evaluation Only	MIHS – Desert Vista Phone: (602) 222-9444 www.mih.org MIHS – Annex Phone: (480) 334-2195 www.mih.org

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



- Counties highlighted in blue have an IGA for pre-petition screening and evaluation services
- Counties highlighted in green have an IGA for pre-petition screening services only

Q2: What happens if a Tribal Member residing on a reservation receives a Tribal Court Order?

A12: 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.