

DATE: April 03, 2019
To: Holders of the AHCCCS Medical Policy Manual
FROM: Division of Health Care Management Contracts and Policy Unit
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

To view the policies and attachments, please access the following link:

[**AHCCCS MEDICAL POLICY MANUAL \(AMPM\)**](#)

POLICY 320-U, PRE-PETITION SCREENING, COURT ORDERED EVALUATION, AND COURT ORDERED TREATMENT

Policy 320-U was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). Clarification was added surrounding American Indian members and what jurisdiction they follow either state/county process or court orders/tribal jurisdiction. Clarification was also added for FFS providers to coordinate with appropriate entities. Minor reorganization and additional clarification provided throughout the Policy.

- **ATTACHMENT A, APPLICATION FOR INVOLUNTARY EVALUATION (PURSUANT TO A.R.S. §36-520)**
No changes.
- **ATTACHMENT B, APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION (PURSUANT TO A.R.S. §36-524)**
No changes.
- **ATTACHMENT C, PETITION FOR COURT-ORDERED EVALUATION**
No changes.
- **ATTACHMENT D, PETITION FOR COURT-ORDERED TREATMENT GRAVELY DISABLED PERSON**
No changes.
- **ATTACHMENT E, AFFIDAVIT (PURSUANT TO A.R.S. §36-533)**
No changes.
- **ATTACHMENT F, FLOW CHART RECOGNITION OF TRIBAL COURT ORDER PROCESS A.R.S. §12-136**
No changes.

- **ATTACHMENT G, APPLICATION FOR VOLUNTARY EVALUATION (PURSUANT TO A.R.S. §36-522)**
No changes.
- **ATTACHMENT H, COE DELIVERABLE TEMPLATE**
New deliverable associated with COE services regarding timeliness of completion of COE and applications for involuntary commitment.
- **ATTACHMENT I, COT DELIVERABLE TEMPLATE**
New deliverable associated with narrative of COE services regarding timeliness of completion of COE.

POST-PUBLIC COMMENT CHANGES:

There were substantial changes made to the Policy following the Tribal Consultation Notification/Public Comment posting. Those changes are as follows:

Section I., Purpose – “This Policy establishes ~~requirements and detailed responsibilities~~ 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.”

Section II., Definitions – The following definitions have been updated. Below reflects the updated language.

COURT ORDERED EVALUATION (COE)	A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions with all evaluation requirements defined in A.R.S. §36-501.
MENTAL DISORDER	A substantial disorder of the individual's emotional processes, thought, cognition, or memory as defined 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. The purpose of the interview with the proposed member is to assess the problem, explain the

	application, and, when indicated, attempt to persuade the proposed member to receive, on a voluntary basis, evaluation or other services.
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Section III., Policy – “This Policy outlines the processes and responsibilities applicable when it is necessary to initiate ~~civil commitment~~ **COE/COT** proceedings detailed in A.R.S. §36-501 et seq.”

Section III., Policy – “When necessary, in accordance with A.A.C. R9-21-101 and A.R.S. §36-~~5320~~, any responsible person may submit an application, as specified in Attachment A, when another individual is alleged to be, as a result of a Mental Disorder:...”

Section III., Policy – “The Screening Agency, upon receipt of the application shall **determine the need for continued evaluation and immediately** act as prescribed, **not to exceed 48 business** hours of the filing of the application excluding weekends and holidays as described in A.R.S. §36-520.”

Section III., Policy – “Based on the COE, the Evaluating Agency may petition for Court Ordered Treatment on behalf of the individual. **The subsequent hearing is the determination as to whether the individual will be court ordered to treatment. A.R.S. §36-539.**”

Section III., Policy – “At every stage of the Pre-Petition Screening, COE and COT process, an individual **who manifests the capacity to give informed consent pursuant to 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 and is unlikely to present as DTO/DTS during the time pending the voluntary evaluation.**”

Section III., B.,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 court ordered evaluations 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.”

Section III., C., - “When a Contractor is responsible **through an IGA with a county** for Pre-Petition Screening and petitioning for court ordered evaluation, the Contractor shall refer the applicant to a subcontracted pre-petition Screening Agency.”

Section III., C., 4., “Prepare a petition for court ordered evaluation (Attachment C) 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 in §36-521(D.)**”

Section III., D., 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 in A.R.S. §36-524.**”

Section III., D., 5., “**Immediately upon** receipt of an 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.”

Section III., D., 6., “If the individual requires a medical facility, or if appropriate placement cannot be arranged within the 48 business **hour timeframe identified above relating to** Attachment B, the Medical Director of the Contractor will be consulted to arrange for a review of the case.”

Section III., D., 8., “An individual proposed for emergency admission for evaluation may be apprehended and transported to the facility under the authority of law enforcement using Attachment B, **in accordance with §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.**”

Section III., D., 9., “~~A 23-business-hour~~ 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.”

Section III., D., 10., c., “**When applicable**, the psychiatrist will complete the voluntary evaluation within 24 **business** hours of determination that the individual no longer requires **an** involuntary evaluation”.

Section III., E., 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 court ordered evaluations...”

Section III., E., 2., 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,”

Section III., E., 2., e., “***On a daily basis at minimum, an evaluation shall be conducted throughout the COE process for the purposes of determining if a person desires to be switched to a voluntary status, or qualifies for discharge.***”

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

Section III., I., 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, ~~including admission to Arizona State Hospital (AzSH)~~, the court order shall be “recognized” or transferred to the jurisdiction of the state.”

Section III., I., 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 (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 the Arizona State Hospital~~ shall provide treatment, as identified by the tribe and recognized by the state. Attachment F is a flow chart demonstrating the communication between tribal and state entities in accordance with A.R.S. §12-136.”

Section III., K., 3., B, “County responsibility for payment of medically necessary days also ends when the 72business-hour COE period is exceeded, ***which does not include inpatient days falling on weekends or legal holidays or if the time of admission on the initial day of COE is after 5:00 pm***”

APPROVED NOT YET EFFECTIVE

To view the policies and attachments, please access the following link:

[AMPM Approved Not Yet Effective](#)

POLICY 961-C, COMMUNITY SERVICE AGENCIES