



ARIZONA STATE SENATE
Fifty-Sixth Legislature, Second Regular Session

FACT SHEET FOR S.B. 1311

mental health; oversight; data; documentation.

Purpose

Declares the Arizona Health Care Cost Containment System (AHCCCS) the agency responsible for monitoring, overseeing and evaluating state agencies that provide mental health services. Modifies requirements and procedures relating to mental health prepetition screenings and court-ordered evaluations.

Background

AHCCCS serves as Arizona's Medicaid agency which offers qualifying Arizona residents access to healthcare programs. AHCCCS's duties include: 1) developing and implementing a county-by-county system that includes access to hospitalization and medical services for members; 2) contracting, overseeing, reviewing and providing technical assistance to contactors; 3) developing a system of accounts and controls for AHCCCS to prevent the unnecessary use of covered health and medical services; 4) assisting in the formation of medical care consortiums to provide covered medical services for a county; 5) establishing and managing a system to ensure the quality of care delivered by AHCCCS; 6) establishing and managing a system to prevent fraud by members, subcontractors, contractors and noncontracting providers; 7) coordinating benefits to any member; 8) developing and maintaining outlined programs and systems; and 9) establishing the eligibility process for a Medicare low-income subsidy ([A.R.S. § 36-2903](#)).

Statute authorizes any individual to apply for a court-ordered evaluation of a person alleged to be, as a result of a mental disorder, a danger to self or others or a person with a persistent, acute or grave disability that is unwilling or able to under a voluntary evaluation ([A.R.S. § 36-520](#)). Upon receiving an application for evaluation, a screening agency, before filing a petition for court-ordered evaluation, must provide a prepetition screening within 48 business hours, when possible, to determine: 1) if there is reasonable cause to believe the allegations of the applicant for the court-ordered evaluation; 2) if the person will voluntarily receive evaluation at a scheduled time and place; and 3) if the person has a persistent or acute disability, a grave disability or is likely to present a danger to self or others until the voluntary evaluation ([A.R.S. § 36-521](#)).

If there is a cost associated with AHCCCS oversight and evaluation of state agencies providing mental health services, there may be an impact to the state General Fund.

Provisions

AHCCCS Oversight

1. Declares AHCCCS the agency responsible for monitoring, overseeing and evaluating state agencies that provide mental health services to ensure that services, whether provided directly by a county or a contracted service provider, are provided in a timely, effective and efficient manner and are in compliance with all county, state and federal laws and rules.

2. Requires AHCCCS mental health oversight authority to be clearly delineated in all applicable contracts.
3. Directs AHCCCS to audit the performance of state agencies providing mental health services and impose penalties, including civil penalties, suspension and termination of contracts, on agencies found to be:
 - a) noncompliant with county, state or federal law or rule; or
 - b) not performing services in a timely, effective and efficient manner.
4. Requires the AHCCCS Director to adopt rules and prescribe forms for collecting, reporting and analyzing information and data for purposes of tracking and analyzing the effective and efficient use of mental health services provided by state agencies.
5. Requires the AHCCCS Director, in establishing the appropriate information to be collected and forms to be used, to seek the advice of a representative group of stakeholders, including:
 - a) screening, evaluation and treatment agencies;
 - b) regional behavioral health agencies;
 - c) hospitals and physicians providing behavioral health services;
 - d) family members; and
 - e) persons with lived experiences in screening, evaluation and treatment services.
6. Requires the forms used to be reviewed and, if necessary, revised on a regular basis, at least once a year.
7. Requires AHCCCS to analyze the information and data collected monthly and report it to the Governor, President of the Senate and Speaker of the House of Representatives at least once each year.
8. Specifies that the rules and prescribed forms are to be completed on an expedited timeline established by AHCCCS, but no later than December 31, 2025.
9. Directs AHCCCS to file, with the Governor, President of the Senate and Speaker of the House of Representatives:
 - a) by December 31, 2024, an interim report that describes AHCCCS's progress in completing requirements associated with agency mental health oversight; and
 - b) by December 31, 2025, a final report confirming the completion of all requirements.

Mental Health Screening and Evaluation

10. Removes the requirement that a screening agency destroy an application that has not been acted on for six months.
11. Stipulates that, if it is determined that a proposed patient does not need evaluation, the medical director of the screening agency or the medical director's designee must:
 - a) make a written statement of the reasons why the proposed patient does not need an evaluation; and
 - b) retain the application together with the medical director's statement and any records or reports concerning the prepetition screening.

12. Removes the requirement that a screening agency consider whether there is reasonable cause to believe the allegations of the individual applying for court-ordered evaluation and instead requires the agency to consider whether the person is a danger to self or others as a result of a mental disorder.
13. Requires a screening agency that denies an evaluation to state the denial in writing on the application form and include confirmation by the medical director of the agency or a designee.
14. Requires a screening agency to assist a proposed patient with finding specific evaluation or treatment services available, including direct referrals, if the person:
 - a) does not meet the criteria for court-ordered evaluation;
 - b) provides reasonable grounds to believe has a mental disorder;
 - c) is in need of further evaluation or treatment; and
 - d) is able and willing to pursue private or public evaluation or treatment services available in the community.
15. Requires the medical director of a screening agency who determines that a person no longer needs an evaluation after a petition has already been prepared to:
 - a) make a written statement of the reasons why the evaluation was determined to be no longer necessary; and
 - b) retain the petition together with the medical director's statement.
16. Requires the medical director of an evaluation agency or the medical director's designee to retain an application for which emergency admission was denied and to state the reasons for the denial.
17. Specifies that an application for emergency admission must be retained after the admitted person has been released, together with a written statement by the medical director of the evaluation agency stating why the release was appropriate.
18. Requires the medical director of an evaluation agency, after the release of a person being evaluated on an inpatient basis, to make a written statement explaining why further evaluation was not appropriate and why release was.
19. Requires copies of written statements by evaluation agency medical directors explaining the release of a patient to be:
 - a) filed with the court that entered the order for evaluation;
 - b) filed as a part of the court record; and
 - c) made a part of the patient's medical record.

Miscellaneous

20. Makes technical and conforming changes.
21. Becomes effective on the general effective date.