

## 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. Tribal RBHA contacts are provided for tribal consultation. Contact information for each contractor is as follows:

Plan	Email
Care1st Health Plan	<a href="mailto:Care1stCOT@wellcare.com">Care1stCOT@wellcare.com</a> 1-602-778-1800
Arizona Complete Health	<a href="mailto:AzCHTitle36@azcompletehealth.com">AzCHTitle36@azcompletehealth.com</a> 1-888-788-4408
Banner University Family Care	<a href="mailto:BUHPCareMgmtBHMailbox@bannerhealth.com">BUHPCareMgmtBHMailbox@bannerhealth.com</a> 1-800-582-8686
Molina Complete Care	<a href="mailto:MCCAZ-COE-Justice@molinahealthcare.com">MCCAZ-COE-Justice@molinahealthcare.com</a> 1-800-424-5891
Mercy Care	<a href="mailto:adulthoodliaisons@mercycares.com">adulthoodliaisons@mercycares.com</a> 1-800-624-3879
Health Choice Arizona	<a href="mailto:HCHHCICt36@healthchoiceaz.com">HCHHCICt36@healthchoiceaz.com</a> 1-800-322-8670
UnitedHealthcare Community Plan	<a href="mailto:COT_COE@uhc.com">COT_COE@uhc.com</a> 1-800-348-4058
American Indian Health Program	<a href="mailto:COT_AIHP@azahcccs.gov">COT_AIHP@azahcccs.gov</a> 1-800-962-6690
Gila River TRBHA	<a href="http://www.gilariverrbha.org">www.gilariverrbha.org</a> 1-888-484-8526 ext. 7100
Navajo Nation TRBHA	<a href="http://www.nndoh.org/dbhs">www.nndoh.org/dbhs</a> 1-866-841-0277 or 1-928-871-6877
Pasqua-Yaqui TRBHA	<a href="http://www.pascuayaqui-nsn.gov">www.pascuayaqui-nsn.gov</a> 1-520-879-6060
White Mountain Apache TRBHA	<a href="http://www.wmabhs.org">www.wmabhs.org</a> 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: [www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/320-U.pdf](http://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](http://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/](http://www.azahcccs.gov/shared/MedicalPolicyManual/).
- Any interested party may subscribe for email notifications of ACOM Policy Updates, at [www.azahcccs.gov/shared/ACOM/](http://www.azahcccs.gov/shared/ACOM/).

**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 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 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 timeframes for COE remains the same regardless of SMI designation. Please refer to FAQ #1.
- Payment responsibility is based on the primary diagnosis.
- If there is 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 designated SMI.
- If there is 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 Solari, Inc., 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 did not change with the

10/1/22 ACC contracts. 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 identifier for inpatient 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: As of October 1, 2022, each Geographic Service Area (GSA) will be served by one of the following ACC-RBHA Health Plans.

Geographic Service Area	ACC-RBHA Name
North (Mohave, Coconino, Yavapai, Apache, Navajo)	Care 1st
Central (Maricopa, Gila, Pinal)	Mercy Care
Southern (Yuma, La Paz, Pima, Graham, Greenlee, Plan Santa Cruz, Cochise)	Arizona Complete Health – Complete Care

**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.