

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

Section 3.18

**Pre-Petition Screening, Court-Ordered Evaluation and
Court-Ordered Treatment**

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3.18.1 Introduction

This section is only applicable to behavioral health providers under contract with a Regional Behavioral Health Authority (RBHA).

At times, it may be necessary to initiate civil commitment proceedings to ensure the safety of a person, or the safety of other persons, due to a person's mental disorder when that person is unable or unwilling to participate in treatment. In Arizona, state law permits any responsible person to submit an application for pre-petition screening when another person may be, as a result of a mental disorder:

- A danger to self (DTS);
- A danger to others (DTO);
- Persistently or acutely disabled (PAD); or
- Gravely disabled (GD).

Pre-petition screening includes an examination of the person's mental status and/or other relevant circumstances by a designated screening agency. Upon review of the application, examination of the person and review of other pertinent information, a licensed screening agency's medical director or designee will determine if the person meets criteria for DTS, DTO, PAD or GD as a result of a mental disorder.

If the pre-petition screening indicates that the person may be DTS, DTO, PAD or GD, the screening agency will file an application for a court-ordered evaluation. Based on the immediate safety of the person or others, an emergency admission for evaluation may be necessary. Otherwise, an evaluation will be arranged for the person by a designated evaluation agency within timeframes specified by state law.

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Based on the court-ordered evaluation, the evaluating agency may petition for court-ordered treatment on behalf of the person. A hearing, with the person and his/her legal representative and the physicians treating the person, will be conducted to determine whether the person will be released and/or whether the agency will petition the court for court-ordered treatment. For the court to order ongoing treatment, the person must be determined, as a result of the evaluation, to be DTS, DTO, PAD or GD. Court-ordered treatment may include a combination of inpatient and outpatient treatment. Inpatient treatment days are limited contingent on the person's designation as DTS, DTO, PAD or GD. Persons identified as:

- DTS may be ordered up to 90 inpatient days per year;
- DTO and PAD-may be ordered up to 180 inpatient days per year;
- GD may be ordered up to 365 inpatient days per year.

If the court orders a combination of inpatient and outpatient treatment, a mental health agency may be identified by the court to supervise the person's outpatient treatment. In some cases, the mental health agency may be a RBHA; however, before the court can order a mental health agency to supervise the person's outpatient treatment, the agency medical director must agree and accept responsibility by submitting a written treatment plan to the court.

At every stage of the pre-petition screening, court-ordered evaluation and court-ordered treatment process, a person will be provided an opportunity to change his/her status to voluntary. Under voluntary status, the person is no longer considered to be at risk for DTS/DTO and agrees in writing to receive a voluntary evaluation.

County agencies and RBHA-contracted agencies responsible for pre-petition screening and court-ordered evaluations must use the following forms prescribed in [9 A.A.C. 21, Article 5](#) for persons determined to have a Serious Mental Illness:

[ADHS/DBHS Form MH-100, Application for Involuntary Evaluation;](#)

[ADHS/DBHS Form MH-103, Application for Voluntary Evaluation \[Eng large print\] \[Forma ADHS MH-103 Spanish\] \[Spa large print\];](#)

[ADHS/DBHS Form MH-104, Application for Emergency Admission for Evaluation;](#)

[ADHS/DBHS Form MH-105, Petition for Court-Ordered Evaluation;](#)

[ADHS/DBHS Form MH-110, Petition for Court-Ordered Treatment;](#) and

[ADHS/DBHS Form MH-112, Affidavit, Addendum No. 1 and Addendum No. 2.](#)

Agencies may also use these forms for all other populations.

In addition to court ordered treatment as a result of civil action, an individual may be ordered by a court for evaluation and/or treatment upon: 1) conviction of a domestic violence offense; or 2) upon being charged with a crime when it is determined that the individual is court order to treatment, or programs, as a result of being charged with a crime and appears to be an "alcoholic." RBHAs and RBHA providers' responsibilities for the provision and coverage of those services is described in subsection 3.18.7-E

The intent of this section is to provide a broad overview of the pre-petition screening, court-ordered evaluation and court-ordered treatment process. Depending on a behavioral health

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provider's designation as a screening, evaluation or court-ordered treatment agency, the extent of involvement with persons receiving pre-petition screening, court-ordered evaluation and court-ordered treatment services will vary. RBHAs will provide explicit expectations for behavioral health providers regarding this content area within the procedures subsection 3.18.7.

3.18.2 References

The following citations can serve as additional resources for this content area:

[A.R.S. § 13-3601.01](#)

[A.R.S. Title 14, Chapter 5](#)

[A.R.S. Title 36, Chapter 5](#)

[A.R.S. § 36-2005](#)

[A.R.S. § 36-2027](#)

[A.A.C. R9-20-802](#)

[A.A.C. R9-20-803](#)

[9 A.A.C 21, Article 5](#)

[AHCCCS Contractor Operations Manual, Policy 423](#)

[ADHS/RBHA Contract](#)

[Section 3.4, Co-payments](#)

[Section 3.9, Assessment and Service Planning](#)

[Section 3.10, SMI Eligibility Determination](#)

[Section 3.11, General and Informed Consent to Treatment](#)

[Section 3.17, Transition of Persons](#)

[Section 4.2, Behavioral Health Medical Record Standards](#)

[TAD 5, Information Sharing with Family Members of Adult Behavioral Health Recipients](#)

3.18.3 Scope

To whom does this apply?

All persons who are unwilling or unable to seek behavioral health treatment, who may be DTS, DTO, PAD or GD due to a mental disorder, and who may require pre-petition screening, court-ordered evaluation and/or court-ordered treatment.

3.18.4 Did you know...?

- 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 Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system. Some counties contract with RBHAs to process pre-petition screenings and petitions for court-ordered evaluations.

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- Arizona Health Care Cost Containment System/Arizona Long Term Care Services (AHCCCS/ALTCS) Program Contractors are responsible for providing and funding services under court-ordered treatment of elderly and physically disabled (EPD) ALTCS-enrolled persons.
- Upon determination that a person is gravely disabled, the person must be recommended for appointment of a guardian and/or conservator if one is not already assigned to the person.
- A person found to be gravely disabled and who is undergoing court-ordered treatment receives an annual examination and review to determine whether the continuation of court-ordered treatment is appropriate.
- The medical director of the agency providing court-ordered treatment must inform persons of their right to judicial review and their right to consult with counsel at least once each sixty days while undergoing court-ordered treatment. This notification must be recorded in the clinical record of the person by the individual who gave the notice.

3.18.5 Definitions

[Court Ordered Evaluation](#)

[Danger to Others \(DTO\)](#)

[Danger to Self \(DTS\)](#)

[Gravely Disabled \(GD\)](#)

[Mental Disorder](#)

[Persistently or Acutely Disabled \(PAD\)](#)

[Pre-petition Screening](#)

3.18.6 Objectives

To inform behavioral health providers of the pre-petitioning screening, court-ordered evaluation and court-ordered treatment process for persons who are unable or unwilling to seek behavioral health treatment and, due to a mental disorder, may be DTS, DTO, PAD or GD.

3.18.7 Procedures

3.18.7-A. Licensure Requirements

Behavioral health providers who are licensed by the Arizona Department of Health Services/Division of Assurance and Licensure Services/Office of Behavioral Health Licensure (OBHL) as a court-ordered evaluation or court-ordered treatment agency must adhere to OBHL requirements.

3.18.7-B. Pre-Petition Screening

Counties may contract with RBHAs for pre-petition screening services, or counties may provide their own pre-petition screening services. Procedures for pre-petition screening are outlined below.

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The pre-petition screening includes an examination of the person's mental status and/or other relevant circumstances by a designated screening agency. The designated screening agency must follow these procedures:

- The pre-petition screening agency must offer assistance, if needed, to the applicant in the preparation of the application for court-ordered evaluation (see [ADHS/DBHS Form MH-100, Application for Involuntary Evaluation](#)).
- Any behavioral health provider that receives an application for court-ordered evaluation (see [ADHS/DBHS Form MH-100, Application for Involuntary Evaluation](#)) must immediately refer the applicant for pre-petition screening and petitioning for court-ordered evaluation to the RBHA-designated pre-petition screening agency or county facility.
 - In GSA-5, SAMHC serves as the pre-petition screening agency and Pima County coordinates the process for court-ordered evaluation.
 - In GSA-3, application for pre-petition screening and court-ordered evaluation is accepted at the SEABHS intake sites in the four-county area, Cochise, Graham, Greenlee and Santa Cruz. SEABHS operates eight (8) intake sites in GSA-3.
- Any behavioral health provider filing an application for court-ordered evaluation must do so in consultation with the person's clinical team and the pre-petition screening agency should consult with the person's clinical team prior to filing a petition for court-ordered evaluation.

When the RBHA is contracted to provide pre-petition screening services

CPSA is responsible for pre-petition screening services in Pima County under the terms of an inter-governmental agreement between ADHS and Pima County. In turn, CPSA subcontracts that responsibility to SAMHC. The SAMHC Medical Director serves as the CPSA Medical Director's designee in performing the responsibilities outlined below.

When the county is contracted with a RBHA for pre-petition screening and petitioning for court-ordered evaluation, the RBHA must refer the applicant to a designated pre-petition screening agency. The pre-petition screening agency must follow these procedures:

- Provide pre-petition screening within forty-eight hours excluding weekends and holidays;
- Prepare a report of opinions and conclusions. If pre-petition screening was not possible, the screening agency must report reasons why the screening was not possible, including opinions and conclusions of staff members who attempted to conduct the pre-petition screening;
- Have the medical director or designee of the RBHA review the report if it indicates that there is no reasonable cause to believe the allegations of the applicant for the court-ordered evaluation;
- Prepare a petition for court-ordered evaluation and file the petition if the RBHA determines that the person, due to a mental disorder, including a primary diagnosis of dementia and other cognitive disorders, is DTS, DTO, PAD or GD. [ADHS/DBHS Form MH-105, Petition for Court-Ordered Evaluation](#) documents pertinent information for court-ordered evaluation;
- If the RBHA determines that there is reasonable cause to believe that the person, without immediate hospitalization, is likely to harm himself/herself or others, the RBHA must ensure

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completion of [ADHS/DBHS Form MH-104, Application for Emergency Admission for Evaluation](#), and take all reasonable steps to procure hospitalization on an emergency basis;

- Contact the county attorney prior to filing a petition if it alleges that a person is DTO.

When the RBHA *is not* contracted to provide pre-petition screening services

Cochise, Santa Cruz, Greenlee and Graham Counties do not contract with CPSA for pre-petition screening services but do contract directly with SEABHS to perform that function.

In GSA-3, application for pre-petition screening and court-ordered evaluation is accepted at the SEABHS intake sites in the four-county area, Cochise, Graham, Greenlee and Santa Cruz. SEABHS operates eight (8) intake sites in GSA-3.

3.18.7-C. Court-Ordered Evaluation

If the pre-petition screening indicates that the person may be DTS, DTO, PAD or GD, the screening agency will file an application for a court-ordered evaluation. The procedures for court-ordered evaluations are outlined below.

When the county *is* contracted with the RBHA for court-ordered evaluations

No counties within CPSA's geographic service areas contract with CPSA to perform court-ordered evaluations.

Voluntary Evaluation

Any RBHA-contracted behavioral health provider that receives an application for voluntary evaluation must immediately refer the person to the facility responsible for voluntary evaluations. In GSA 3, referrals should be directed to SEABHS. Referrals in GSA 5 should be made to Pima County's contractor University Physicians HealthCare Hospital at Kino Campus, Title 36 Office (520-874-4288)

- The RBHA-contracted behavioral health provider must follow these procedures:
 - The evaluation agency must obtain the individual's informed consent prior to the evaluation (see [ADHS/DBHS Form MH-103, Application for Voluntary Evaluation \[Eng large print\]](#) [[Forma ADHS MH-103 Spanish](#)] [[Spa large print](#)]). and provide evaluation at a scheduled time and place within five days of the notice that the person will voluntarily receive an evaluation;
 - For inpatient evaluations, the evaluation agency must complete evaluations in less than seventy-two hours of receiving notice that the person will voluntarily receive an evaluation.
- If a behavioral health provider conducts a voluntary evaluation service as described in this section, the comprehensive clinical record (see [Section 4.2, Behavioral Health Medical Record Standards](#)) must include:
 - A copy of the application for voluntary evaluation, [ADHS/DBHS Form MH-103, Application for Voluntary Evaluation \[Eng large print\]](#) [[Forma ADHS MH-103 Spanish](#)] [[Spa large print](#)];

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- A completed informed consent form (see [Section 3.11, General and Informed Consent to Treatment](#)); and
- A written statement of the person's present medical condition.

When the county *does not* contract with the RBHA for court-ordered evaluations

No counties in CPSA's geographic service areas contract with CPSA to provide court-ordered evaluation services. Pima County provides these evaluations primarily at University Physicians Healthcare at Kino Campus, but may use other area hospitals. In GSA 5, questions about and referrals for court ordered evaluations should be directed to the University Physicians HealthCare Hospital at Kino Campus, Title 36 Office (520-874-4288)

Counties within GSA 3 may contract directly with SEABHS to perform evaluations at its Psychiatric Health Facility (PHF) or may transport persons to hospitals within Pima County for evaluation. In GSA 3, questions about and referrals for court ordered evaluations should be directed to SEABHS.

The following contains general information about the Court-Ordered Evaluation process:

- If, upon review of a petition for court-ordered evaluation, the court agrees that there is significant evidence to warrant an involuntary evaluation, it will issue an Order for Evaluation.
- Evaluations may be conducted inpatient or outpatient.
- If outpatient, an evaluation must be completed by the fourth day following the first appointment.
- If a person is in custody, the evaluation must be completed within 72 hours.
- At the conclusion of the 72-hour evaluation period, the inpatient treatment team will determine if the patient requires court-ordered treatment for a mental disorder. If the medical director of the inpatient facility does not believe the patient requires court-ordered treatment, the patient must be discharged from the hospital unless he/she makes application for further care and treatment on a voluntary basis.
- If the medical director of the inpatient facility believes the patient requires court-ordered treatment, a Petition for Court-Ordered Treatment is signed and filed by the Evaluation Agency's medical director or designee and a hearing is scheduled.
- During the evaluation process, a patient may not be treated psychiatrically unless he/she consents, except that seclusion and mechanical or pharmacological restraints may be employed in the case of emergency for the safety of the person or others.

Title XIX/XXI funds must not be used to reimburse court-ordered evaluation services.

3.18.7-D. Court-Ordered Treatment following Civil Proceedings

Based on the court-ordered evaluation, the evaluating agency may petition for court-ordered treatment. The behavioral health provider must follow these procedures:

- Upon determination that an individual is DTS, DTO, GD, or PAD, and if no alternatives to court-ordered treatment exist, the medical director of the agency that provided the court-

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ordered evaluation must file a petition for court-ordered treatment (see [ADHS/DBHS Form MH-110, Petition for Court-Ordered Treatment](#));

- Any behavioral health provider filing a petition for court-ordered treatment must do so in consultation with the person's clinical team prior to filing the petition;
- The petition must be accompanied by the affidavits of the two physicians who conducted the examinations during the evaluation period and by the affidavit of the applicant for the evaluation (see [ADHS/DBHS Form MH-112, Affidavit and attached addenda](#));
- A copy of the petition, in cases of grave disability, must be mailed to the public fiduciary in the county of the patient's residence, or in which the patient was found before evaluation, and to any person nominated as guardian or conservator; and
- A copy of all petitions must be mailed to the superintendent of the Arizona State Hospital.

Persons who are Title XIX/XXI eligible and/or determined to have a Serious Mental Illness (SMI).

When a person referred for court-ordered treatment is Title XIX/XXI eligible and/or determined or suspected to have a Serious Mental Illness, the RBHA must:

- Conduct an evaluation to determine if the person has a Serious Mental Illness in accordance with [Section 3.10, SMI Eligibility Determination](#), and conduct a behavioral health assessment to identify the person's service needs in conjunction with the person's clinical team, as described in [Section 3.9, Intake, Assessment and Service Planning](#); and
- Provide necessary court-ordered treatment and other covered behavioral health services in accordance with the person's needs, as determined by the person's clinical team, the behavioral health recipient, family members, and other involved parties(see [Section 3.9, Intake, Assessment and Service Planning](#)).

RBHAs must perform, either directly or by contract, all treatment required by A.R.S. Title 36, Chapter 5, Article 5 and 9 A.A.C. 21, Article 5.

Persons who are Non-Title XIX/XXI eligible and *not* determined to have a Serious Mental Illness (SMI).

CPSA does not enroll, provide services to or require its providers to serve as Supervising Agencies for Non-Title XIX/XXI persons not determined to have a Serious Mental Illness (SMI).

Transfer from one behavioral health provider to another.

A person ordered by the court to undergo treatment can be transferred from a behavioral health provider to another behavioral health provider if:

- The person does not have a court appointed guardian;
- The medical director of the receiving behavioral health provider accepts the transfer; and
- The consent of the court for the transfer is obtained as necessary (see [Section 3.17, Transition of Persons](#), for more details).

General Information about the Process for Emergency Admission for Evaluation

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An application for emergency admission may be made only when a person, as a result of a mental disorder, is determined to be DTS or DTO and there is imminent danger that precludes the use of the pre-petition screening process.

- Application must be completed by a person with direct or first hand knowledge of the facts requiring the emergency admission and must be made using [ADHS/DBHS Form MH-104, Application for Emergency Admission for Evaluation](#). An application by a doctor or nurse does not require an original signature, may be a facsimile and does not have to be notarized.
- A telephonic application for emergency admission may be made in the presence of a peace officer or by a health care provider directly involved with the care of the person no more than 24 hours prior to a written application. Upon receipt of a telephonic application the admitting officer of the evaluation agency may advise the peace officer to take the person into custody and transport him/her to the evaluation agency.
- The individual can be held in an inpatient setting up to 24 hours (excluding weekends and holidays) following a written application for emergency evaluation pending the filing of a petition for court ordered evaluation. If no petition for court ordered evaluation is filed within the 24 hours, the individual must be released. If the petition is submitted, then the hospital has authority to hold the patient an additional 72 hours to complete examinations by two physicians.

Responsibilities of CPSA Networks and providers involved in the court-ordered treatment process for Title XIX/XXI persons and persons determined to have a Serious Mental Illness

A member's assigned Network coordinates the provision of clinically appropriate services to members requiring court-ordered treatment and serves as the Supervising Agency for court-ordered outpatient treatment plans.

The Network Medical Director or his/her physician designee has primary responsibility for oversight of a member's court-ordered treatment and is responsible for reviewing and signing all documents to be filed with the court.

Each Network is responsible for maintaining a current list of members who are receiving court-ordered treatment. This list must be available to the on-call system of the Network and is provided to the CPSA Court Ordered Treatment Coordinator each month in order to coordinate the reconciliation of the list with that of CPSA. This list includes the following:

- Name
- Date of Birth
- CPSA identification number
- Mental Health number
- Date of court order
- Standard(s) under which the individual was court-ordered

When a member of a Network is incarcerated in a county detention center and is on or in need of court-ordered treatment, coordination shall occur between the Network's Jail Liaison and Title

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36 Liaison. Members of the CPSA Criminal Justice Team are available to assist and consult in this process.

All newly-hired Network clinical staff are required to attend T-36 training provided by the CPSA Court Ordered Treatment Coordinator. Quarterly T-36 training with the CPSA Court Ordered Treatment Coordinator is required for staff from each Network in GSA 5 to discuss pertinent issues, procedures, and clinical coordination.

Network Title 36 Protocols

Each Network establishes and implements written protocols that govern its responsibilities when serving as the Supervising Agency for members under court-ordered outpatient treatment. At a minimum, the protocols address the following areas:

- The role and function of the Supervising Agency
- The role and function of the assigned Case Manager
- The training of Network clinical staff regarding the implementation of the Title 36 statute
- The frequency and content of clinical contacts with the member
- How the psychiatrist is kept abreast of the member's clinical status
- How treatment plans are developed and monitored to ensure that they reflect current information
- How the on-call system is made aware of who is on court-order and the status of the order
- The criteria used to revoke a court-ordered outpatient treatment plan
- The criteria used to release a member from court-ordered treatment
- The process for ensuring that members under court-ordered treatment are notified of their right to a judicial review
- The process for ensuring that judicial reviews are completed in a timely manner
- The process for communicating updated Title 36 information to case managers and other pertinent staff
- The process for interfacing and communicating with the CPSA Court Ordered Treatment Coordinator, the County Attorney's Office, hospitals and other agencies or individuals regarding members who are involved in the Title 36 process
- The process for monitoring adherence to their own Title 36 protocols
- The coordination of court-ordered outpatient treatment plans for incarcerated members
- How annual evaluations of persons court ordered as Gravely Disabled or Persistently or Acutely Disabled are monitored to ensure that petitions for continued treatment are filed with the court when applicable prior to termination of the order
- The process to ensure completion and timely submission of T-36 status reports to the CPSA Court Ordered Treatment Coordinator

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- The process for tracking the number of inpatient days remaining on a court order including extensions due to stays
- The process for maintaining accurate records of, tracking and monitoring paperwork filed with the Court

Network Title 36 Liaisons

CPSA Networks that serve as supervising agencies for individuals on court order appoint a Title 36 Liaison to serve as a point of contact to the County Attorney's office, local hospitals and CPSA. The Network Title 36 Liaison is also responsible for developing and implementing a communication process to ensure that Network clinical staff are aware of expectations and changes in procedures as communicated by CPSA.

The Title 36 Liaison responsibilities include:

- Interaction and coordination with the CPSA Court Ordered Treatment Coordinator regarding policy/procedures for enrolled members who have been and/or in the process of a civil commitment.
- Development of a relationship with the Office of the County Attorney as the Network T-36 Liaison.
- Provision of an updated monthly report to the CPSA Court Ordered Treatment Coordinator that includes:
 - A list of all members currently under a T-36 court order.
 - The date of the court order.
 - MH number
 - Standard of the court order: DTS, DTO, PAD, GD.
 - Date T-36 status reports are to be submitted to CPSA.
- Provision of oversight and technical assistance to clinicians within the Network on the court order process, e.g. testifying, coordination of filing of court documents, the development of a treatment plan, the timely notification and completion of judicial reviews, etc.
- Maintenance of a current list of members under a T-36 court order to Network team leader, supervisors, on call workers, and Network crisis system.
- Monitoring of compliance with T-36 status reports submittal to CPSA.
- Compliance with any additional requests identified by CPSA which will assist with the tracking and monitoring of census data, the implementation of the Title 36 statutes, and delivery of clinical care to members under a T-36 court order.
- Attendance at CPSA Court Ordered Treatment Coordinator meetings/Brown Bag Lunches.

Network Participation in Hearings

The Member's assigned Case Manager must attend all Title 36 hearings, including the original hearing for court ordered treatment, judicial reviews, annual reviews of GD or PAD orders, etc. The Case Manager should be prepared to provide information/clarification to the court regarding

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facts relevant to the topic of the hearing and the proposed outpatient treatment plan. The Case Manager must be present to receive orders set forth by the Judge/Commissioner including dates T-36 status reports are to be submitted to CPSA, specific orders regarding submission of the outpatient treatment plan, and the standard of the order (i.e. DTO, DTS, etc).

- The Case Manager should arrive 15 minutes prior to the hearing. Beepers, phones, and pagers must be turned off, or silenced. No chewing gum, eating food, or sunglasses are permitted in the court room. Attire must be professional; no halter tops, Tee shirts, sagging pants, etc.
- To ensure familiarity with the case, prior to hearing the Case Manager must complete the Title 36 Hearing Prep Worksheet and review the completed Worksheet with his/her team/site supervisor and assigned psychiatrist to ensure thoroughness and accuracy. The County Attorney's Office may request a copy of the Prep Worksheet to prepare for the hearing. This request may be issued through the form of a subpoena. Each Network has developed a Prep Worksheet specific to the agency.
- Network staff must not discuss the case in the presence of the Judge/Commissioner. Such conversations must be held outside the court room. The Judge/Commissioner is not to be privy to information regarding the case prior to the hearing. If this occurs the hearing may need to be rescheduled.
- During testimony, the county attorney will obtain information through a series of questions. The attorneys should be addressed as Mr. Mrs., or other appropriate title and the Judge as "Your Honor". Answers must be made verbally in a clear, direct, non-argumentative and audible manner to facilitate recording of the procedures (head shakes or nods are not permissible).
- If the individual is court ordered to treatment, the Judge/Commissioner will request the name of the proposed supervising agency and if a T-36 outpatient treatment plan has been prepared. The Case Manager is to be prepared to submit the original T-36 outpatient treatment plan to the Judge/Commissioner, copy to the County Attorney, copy to the Defense Attorney, copy to the hospital T-36 Liaison, and copy to the member.
- If a T-36 Outpatient Treatment Plan has not been completed the Case Manager is to inform the court reasons why the plan has not been completed and the projected date when the plan will be completed.

Treatment Plan Development and Filing

Original Court Ordered Treatment Plans are developed and signed by the Court as follows:

- Prior to the date of the hearing, the Case Manager is responsible for coordinating an Adult Recovery Team meeting for enrolled members to develop discharge plans and ensure that those plans are included in the member's Behavioral Health Service Plan. This plan must be discussed/reviewed with the Network Medical Director, or physician designee. The member's inpatient team must be involved in and agree to discharge decisions.
- The Case Manager then develops [CPSA PM Form 3.18.1, Court Ordered Treatment Plan](#), which incorporates the terms of the Behavioral Health Service Plan.

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- The Clinical Liaison must submit a Court Ordered Treatment Plan to the court at the original Title 36 hearing. The plan must be signed by Network staff that reviewed the plan with the member and the outpatient psychiatrist. The member is not required to sign the plan and member signature is optional. If the member does not sign the plan, the member signature line is to be left blank. Information why member did not sign the plan is not to be written on the plan.
- The Court Ordered Treatment Plan must have correct address/zip code and phone number. If the member is to reside with family, friends, etc, Network staff must confirm this arrangement with family, friends, etc.
- The original Court Ordered Treatment Plan is signed by the Judge/Commissioner at the hearing.

Subsequent changes to treatment plans for a court ordered person are developed as follows:

- Subsequent revisions regarding change in Network site, residence, psychiatrist, payee, services, etc. are developed by the member's Adult Recovery Team and included in the Behavioral Health Service Plan, which must be signed by the outpatient psychiatrist, Case Manager and member. If the Member does not agree with the Behavioral Health Service Plan, he/she may file an appeal with CPSA. Explanation of this process is to be provided by the Case Manager. Since all revisions to the Behavioral Health Service Plan are incorporated into and enforced by the original Court Ordered Treatment Plan, a revised Court Ordered Treatment Plan **does not** need to be submitted to the Court.
- Upon re-hospitalization following a revocation, the Case Manager coordinates an Adult Recovery Team meeting to determine discharge plans and ensures that those plans are included in a revision to the member's Behavioral Health Service Plan. This plan must be reviewed with the outpatient psychiatrist. The outpatient psychiatrist must discuss concerns/issues, and proposed plan with the inpatient psychiatrist. The member's inpatient team must be involved in and agree to discharge decisions. If the Member does not agree with the Behavioral Health Service Plan, he/she may file an appeal with CPSA. Explanation of this process is to be provided by the Case Manager. If there are changes in the Behavioral Health Service Plan such as residence or covered services, the revised Behavioral Health Service Plan must be signed by the member, Case Manager and outpatient psychiatrist, with a copy filed in the inpatient chart and the original filed in the outpatient chart. A member may leave the hospital once this process is complete. Since all revisions to the Behavioral Health Service Plan are incorporated into and enforced by the original Court Ordered Treatment Plan, a revised Court Ordered Treatment Plan **does not** need to be submitted to the Court.
- A Revised Court Ordered Treatment Plan must be submitted to the court by the Case Manager to implement a Change in Venue or a Change in Supervising Agencies.

Processes for Supervising Agencies in GSA 5

CPSA provides legal representation in filing post hearing documents and coordinating with the Pima County Superior Court on behalf of Networks serving as supervising agencies.

Supervising agencies in GSA 5 adhere to the following processes to accomplish post hearing procedures:

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- Revocations
 - If a member fails to comply with the outpatient treatment plan or needs to be hospitalized the Network Medical Director can rescind outpatient treatment.
 - The request to rescind (revoke) can be telephonic (emergent); the member is presenting with DTO/DTS behavior and requires immediate acute hospitalization. The medical director or physician designee must contact an inpatient psychiatrist, discuss and agree that the member requires immediate acute inpatient treatment. The medical director, or physician designee, may authorize a law officer to transport the member to the inpatient treatment facility. Following the admission to a hospital based upon a telephonic revocation, written notarized revocation paperwork must be submitted by the Network no later than the next working day following the admission. If this paperwork is not filed, the member may be detained and treated no more than 48 hours, excluding weekends and holidays. The revocation form/paperwork cannot be submitted to the inpatient treatment facility in attempt to admit the member. Admission requires coordination/contact by the medical director, or his/her designee.
 - If the request is written (non emergent), [CPSA PM Form 3.18.2, Law Enforcement Committal Information Form](#), and [CPSA PM FORM 3.18.3, Request for Revocation of Outpatient Treatment Plan](#), are required. The Request for Revocation of Outpatient Treatment Plan must be signed by the outpatient psychiatrist and notarized. The court requires specific information/facts as to how the member has not been compliant with the outpatient treatment plan. Avoid conclusions such as “delusional”, “non compliant”, “AWOL”, “disruptive”, “inappropriate”, etc. Information must be provided as to attempts made to locate member, engage in treatment, or to offer hospitalization on a voluntary basis. If the member agrees with the admission, revocation paperwork is not submitted.
 - The original plus five copies are submitted to CPSA. If the documents are submitted by 10:00 AM they will be filed with court that day. If submitted after 10:00 AM, documents will be filed the following day.
 - If Network staff obtains updated location information after revocation paperwork has been filed with the court, they should contact law enforcement directly to provide updated information. When providing updated location information, staff should inform the law enforcement officer that a revocation has been filed with the court.
- Quashing a Revocation
 - If the member returns to treatment the revocation/attempt to locate can be quashed (terminated). The outpatient psychiatrist submits a written statement providing the date when the member returned and engaged in treatment. The original letter and 5 copies are submitted to CPSA to be filed with the court.
- Judicial Reviews
 - Every 60 days and upon revocation the member is to be informed of his/her right to Judicial Review. The Case Manager is to inform the member of this right and explain the process. If the member requests Judicial Review, the Case Manager must schedule an appointment to be evaluated by the Network psychiatrist. The evaluation must be completed and submitted to CPSA within 72 hours of the request.

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- The following paperwork is required by the court:
 - [CPSA PM Form 3.18.4, Notification of Right of Member's Right to Request Judicial Review and Right to speak to Legal Counsel](#). The member must sign top signature line acknowledging their right to legal counsel even if they do not request Judicial Review.
 - Psychiatric Evaluation. [CPSA PM Form 3.18.5, Release from COT Worksheet](#), contains the format of and additional instructions for completing the evaluation. The Court requires that the psychiatric evaluation contains sufficient clinical information to render a decision.
- The original Notification of Right to Judicial Review, Request for Judicial Review and the psychiatric evaluation, plus 5 copies are submitted to CPSA to be filed with court. If paperwork is submitted by 10:00 AM it will be filed that day with court.
- A hearing can be set by the Judge on his/her own or requested by the defense attorney.
- Status Reports
 - At the original hearing for court order, the judge will direct the Network to submit two status reports to the CPSA Court Ordered Treatment Coordinator. The Judge will set the dates when the reports are to be submitted.
 - The status report is completed using the [CPSA PM FORM 3.18.6, Court Ordered Treatment Status Report](#) to the Court. The status report is completed by the Case Manager, reviewed and signed by the team supervisor and attending outpatient psychiatrist.
 - The report is faxed to CPSA Court Ordered Treatment Coordinator at 520-618-6640, seven (7) days before the dates ordered by the court.
- Annual Review and Examination
 - Court orders for PAD and GD can be extended (renewed) on an annual basis based on an annual review and examination conducted by the person's outpatient psychiatrist.
 - For Gravely Disabled, [CPSA PM FORM 3.18.7, Psychiatric Examination for Annual Review of Gravely Disabled Person](#), must be completed one month prior to the termination of the order regardless of whether a request to extend the order will be submitted.
 - For Persistently or Acutely Disabled, [CPSA PM FORM 3.18.8, Psychiatric Examination for Annual Review of Persistently or Acutely Disabled Person](#), is completed only if the individual has been substantially non compliant with treatment. When required, the annual examination must be completed and submitted one month prior to the termination of the order.
 - The examination may include a request for guardianship if an identified individual has been identified to assume this role. The name of the individual and contact information must be included in the annual exam.
 - The annual exam must have current contact information for the member. This includes full address, zip code, and telephone number. If location, contact information, for the

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- member changes Network staff must contact the CPSA Court Ordered Treatment Coordinator with new contact information.
- The original annual examination and 5 copies are submitted to CPSA 1 month prior to the expiration of the original order.
 - A hearing is conducted if requested by the member's attorney or otherwise ordered by the court.
 - If set for hearing, the Network psychiatrist that completed the Annual Exam must testify at the hearing. The Network T-36 Liaison is responsible for informing required Network staff/psychiatrist of the hearing and ensures coordination for the hearing. The Network Case Manager must inform the member of the hearing and arrange transport for the member to the hearing. The Case Manager must fax the Prep Worksheet to the CPSA Court Ordered Treatment Coordinator 1 week prior to the hearing.
 - Termination/Release from Court Order Treatment
 - The court can order a member released from court ordered treatment prior to the expiration of the period originally ordered by the court upon the written request of the person's outpatient psychiatrist.
 - A request for release can be based upon a change in primary diagnosis (e.g. behavior results from substance abuse alone), or when the person has become voluntarily engaged in treatment (compliant and has insight regarding need for treatment), has moved out of state, guardianship has been established, been sentenced to Department of Corrections or has died.
 - A written evaluation signed by the outpatient psychiatrist must be submitted to court for the judge to review and render a decision. Criteria required by the court to render a decision are contained in the [CPSA PM Form 3.18.5, Release from Court Ordered Treatment worksheet](#).
 - The original psychiatric evaluation and 5 copies are submitted to CPSA to be filed with court.
 - If sufficient criteria are not provided to the court or the evaluation is illegible, the judge will set a hearing to hear testimony from the outpatient psychiatrist as to why the individual should be released from court ordered treatment. The Case Manager is responsible to inform the member of the hearing and to arrange transport to the hearing if needed. The Case Manager must be familiar with specifics of the case since he/she may be called to testify at the hearing.
 - If the court order is terminated the Network must notify CPSA Member Services by faxing a [CPSA PM Form 3.18.9, Notification to CPSA of Release from T-36 Court Order](#), a [CPSA PM Form 7.5.1, Change in Enrollment Status Fax Form](#), and supporting documentation.
 - Change of Venue
 - The court order is issued through the county in which originally ordered. If the member requests to move to another county, or if the court order was made in a county in which

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the member does not reside or receive treatment, the court order will need to be changed (moved) to the county of residence.

- To change the venue of a court order for treatment:
 - The Network Case Manager of the supervising agency submits to the CPSA Court Ordered Treatment Coordinator a letter by the attending outpatient psychiatrist that includes:
 - Member's name, mental health number and new address
 - The name and address of the new supervising agency
 - The reason for the request to change venue, (i.e. there has been a change in residence and the member is now residing in a different county).
 - The accepting agency submits to the CPSA Court Ordered Treatment Coordinator the following:
 - A letter of intent to treat signed by a psychiatrist, providing the address, phone number of the agency, name of the accepting outpatient psychiatrist,
 - A written statement indicating agreement to accept/supervise the court order and to provide behavioral health services, and
 - Proposed outpatient treatment plan.
 - If the individual is transferring from CPSA to another RBHA, the Network must contact CPSA Member Services, at 1-800-771-9889, option 3, to assist with the coordination of care.
- Change in Supervising Agencies
 - If the member transfers to another Network the Case Manager of the original supervising agency must submit a written statement, signed by the outpatient psychiatrist, indicating the network to which the member has been assigned.
 - The accepting Network's Case Manager submits to the CPSA Court Ordered Treatment Coordinator the following:
 - A letter of intent to treat signed by a psychiatrist, providing the address, phone number of the agency, name of the accepting outpatient psychiatrist,
 - A written statement indicating agreement to accept/supervise the court order and to provide behavioral health services, and
 - Proposed outpatient treatment plan; signed by the Network psychiatrist, Case Manager, and the member.
 - The original and 5 copies are submitted to CPSA to be filed with court.
 - The same process is followed if the member is transferred to Pima Health Systems/ Arizona Long Term Care.
 - The transferring Network Case Manager must notify CPSA Member Services of all transfers.
- Arizona State Hospital
 - When a need for a referral has been identified, the Network contacts CPSA's Member Service Specialist @ 1-800-771-9889 to initiate and coordinate the process.

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3.18.7-E. Court-Ordered Treatment for persons charged with, or convicted of, a crime

T/RBHAs or T/RBHA providers may be responsible for providing evaluation and/or treatment services when an individual has been ordered by a court due to: 1) conviction of a domestic violence offense; or 2) upon being charged with a crime when it is determined that the individual is court ordered to treatment, or programs, as a result of being charged with a crime and appears to be an “alcoholic.”

Domestic Violence Offender Treatment

Domestic violence offender treatment may be ordered by a court when an individual is convicted of a misdemeanor domestic violence offense. Although the order may indicate that the domestic violence (DV) offender treatment is the financial responsibility of the offender under [A.R.S. § 13-3601.01](#), the T/RBHA will cover DV services with Title XIX/XXI funds when the person is Title XIX/XXI eligible, the service is medically necessary, required prior authorization is obtained if necessary, and/or the service is provided by an in-network provider. Additionally, T/RBHAs will cover DV services for Non-Title XIX/XXI eligible persons determined to have SMI who pay premiums for behavioral health coverage in accordance with requirements in [PM Section 3.4, Co-payments](#). For Non-Title XIX/XXI eligible persons court ordered for DV treatment, the individual can be billed for the DV services.

Court ordered substance abuse evaluation and treatment

Substance abuse evaluations and/or treatment (i.e., DUI services) ordered by the court under [A.R.S. § 36-2027](#) is the financial responsibility of the county, city, town or charter city whose court issued the order for evaluation and/or treatment. Accordingly, if ADHS/DBHS or a T/RBHA receives a claim for such services, the claim will be denied with instructions to the provider to bill the responsible county, city, or town.

Title XIX/XXI persons may receive evaluation and medically necessary behavioral health treatment services associated with a court order pursuant to [A.R.S. §13-3601.01](#) or A.R.S. §28-1387 only when they participate in the assessment and service planning process and become enrolled with a CPSA Network and agree to an in-network provider. The assessment process must determine that the person has a behavioral health disorder and will benefit from behavioral health services. The services must be included in the person’s service plan and be in addition to other behavioral health services. A Title XIX/XXI person who is requesting to participate in court ordered services solely for the purpose of satisfying the requirements of the court and does not meet all of the conditions outlined above will not receive services through CPSA.