

**437 – FINANCIAL RESPONSIBILITY FOR SERVICES AFTER THE COMPLETION OF COURT-ORDERED EVALUATION**

EFFECTIVE DATE: 05/01/13, 10/01/15

REVISION DATE: 08/29/13, 01/16/14, 05/14/15, 08/01/15

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

**I. PURPOSE**

This Policy applies to Acute Care, ADHS/DBHS, ALTCS/EPD, CRS and DES/DDD Contractors. The purpose of this Policy is to provide clarification regarding financial responsibility for the provision of medically necessary behavioral health services rendered after the completion of a Court-Ordered Evaluation.

**II. DEFINITIONS**

**COURT-ORDERED EVALUATION** The proceedings and related services described in A.R.S. §36-5.4.

**COURT-ORDERED TREATMENT** The proceedings and related services described in A.R.S. §36-5.5.

**MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICES** Those behavioral health services necessary, in the judgment of a qualified medical practitioner, to treat an existing behavioral health condition or illness and/or to prevent the patient from potentially harming himself or others.

**PREPETITION 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 patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services pursuant to A.R.S. §36-501.33.

**III. POLICY**

Contractors subject to this Policy are responsible for providing medically necessary, covered behavioral health services to enrollees including services provided pursuant to court order under A.R.S. §36-5.

As a matter of State law (A.R.S. §36-545.04), the cost of services provided as part of a legal proceeding under A.R.S. §36-5.4 (Court-Ordered Evaluation) is the financial responsibility of the county in which the individual resided or was found.

However, the county's liability for the cost of screening and evaluation services (and any treatment services provided during screening and evaluation) ends when a petition for court ordered treatment is filed with the court, when a individual decides to seek treatment on a voluntary basis, the statutory 72 hour timeframe expires pursuant to A.R.S. §36-530.B or when the individual is released from an inpatient setting, whichever occurs first.

The Contractor is responsible for payment for medically necessary, covered behavioral health services when a member decides to seek treatment on a voluntary basis, when the statutory 72 hour timeframe expires or when the member is released from an inpatient setting (unless there is some source of payment other than the county such as private insurance or Medicare). This includes inpatient and other covered services provided pending a hearing on court-ordered treatment.

The Contractor must accept and process timely claim submissions for medically necessary services for all TXIX enrolled members receiving Court Ordered Evaluation (COE) services in an inpatient setting for time periods that are not the county responsibility. This includes claims with dates of service prior to the effective date of this Policy that meet timeliness of claims submission and payment as outlined in contract and ACOM Policy 203.

#### **IV. REFERENCES**

- Acute Care Contract, Section D
- ADHS/DBHS Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DES/DDD Contract, Section D
- A.R.S. §36-5
- A.R.S. §36-5.4
- A.R.S. §36-5.5
- A.R.S. §36-501.33
- A.R.S. §36-530.B
- A.R.S. §36-545.04
- ACOM Policy 203