

Government Business Division

Policies and Procedures

Section (Primary Department)		SUBJECT (Document Title)	
Health Care Management - Case Management		Justice Involved Case Management- LA	
Effective Date December 2, 2019	Date of Last Review December 1, <u>2021 January 6, 2023</u>	Date of Last Revision December 1, <u>2021 January 6, 2023</u>	Dept. Approval Date December 1, <u>2021 January 6, 2023</u>
Department Approval/Signature:			

~~Policy applies to health plans operating in the following State(s). Applicable products noted below.~~

Products

☒ Medicaid/CHIP

☐ Medicare/SNP

☐ MMP/Duals

☐ Arkansas

☐ California

☐ Colorado

☐ District of Columbia

☐ Florida

☐ Georgia

☐ Indiana

☐ Iowa

☐ Kentucky

☒ Louisiana

☐ Maryland

☐ Minnesota

☐ Missouri

☐ Nebraska

☐ Nevada

☐ New Jersey

☐ New York – Empire

☐ New York (WNY)

☐ North Carolina

☐ South Carolina

☐ Tennessee

☐ Texas

☐ Virginia

☐ Washington

☐ Wisconsin

☐ West Virginia

PURPOSE:

~~To establish a policy and procedure for the Healthy Blue interfacing with the Louisiana Department of Public Safety & Corrections and Criminal Justice System to implement a “reentry referral and continuity of care plan” that facilitates the returning member continuing to receive prescribed medications and other physical and behavioral health services and supports from community providers.~~

POLICY:

Offenders between the ages of 19-64 will be considered income eligible for enrollment while incarcerated.

BENEFIT SUSPENSION DURING INCARCERATION

The Centers for Medicare and Medicaid Services (CMS) does not allow Federal Financial Participation (FFP) for persons restricted to a public institution, inclusive of incarceration, except for inpatient care of 24 or more hours. In Louisiana, when a Medicaid member becomes incarcerated, they do not lose Medicaid eligibility. Instead, Medicaid benefits are suspended during the incarceration segment and members are unlinked (i.e., dis-enrolled) from their health plan in order to prevent improper Medicaid payments. A step-by-step process of the current interface effectuating Medicaid benefits suspension and health plan disenrollment is detailed below.

1. DOC’s offender management system (CAJUN) transmits a daily flat file to LaMEDS called the IN/OUT file, which includes all DOC-level admits documented into CAJUN that day. Incarceration start dates appear in the “IN” field.
2. LaMEDS is updated in accordance with the DOC IN/OUT process and places the incarcerated member in suspended status with a lock-in segment. All Medicaid benefits are therefore suspended with the exception of inpatient care.

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3. The lock-in segment information is remitted to Healthy Blue on the lock-in file extract under lock -in code 5 (juveniles) or 6 (adults) in the DOC Begin Date filed, along with corresponding disenrollment information on the 834 file from Enrollment broker.
4. Upon release, the offender's actual release date is transmitted to LDH in the "OUT" filed on the daily IN/OUT file.
5. The OUT date is loaded into other LDH systems interface and is remitted to Healthy Blue on the lock-in file extract on the DOC End Date field.
6. The member is enrolled with their health plan according to the Enrollment broker assignment logic and the effective date is loaded on the 834 file retro-active to the 1st day of the month of release with corresponding capitation code.

TRAINING OF MEMBERSPROGRAM EDUCATION

Training

Department of Corrections (DOC) will conduct training to the offenders in the pre-release program regarding enrollment in Medicaid and services and options available under Healthy Blue preparing for release regarding enrollment into Medicaid and the services and options available under each MCO. Educational and training materials have been developed in coordination with LDH- Medicaid and Healthy Blue. The trainings include:

- Healthy Louisiana: Information to Released Offender: includes information about the Medicaid program and what information the offender must keep up to date in order to maintain coverage
- An educational video including introduction to Medicaid coverage, a restatement of Healthy Blue's value added services, and any marketing points submitted by Healthy Blue for inclusion.
- Welcome to Healthy Louisiana: FAQs
- Supplemental educational material on:
 - Safe link Phone program
 - Housing options
 - Transportation
- A comparison chart of all the MCO's Value Added Benefits
- Marketing material from Healthy Blue

Marketing

- Healthy Blue shall not make arrangements directly with DOC facilities or DOC staff to conduct on-site marketing at DOC facilities that participate in the Pre-Release Program. At times, a DOC facility may conduct a resource fair and all MCOs are invited to participate in these events. At the discretion of DOC headquarters and/or DOC facility staff and LDH, Healthy Blue may conduct marketing directly to offenders. Such marketing efforts must be open to all MCOs. Prior approval from DOC and LDH is required.

IDENTIFYING MEMBERS ELIGIBILITY & ENROLLMENT

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All applicant will be assessed by the Louisiana Medicaid Eligibility and Determination System (LaMEDS) for eligibility and will be enrolled in the most appropriate type of Medicaid in accordance with available information in LaMEDS' interfaces and eligibility rules.

Aid Categories & Type Cases

~~After the offender is certified by Medicaid, the lock-in code 5 for juveniles and code 6 for adults will be placed on their record and remitted to Healthy Blue on the lock-in file extract transmitted by Enrollment broker. The lock-in file extract is where the scheduled release date (at time of application) will be populated in the "pre-release date" field.~~

~~The Enrollment broker will send a concurrent 834 file corresponding to the lock-in file extract to Healthy Blue with the newly assigned members linked through either a J enrollment code (full benefits) or a K enrollment code (partial benefits NEMT and behavioral health only).~~

~~The J or K enrollment code indicates the person is still incarcerated.~~

- ~~• All J or K enrollment linkages will have a corresponding XXXXX capitation code indicating that there is no associated capitation payment being made while the individual is still incarcerated.~~
- ~~• The linkage is purely for informational purposes to Healthy Blue to allow for the health plan card to be mailed and case management preparations to be initiated in advance of release for high need members.~~
- ~~• Type case 51 will indicate if the member requires case management.~~
- ~~• There will be no change to the layout of the 834 file.~~

When the offender is released, LDH will receive the official release date and offender's updated releasing community address and phone number on the DOC IN/OUT file. The lock-in segment shall end effective on the date in the "out" field on the file. Although the program was designed to enroll persons into Adult Group Medicaid Expansion (aid category/type case 50/550), based on LaMEDS' findings, applications may not ultimately be enrolled in the Adult Group. Persons who are outside of the age range for the Adult Group will be considered for other Medicaid programs and will be enrolled accordingly. Based on eligibility rules, not all applicants will be eligible for full benefits with Medicaid; some applicants will be enrolled in partial benefits. All aid category/type cases are valid for the Program.

New Members:

Newly enrolled members or inactive (i.e., closed) Medicaid cases that are eligible for the Adult Group will be placed in one of the following aid category/type cases:

- 50/550- Adult New Group aid category and type case; all offenders not designated high-need by DOC
- 51/550- Justice-involved high-need aid category and type case; as determined by DOC and eligible for pre-release case management

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Members who are not eligible for Adult Group Expansion due to age or other available information (such as existing enrollment in Medicare) will be placed in appropriate aid category/type case as determined by LaMEDS.

Existing Members:

Members with active eligibility in Medicaid will continue to be certified in their pre-existing eligibility groups (aid category/type case) upon certification through the pre-release process, unless current eligibility review determines that another eligibility group (e.g. Medicaid Expansion) is a more appropriate choice. Persons who were previously enrolled in the Adult Group (50/550) may switch to the high-needs group (51/550), if clinically warranted. Eligibility rules may automatically change the aid category/type case of a member at a later date.

Changes in AC/TC:

When a member is no longer eligible for their current AC/TC, the enrollment broker will flip the member into the new, different AC/TC as determined by LaMeds.

For Phase 1 facilities ONLY- members who were previously certified as 50/550 and who now meet the criteria for high-need, will be certified into the 51/550 aid category/type case. LDH's eligibility determination system does not allow more than one aid category/type case per month; the current 50-550 segment is active at the time of pre-release processing. The 51/550 segment will not be active until the month following certification through the pre-release process.

LINKAGES

Assignment to Health Plan:

The enrollment broker will assign the incarcerated member to a health plan according to the offender's selection on their 1-DOCE application unless prevented by the current assignment logic for pre-existing Medicaid enrollees (e.g., disenrolled within previous 60 days, etc.). If no health plan is chosen by the new enrollee, the enrollment broker will assign the applicant to an MCO using its current auto-assignment logic. For members who had active Medicaid at the time of incarceration, but who have since been dis-enrolled from their health plan, in the absence of a 1-DOCE or CAJUN application with the offender's health plan of choice indicated, the enrollment broker will follow its auto-assignment logic. However, the assignment will not occur until after Medicaid benefits are re-activated upon release.

Lock-In File Extract:

After the offender is certified by Medicaid, the SURS lock-in code of 5 for youth and 6 for adults will be placed on their record and remitted to the MCOs on the lock-in file extract transmitted by the enrollment broker. The lock-in file extract is where the scheduled pre-release date since from CAJUN at the time of application will be population in the "pre-release date" field.

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NOTE: In general, the scheduled release date sent upon enrollment from DOC will be the indicator for Healthy Blue to know when to initiate case management in Phase 1. However, because release dates are subject to change as offenders earn or lose good time, the Medicaid Project Manager will also monitor the release dates of each high-need offender and provide communication regarding changes in release dates to Healthy Blue.

834 File:

Daily, the enrollment broker will send a concurrent 834 file corresponding to the lock-in file extra to Healthy Blue with its newly assigned members linked through either a J-enrollment code (full benefits) or a K-enrollment code (partial benefits- NEMT and behavioral health only).

The J- or K- enrollment code, when paired with a 5 or 6 lock-in code, indicates the person is a participant in the pre-release enrollment program and is still incarcerated. (Person with only a 5 or 6 lock-in code are incarcerated, but not necessarily part of the pre-release program).

- There will be no change or the layout of the 834 file.
- All J- or K-enrollment linkages will have a corresponding XXXXX capitation code indicating that there is not associated capitation payment being made while the individual is still incarcerated.
- The J- or K- linkage is purely for informational purposed to Healthy Blue to allow for the health plan card to be mailed and for case management preparations to be initiated in advance of release for high need members in Phase 1.
- Aid category 51 will indicate high-need certifications for members who are eligible for pre-release case management (Phase 1 only).
- For Phase 2, the offender may remain in a J- or K-enrollment linkage for the entire incarceration segment as pre-release enrollment may occur at intake.

Member identification:

Healthy Blue is required to develop a daily process to accurately identify Program enrollees in a J- or K-enrollment linkage by reconciling their 834 file with their lock-in file.

ACTIVATION OF BENEFITS

When the offender is released, LDH will receive the official release date and the offender's community address and phone number on the DOC IN/OUT File through. The lock-in segment and effective on the date in the "out" field on the file.

When the lock-in segment has ended, signifying that the person has been released, the member's incarceration segment will close in LaMEDS and MMIS, and Medicaid benefits will be activated. The following process will be followed:

- LDH's receipt of the offender's official release date is depending upon DOC staff entering the offender's release into CAJUN and upon CAJUN's nightly refresh. Delays with DOC

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staff entering the release will impact a member's activation of benefits. LDH does not process CAJUN files on Saturday, Sundays, or holidays.

- The official release date will be transmitted to Healthy Blue on the lock-in file extract in the "DOC End Date" field.
- The member's eligibility effective date will be transmitted to Healthy Blue on a corresponding 834 file retroactive to the 1st day of the month in which the member is released (e.g., if member is released on Sept. 15th, the member's effective eligibility date will be Sept. 1st).
- PMPMs will be paid to the member's health plan in full for the month in which the offender is released (back to the 1st of the month of release).
- The member will either switch from a J-enrollment code to a P-enrollment or from a K-enrollment code to a B-enrollment code on the 834 file based on their eligibility group.
- The location code on the lock-in file will change to a 9999.

HEALTH PLAN CARDS

Upon receipt of the offender in a J- or K- linkage on the 834 file, Healthy Blue shall deploy the production and mailing of the health plan member card to the mailing address associated with the DOC location code listed on the lock-in file or to DOC headquarters. The DOC location code is transmitted on the lock-in file extract in the last field titled "Facility Code". If the location code is missing from the lock-in file, Healthy Blue should contact the Medicaid Project Manager to research the member's location. Due to the processing logic of the enrollment broker, a J- or K-linkage without a location code may indicate a previous program participant who has become re-incarcerated. Please ask the Medicaid Program Manager to research any member whose enrollment information is atypical.

Members are to receive only one (1) health plan card while enrolled in the Pre-Release Enrollment Program unless a reprint is required under terms of Healthy Blue (e.g., updating graphic lay out of the card) or a request is made by Program Manager for a reprint.

Card Deployment:

Deployment of the card to the member should not be delayed; card deployment should not be based on member's pre-release date.

Healthy Blue may provide Healthy Blue member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from LDH or the Enrollment Broker identifying the new enrollee. As part of the welcome packet information, Healthy Blue must explain the purpose of the card, how to use the card, and how to use it in tandem with the LDH-issued card.

The card deployment requirement may be met in either of the following ways:

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Option 1: Healthy Blue may continue their automated mailing process which mails the health plan card to the address as listed on the 834 file as long as Healthy Blue initiates a daily process to manually mail a second health plan card to the DOC headquarters address. This manual process shall be done daily and ONLY includes persons in a J- or K- linkage on the 834 file whose:

- Mailing address on the 834 file is NOT a DOC Pre-release enrollment facility address, and
- The location code is missing on the lock-in file, and
- The location code has not been supplied by LDH

Option 2 (Preferred): Healthy Blue shall either a manual or automated process to disregard or bypass any address on 834 file that does not match the DOC facility address while the member in a J- or K- linkage and shall mail the health plan card to the DOC address that corresponds with the location code listed in the lock-in file or supplied by LDH.

Card Deployment QA Requirement:

Healthy Blue is required to develop an internal quality assurance process to ensure proper identification of pre-release members. At a minimum, Healthy Blue shall conduct this process weekly.

Card Delivery Tracking Requirement & Fine for Missing Cards

Health Plan cards for members enrolled through the Pre-Release enrollment program in a J- or K- linkage, regardless of Medicaid aid category or type case, shall be deployed to the Department of Corrections (DOC) location code listed on the lock-in file or otherwise provided by LDH. Cards for members in a J- or K-linkage, are not to be mailed to a member's home address or any other address but the address associated with the DOC location code until the member's linkage address but the address associated with the DOC location code until the member's linkage changes to a P or B. Cards for members in a J- or K- linkage will be delivered no later than five (5) business days from the date Healthy Blue or their print vendor deploys the card. Healthy Blue will be fined \$500.00 per incident of a pre-release member's card not arriving at the DOC facility specified on the lock-in file or supplied by LDH, or DOC headquarters in absence of a location code, within fifteen (15) days from receipt of the file from LDH or the Enrollment Broker identifying the new enrollee.

Healthy Blue must adopt the above methodology. Members with a process date on or after April 1, 2022 will be subject to the conditions and fine listed above.

Even though not all custodial facilities participating in the Pre-release Enrollment Program are operated by the state, state holidays and closure of state offices due to weather or other unforeseen circumstances do not count towards the 15 day window. A list of holidays observed by Louisiana state offices is available for the Division of Administration. State office closures may differ parish to parish. Healthy Blue shall be mindful of facility location during parish-level closures.

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Healthy Blue will be provided the opportunity to remit documentation to LDH that confirms that the member's card was delivered within the required timeframe and to the correct address before LDH proceeds with finding Healthy Blue in order for LDH to again confer with DOC staff about the card's receipt.

Healthy Blue will be afforded the opportunity to appeal this fine. Healthy Blue must have a compelling case to appeal the fine. Appeals will be considered on a case by case basis.

Exemptions:

- In the even the DOC staff state they do not have a member's card, but Healthy Blue can provide documentation proving that the card was delivered to the correct facility in the allowed timeframe, Healthy Blue will not be fined.
- In the event that an enrolled member released from custody within the fifteen (15) days after enrollment processing by the Enrollment Broker, Healthy Blue not be fined.
- In the event that the member's enrollment dates (e.g. process date on Maximus 140 report) is after their release date, regardless of when the release date was entered into CAJUN and transmitted to LDH, Healthy Blue will not be fined.
- In the event that a member is found to have been processed on the Maximus 140 report, but their current incarceration segment is not valid for the Program, Healthy Blue will not be fined.
- In the event that the DOC facility receives the card for a member who was incarcerated at their facility and erroneously returns the card to Healthy Blue, as long as Healthy Blue can prove that the card was delivered correctly, Healthy Blue will not be fined.

DOC Verification of Receipt of Health Plan Card

DOC shall build it into its procedures that facility staff shall verify that the offender's health plan card(s) has been receives at least two weeks prior to discharge. DOC staff are responsible for documenting receipt of Medicaid cards in CAJUN. If the health plan card has not been received at the facility, DOC staff shall first contact the Medicaid Project Manager will confirm with Healthy Blue that a card was mailed, and if needed, request another card be mailed. The card will be mailed to the requesting DOC facility's mailing address.

Marketing Materials (Welcome Packets)

Healthy Blue shall mail new member cards with health plan materials to the DOC facility code listed on the member's record in the lock-in file. The card and the welcome packet may be mailed together (in one envelope) or separately. If a new member is listed in the lock-in file without a DOC location code, but has a J or K linkage, Healthy Blue should contact the LDH Program Manager to research. Healthy Blue will no longer be required to send quarterly shipments of welcome packets to DOC facilities. LDH may request additional materials from Healthy Blue as needed.

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MAILING

Upon receipt of the offender in the J or K linkage, Healthy Blue shall mail health plan member cards and new member materials (i.e., welcome packet) to the mailing address associated with the DOC location code. The DOC location code is transmitted on the lock in file extract in the last field titled "Facility Code."

The mailing requirement may be met in either of the following ways:

- Healthy Blue may continue their automated mailing process which mails the health plan card to the address as listed on the 834 file as long as Healthy Blue initiates a daily process to manually mail a second health plan card to the DOC headquarters address. This manual process shall be done daily and only include persons in J or K linkage on the 834 file that do NOT list the DOC address as their mailing address on the 834 file to avoid sending duplicate cards to DOC.
- Healthy Blue shall create either a manual or automated process to disregard or bypass any address on the 834 file that does not match the DOC address while the member remains in a J or K linkage and shall mail the health plan card to the DOC address.

DOC will build into its pre-release procedure that the releasing facility shall verify that the offender's health plan card has been received at least two weeks prior to discharge. If the health plan card has not been received at the facility, it shall contact the LDH DOC Program Manager. After which, the Program Manager shall communicate with Healthy Blue using the offender's name and date of birth to request a new health plan card for the soon to be released offender. The card will be mailed to the requesting DOC facility's mailing address.

MEDICAL RECORD TRANSFER

Member enrolled in type case/ aid category 51-550 in a J linkage on the 834 file that have been flagged by DOC as "high need" are subject to case management prior to release from incarceration. Their scheduled release date will be on the lock in file extract in the "pre-release" field.

DOC will upload a Medical Record Transfer Summary form for high need offenders to a secure portal for Healthy Blue to retrieve.

Healthy Blue will receive an email that the 51/550 high need member's medical record transfer summary form has been uploaded to the DOC secure site. The email to Healthy Blue will follow the following format:

- Subject line: New Medicaid Application from the Louisiana Department of Corrections
- Body of Email: Offender Name/ DOC Number: John Doe/ 999999

Healthy Blue should then go to access the DOC secure site to retrieve the form. The form will have the DOC facility that the offender is currently housed at so that Healthy Blue can initiate contact for scheduling the first case management appointment.

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~~DOC will update the Medical Record Transfer Summary form with additional information that may be needed for continuity of care approximately one to two months prior to the scheduled release.~~

CASE MANAGEMENT

Offenders eligible for case management will be identified as “high need” by DOC based on a set of high-risk health criteria and subsequently enrolled in the 51/550 AC/TC. ~~The criteria are as follows:~~

- ~~● Serious Mental Illness: Defined as a confirmed diagnosis of at least one of the following: Major Depressive Disorder (MDD), Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Psychotic Disorder, Severe Anxiety Disorder, and Severe Personality Disorder. All Mental Health level of Care 1, 2 and 3 will require case management.~~
 - ~~○ Level of Care 1: Offenders who have a significant disability primarily due to their mental health condition. These offenders are housed in the special mental health housing units with a 24 hour medical and/or mental health presence.~~
 - ~~○ Level of Care 2: Assigned to offenders with a diagnosis of SMI AND who have been in remission for less than 6 months, or have displayed a pattern of instability, may not have ability to follow directions or dysfunctional due to mental health illness.~~
 - ~~○ Level of Care 3: Assigned to offenders with SMI and who have been in remission or have been stable for at least six months.~~
 - ~~○ Level of Care 4: May be referred for case management at the discretion of the Mental Health Director based on the individual needs of the offender. Level of Care 4 Assigned to offenders with any Axis I diagnosis excluding severe mental illness (SMI) and excluding addiction disorder diagnosis or those requiring mental health interventions within the last year.~~
- ~~● Co-occurring SUD: In combination with a medical condition or SMI, use of alcohol or other drugs to the point of impairment (is a condition in which the use of one or more substances leads to a clinically significant impairment or distress). Moderate or severe (using severity scales) who require ongoing treatment.~~
- ~~● Pregnancy~~
- ~~● HIV~~
- ~~● Multiple Medical Issues: Must be individualized for each offender releasing. Any offender that will require a higher level of medical care upon release. Offenders with just diabetes may be unstable/poorly controlled while another with Diabetes, Hypertension and High Cholesterol may be very stable and only require routine care.~~
- ~~● Disability as defined by SSA:~~
 - ~~○ Any disability that will impact ambulation~~
 - ~~○ Any chronic medical condition that impairs the ability to perform activities of daily living without any assistance.~~

Hearing or Visually impaired Any members processed by the enrollment broker as a 51/550 that are found to be incarcerated at an eligible facility will be flipped to a 50/550. Any members processed by the enrollment broker as a 51/550 with a process date after they have released will be flipped to 50/550. High-need members who transfer to an ineligible facility will be

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reviewed on a case-by-case basis to determine if remaining as a 51/550 is appropriate. There are some instances when a DOC offender is transferred to an ineligible facility to receive recommended treatments, which may warrant leaving the member as a 51/550.

☉ ————— High Needs Eligibility

- Serious Mental Illness: Defined as a confirmed diagnosis of at least one of the following: Major Depressive Disorder (MDD), Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Psychotic Disorder, Severe Anxiety Disorder, and Severe Personality Disorder. All Mental Health Level of Care 1,2, and 3 will require case management
 - Level of Care 1: Offenders who have significant disability primarily due to their mental health condition. These offenders are housed in the special mental health housing units with a 24 hour medical and/or mental health presence.
 - Level of Care 2: Assigned to offenders with a diagnosis of SMI AND who have been in remission for less than six months, or have displayed a pattern of instability, may not have ability to follow directions or dysfunctional due to mental health illness.
 - Level of Care 3: Assigned to offenders with SMI and who have been in remission or have been stable for at least six months.
 - Level of Care 4: Assigned to offenders with any Axis I diagnosis excluding severe mental illness (SMI) and excluding addiction disorder diagnosis or those requiring mental health intervention within the last year. Offenders with Level 4 care may be referred for case management at the discretion of the Mental Health Director, based on the individual needs of the offender.
- Co-occurring Substance Use Disorder: In combination with a medical condition or SMI, use of alcohol or other drugs to the point of impairment (is a condition in which the use of one or more substances leads to a clinically significant impairment or distress). Moderate or severe (using severity scales) who require ongoing treatment.
- Pregnancy
- HIV: Regardless of whether receiving discharge planning from the Office of Public Health.
- Multiple Medical Issues: Must be individualized for each offender releasing. Any offender who will require a higher level of care. Poorly controlled chronic

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disease such as hypertension, asthma, diabetics needing testing supplies and/or insulin injections.

- Disability as defined by SSA:
 - Any disability that will impact ambulation
 - Any chronic medical condition that impairs the ability to perform activities of daily living without any assistance
 - Hearing or visually impaired

Case Management Eligibility

Healthy Blue is only required to provide pre-release case management to individuals in Phase 1 facilities that are enrolled in the aid category and type case of 51/550 aid/category in a J-linkage on the 834 file. Their scheduled release date will be on the lock-in file extract in the "pre-release" field. Healthy Blue, at their discretion, may provide pre-release case management to persons in other aid category and type case upon request from DOC or LDH.

Release Conditions that are Ineligible for high-needs Case Management:

Offenders with Federal, ICE, or out-of-state detainers are not eligible for pre-release case management services. All other release conditions are eligible for pre-release case management, including persons who are going before the parole board

o Denied Parole

Persons who are denied parole will be flipped out of high-needs at the request of either the facility, DOC headquarters, or the Medicaid Project Manager, unless the offender has an upcoming adjusted or full-term date (FTD) release in the next 24 months

Case Management Opt-Out:

If the offender has already been certified as high-need and subsequently refuses case management (at any point during the process), DOC will send a signed opt-out form to Healthy Blue's email address on file for the case file and to the Medicaid Program Manager. Alternatively, Healthy Blue may notify the Medicaid Program Manager that the member declined case management. Healthy Blue will close the case management record. The Medicaid Program manager will request Eligibility to flip the member out of the 51/550 aid category/type case and put into 50/550. The 50/550 will be active starting the next month of eligibility.

LaMEDS AC/TC Change

Persons who were originally enrolled into the AC/TC of 51/550, but who flip into another AC/TC during incarceration due to the eligibility hierarchy in LaMEDS will no longer be eligible for pre-release case management. LDH will notify Healthy Blue when this occurs.

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Persons whose AC/TC of 51/550 is changed to another AC/TC post-release due to changes in eligibility may continue to receive case management services at the discretion of Healthy Blue.

Preparation for Pre-Release Case Management Services

Access to DOC's FTP Site:

Healthy Blue staff members who need access to DOC's secure file transfer portal (SFTP) site in order to access medical record transfer summaries for high-need members should have their supervisor or case manager supervisor email the Medicaid Project Manager with their name, email address, and phone number. The Medicaid Project Manager will submit an Ivanti help ticket to request access.

Medical Record Transfer:

DOC will upload a Medical Record Transfer Summary for high-need offenders to the secure file transfer portal (SFTP) site for Healthy Blue to retrieve.

- Email Notification: Healthy Blue will receive an email that the 51/550 high-need member's medical record transfer summary form has been uploaded to the DOC FTP site at the following email addresses listed in Table 1. Healthy Blue should then retrieve the medical transfer summary from the FTP site.
 - If Healthy Blue staff suspect an offender's record has been wrongfully placed into Healthy Blue's folder, they should promptly contact the Medicaid Project Manager to verify member's health plan assignment. The Medicaid Project Manager will advise DOC headquarters or facility staff to move the files into the correct MCO's folder if needed.
 - The email to Healthy Blue will follow the following format:
 - Subject Line: New Medicaid Application from the Louisiana Department of Corrections
 - Body of Email: Offender Name/DOC Number: John Doe/ DOC # 999999
 - The timing of the notification email from DOC will likely not be concurrent with receipt of the member on 834 file due to eligibility determination outcomes, the timing of the internal LDH systems processing, and the member's release date.
 - Threshold for notifying LDH of issues regarding timing for the Medicaid Record Transfer Summary Form: if Healthy Blue has not received
 - the notification email from DOC within 60 days of member's release date, please notify the LDH and DOC Project managers for investigation and completion.

Case Management Appointment Scheduling

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Approximately sixty (60) to seventy-five (75) days prior to the member's earliest known release date, Healthy Blue shall initiate contact with the facility where the high-need offender is currently in custody to commence with obtaining the Medical Record Transfer Summary and scheduling the first case management appointment. Case management appointments shall be scheduled in coordination with the DOC facility liaison contacts. Healthy Blue should follow the procedure below for contacting the DOC facilities. General guidance for scheduling case management visits can be found in the DOC MCO Program Manual.

Step 1: Scheduling case management appointments:

- Option 1: Healthy Blue may call the DOC facility liaison contact to schedule case management appointments
- Option 2: Healthy Blue may send a non-secure email request to schedule the case management appointments (s). The email should include the offender's name and DOC number, as provided on the medical record transfer summary form.

Note: if Healthy Blue has not received a response back from the DOC facility within 48 hours, the Medicaid Project Manager and DOC should be contacted.

Step 2: Send non-secure WebEx appointments with only the offender's name and DOC number.

Note: the offender's name and DOC number are public record and not considered protected information.

Conducting Pre-Release Case Management

Technology Platform:

Healthy Blue should contact their pre-release case management visits through video conference (preferred) with the offender through Cisco WebEx technology. If the DOC Facility's (near site) or Healthy Blue's office (far site) IT infrastructure cannot (or cannot reliably) support the data demand of video conference, then teleconference should be pursued.

Number of Pre-Release Case Management Visits:

Healthy Blue should complete at least one (1) pre-release case management visit with the member. It is preferred that Healthy Blue completes two (2) pre-release case management visits. There may be extenuating circumstances when more than two pre-release case management visits need to be conducted, based on the member's needs or changes in their release date.

Timing of Case Management Visits:

Healthy Blue should attempt to conduct the first case management appointment approximately 45 (± 15) days prior to the member's earliest known release date, and if

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possible, the second appointment should be held 15 (±5) days before release. The conditions of release and other extenuating circumstances may dictate that these appointments be conducted on a different time table. The transition specialist (or similar) at each DOC facility may make the request to the Medicaid Project Manager to expedite case management delivery. The Medicaid Project Manager, with just-cause, may also request Healthy Blue to provide case management services on a timeline that differs from above. The second case management visit should not be held in the final week of a member's incarceration, unless necessary or requested by the transition specialist.

In the event that a member's release date is delayed by at least 90 days after the 2nd case management visit is completed (e.g. parole denied, loss of good time), Healthy Blue is expected to conduct a 3rd case management visit closer to member's new release date. This 3rd visit will replace the original 2nd visit in data reporting.

Content of Case Management Visit

~~If the offender has already been flagged as high need and eligible for case management and then subsequently refuses case management, DOC will send a signed opt out form to Healthy Blue's email address and Healthy Blue will close the case management record. Healthy Blue must also contact the LDH DOC Program Manager about member's declination of case management services.~~

~~Approximately forty-five (45) to sixty (60) days prior to the scheduled release date, Healthy Blue shall initiate contact at the facility where the offender currently resides to schedule the case management appointments with identified high-need offenders[TC1]. Healthy Blue will be able to conduct these services via tele/videoconference with the offender through approved teleconference platform. Case management appointments shall be scheduled in coordination with the DOC facility liaison. Healthy Blue should follow the below procedure contacting the DOC facilities:~~

~~Step 1: Scheduling case management appointments:~~

- ~~○ Option 1: Healthy Blue may call the DOC facility liaison contact to schedule case management appointments.~~
- ~~○ Option 2: Healthy Blue may send an email request non-secure to schedule the case management appointments including the offender's name and DOC number. The name and DOC number are located on the medical record transfer form.~~

~~NOTE: if Healthy Blue has not received a response back from the DOC facility within 48 hours, please contact DOC to troubleshoot at MedicaidHQ@corrections.state.la.us.[TC2]~~

~~Step 2: Send non-secure WebEx appointments with only the offender's name and DOC number.~~

~~NOTE: The offender's name and DOC number are public record and not considered protected information.~~

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~~Healthy Blue shall attempt to conduct case management within thirty (30) days prior to release. Case Management will be performed via approved teleconference platform over the course of 2 possible appointments:~~

- ~~1. The first case management appointment will be scheduled for 1 hour to perform the initial assessment. The first 15 minutes will be designated for one-on-one time between Healthy Blue's case manager and the DOC healthcare worker to discuss medical history.~~

- ~~a. Healthy Blue should ask about residence plans during the assessment. If Healthy Blue discovers that the offender intends to move out of state upon release or has a detainer, Healthy Blue should contact LDH and DOC immediately for confirmation. Upon confirmation from DOC, case management obligations will be terminated for Healthy Blue and the pre-release date removed from the offender's case file.~~

- ~~— A second case management appointment will follow about a week later and will be scheduled for 30 minutes to update the offender on the case management transition of care plan developed by Healthy Blue and for any follow-up questions.~~

~~Upon completion of case management in reach visits prior to release, Healthy Blue will complete the Healthy Louisiana Case Management Transition of Care Plan form and remit the associated form to DOC for dissemination to the offender, the offender's Probation and Parole officer, and for the medical record stored at DOC. The form shall be submitted via secure email to the email addresses based on where the offender is currently residing.~~

~~Healthy Blue shall continue case management activities as initiated prior to release and through the Transition of Care Plan.~~

~~If the member is actually released before Healthy Blue is able to initiate or complete case management, Healthy Blue shall continue to follow up with the member after release to offer or continue case management as per its normal process.~~

First Session:

- Time Allowance: The first case management appointment will be scheduled for 1 hour to perform the initial assessment. The first 15 minutes will be reserved for Healthy Blue case manager and the DOC transition specialist or healthcare worker to discuss the member's medical history and other pertinent release information, if necessary.
- Authorizations to Release/Obtain: During the initial assessment, the case manager should request that the member complete an authorization to obtain/release information to the offender's emergency contract or designee. Healthy Blue is permitted to use their own documentation if written authorization is needed. Healthy Blue should also request the member to complete an authorization to obtain/release information with the case manager or Healthy Blue and with any treatment provider that Healthy Blue intends to schedule with.

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- Contact- Assessment: details the minimum level of content that should be reviewed during the initial assessment. It is the responsibility of the case manager to ask additional questions to best understand the medical and mental health needs, as well as other needs, of their member. The information provided by DOC On the Medical Transfer Summary is not meant to be all-inclusive. Thus, it behooves the case manager to ask questions that confirm the content provided by DOC, as well as to dig deeper into the member's care history and anticipate needs post-release.
- Repeat of First Session: ONLY for members whose release date changes by 6 months or more (i.e. moved further into the future).

Second Session:

- Time Allowance: A second case management appointment will follow at a date closer to the member's release, approximately 15 (±5) days before, unless circumstances dictate otherwise. The second visit will be scheduled for 30 minutes.
- Content- Post-Release Appointments & Transfer of Care: Update the offender on the Transition of Care Plan developed by Healthy Blue, including scheduled appointments, including arrangement of non-emergency medical transportation (NEMT) and referrals to other resources, and for any follow-up questions.
- Repeat of Second Visit: ONLY for members whose release date changes by 90 days or more (i.e. moved further into the future). Follow directives given regarding timing and content. The case manager is expected to provide a current transition of care plan at the visit.

Case Management Transition of Care Form

In advance of the second case management session, Healthy Blue will complete the Healthy Louisiana Case Management Transition of Care Plan Form. Prior to the second session, at least 24 hours in advance, Healthy Blue will remit the form to DOC for dissemination to the offender, the offender's Probation and Parole officer, and for the offender's medical chart. The form shall be submitted via secure email to the email addresses based on which facility the offender is housed at.

Observations of Case Management Visits

The Medicaid Project Manager will conduct, at a minimum, an annual on-site observation of each Healthy Blue's case management session proceedings. The Medicaid Project Manager may conduct these observations without an advanced warning to Healthy Blue. The Medicaid Project Manager will use an objective-based evaluation rubric and will share the results with Healthy Blue leadership, as well as LDH Medicaid leadership. The Medicaid Project Manager may conduct further training with Healthy Blue staff based on the conduction of their case management visits. The Medicaid Project Manager may institute follow-up observations until such a point that the case management visits are being satisfactorily conducted.

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Expectation of Case Managers Working with Release Members

Goal of Case Management:

The goal of case management is to link persons to care upon release from of prison and to make efforts to ensure members stay engaged in care until their health condition(s) are stable and the member can effectively manage their health condition(s) independently.

Linkage to care is defined as attending a primary care or behavioral health appointment within 30 days of release from prison/jail. Case Managers are responsible for ensuring appointments made through pre-release process fall within the 30 day window. Ideally, appointments listed on the Transfer of Care Plan should be scheduled to occur within 14 days post release. The case manager is responsible for securing an appointment (with a set date and time) for the member. Every attempt should be made to schedule an appointment, however, once all attempts have been exhausted, walk-in appointments are allowable.

The case manager is the single access point to care, and may be seen as a representative of the care system as a whole. As such, Healthy Blue and case management staff need to consider the impact of this perception.

It is the goal that 75% of high-need members who received at least one (1) pre-release case management session are linked to care within 30 days post-release.

Case Management Model:

Healthy Blue will employ a broker/generalist model, where a single case manager identifies the client's needs, refers the client to health care and service providers within the community, and coordinate and monitors further treatment.

For members with complex high needs, Healthy Blue may employ an intensive case management model, where a multidisciplinary team of case managers and clinicians provide some or all services directly.

Case Load Size:

It is up to Healthy Blue to determine how many case manages are assigned to the DOC Pre-release Case Management process and whether each case manager will cover only physical health needs, only behavioral health needs, or both. Case managers assigned to the Program may also provide case management services to non-DOC members. It is recommended that each case manager be actively managing no more than 30 members (of any type) at any given time. If Healthy Blue opts to have case managers solely dedicate to the DOC Program, these case managers should be actively managed no more than 30 release members.

Tracking Case Management Engagement:

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Healthy Blue is responsible for tracking a high-need member's engagement with the case management process for a minimum of 120 days (4 months post-release).

POST-RELEASE REQUIREMENTS

Releasing Address

At release, DOC will update the offender's address and phone number (if available) in CAJUN and remit the updated information along with the official release date to LDH on the IN/OUT File. The updated information will be transmitted and updated on the 834 file so that Healthy Blue will have access to the most up to date contact information for the release offender. If Healthy Blue notices any typos or errors in the address, please notify the Medicaid Project Manager to correct. The address will be updated in LaMEDS by the member's case owner.

Activation of Medicaid Benefits

It may take 7 to 10 calendar days from the time the DOC facility inputs an offender's release into CAJUN before their benefits are active with Healthy Blue. Please note that the DOC facilities may not always enter the release into CAJUN on the same day the member leaves the facility.

Although LDH receives the IN/OUT FILE from DOC every night, there are times when a member releases and LDH may not receive their corresponding release, and thus, the member's eligibility continues to show an incarceration suspension. It is imperative that Healthy Blue notify the LDH Medicaid Project Manager as soon as possible to research the member's CAJUN, LaMEDS, and MMIS records. If the Medicaid Project Manager is able to determine that the member's master prison record indeed shows a release, but LDH's system still contains an incarceration segment, they will make a request to Medicaid Eligibility to close the incarceration segment. If CAJUN still shows the member as incarcerated, LDH will require other documented proof of release from the member, such as release paperwork or court papers. Verbal statements of release will not be sufficient. The Medicaid Project Manager will also coordinate with DOC to update the member's master record.

Continuity of Medication

Upon release, DODC should provide the offender with a fourteen (14) day supply of medications and a thirty (30) day written prescription for a refill(s). Healthy Blue is responsible for medication continuity of care in accordance with its contract.

Requirements for High-need Identified Members Release from DOC custody

Healthy Blue shall continue case management activities as initiated prior to release and through the Transition of Care Plan for offenders released from a Phase 1 facility.

Although the Medicaid Project Manager tracks the release dates of the high-need members directly in their prison master records, release dates may change significantly. If a high-need member is release immediately, or so early that Healthy Blue is unable to initiate or complete

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case management, Healthy Blue shall continue to follow-up with the member after release to offer, or continue to offer, case management as per its normal process. The Medicaid Project Manager will alert Healthy Blue about early releases, as they learn of them, and will request Healthy Blue to attempt to conduct post-release case management. Healthy Blue may attempt to obtain the medical and/or mental health records from the prison that the member was released from, but this may not always be possible depending on how quickly DOC archives medical charts.

Welcome Calls

High-need Members:

Healthy Blue may omit welcome calls for high-need members in the 51/550 eligibility group provided, except for members missed for pre-release case management. However, in lieu of the welcome call, Healthy Blue case manager must attempt to contact within 7 days of release.

- Unable to contact letters: Healthy Blue is not permitted to mail an unable to contact letter to persons who received at least one (1) case management session until the member's linkage changes from a J to P.
- Voicemail messages: Although the case manager may leave a voicemail with the member or member's emergency contact, the voice mail does not constitute making contact with the member.
- Members who declined case management: If the member was placed in the 51/550 group and subsequently signed a case management opt-out form while still incarcerated, Healthy Blue shall follow the current contractual requirements for conduction welcomes calls. During the welcome call, Healthy Blue shall update contact information as needed. Healthy Blue shall re-offer case management after release.

All other members:

For all other offenders in Phase 1 or Phase 2, upon release, Healthy Blue shall conduct welcome calls at the offender's registered phone number on the 834 file in accordance with the contract. During the welcome call, Healthy Blue is responsible for conducting a health/risk screening or assessment to determine if a referral to case management is necessitated. Healthy Blue shall also update contact information as needed and remit back to LDH.

When Unable to Maintain Contact:

If the member cannot be reached by the phone number on the 834 file by the case manager or for the welcome call, Healthy Blue shall contact the member's Probation and Parole district or ask the Medicaid Project Manager for updated contact information for member.

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If the last attempt through Probation and Parole is unsuccessful, Healthy Blue shall continue attempting to locate the member through other means and case management shall continue and/or terminate in accordance with the standard policy and procedures for Healthy Blue.

Requirements if Member Released Prior to Linkage

If an offender's pre-release date has passed and he/she has been released from incarceration prior to receipt of J- or K- linkage on the lock-in file, Healthy Blue will receive the member in a P- or B-linkage and shall mail all standard notices and health plan card to the address as listed on the 834 file and conduct the welcome call in accordance with the contract. In the event that a 51/550 member's enrollment is processed by the enrollment broker after the member has been released, the Medicaid project Manager will request Eligibility to flip the member to 50/550. The 50/550 will start on the 1st day of the next month of eligibility.

REPORTING REQUIREMENTS

Case Management Report:

Case management data for the 51/550 high need group will be captured through monthly reporting to LDH. The high-need data sets are considered ad-hoc reports to LDH. Data sets will be sent to Healthy Blue at the beginning of each month. Healthy Blue will have 14 days from date of transmission to return completed data sets. The Medicaid Program Manager will review the dataset for accuracy and will communicate individually with Healthy Blue regarding discrepancies.

Incomplete and/or Late Report Submissions

Failure to return completed data sets to LDH by stated deadline will be considered non-compliance and will carry a monetary penalty per the contract. For the first instance of an incomplete or late submission, Healthy Blue shall be issued a written warning notice of noncompliance. For the second instance, LDH's Contracts unit will be notified and penalty will be issued to Healthy Blue.

- Request for Extension: Healthy Blue may request once per calendar year for an extension to submit their high-need data report after the deadline provided by LDH. Healthy Blue must submit their request in writing to the Medicaid Program Manager. Healthy Blue will be allowed no more than 48 hours beyond the stated deadline to submit their report.
- Errors & Missing Information: Datasets submitted with greater than 5 errors, including missing information, will be considered incomplete.

Tracking Justice-Involved Individuals after Release

The indicator for the justice-involved population will be the scheduled release date population on the lock-in file extract in the "pre-release date" field, the lock-in code of 5 or 6 on the lock-in file, the J- or K- linkage on the 834 file, and DOC location code. Healthy Blue should use these indicators to build its system tables for internal tracking purposes as needed.

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Members found to be missing any required data elements (location code, pre-release date, J/K linkage) should be sent to the Medicaid Program Manager to research. When sending member information to the Medicaid Program Manager, please include Medicaid Eligibility ID (not MCO ID #) and member's date of birth or Social Security number. All emails with members' personal health information, including personal identifiers, need to be sent securely (encrypted).

POST-RELEASE REQUIREMENTS

~~At release, DOC will update the offender's address and phone number (if available) and remit the updated information along with the official release date to LDH on the IN/OUT file. The updated information will be updated on the 834 file so that Healthy Blue will have access to the most up to date contact information for the released offender, including phone number.~~

~~Additionally, upon release, DOC will provide a fourteen (14) day supply of medications and a thirty (30) day written prescription for a refill for any offender on medication for chronic disease management. Healthy Blue is responsible for medication continuity of care in accordance with its contract.~~

~~Healthy Blue may eliminate welcome calls for high need members in the 51/550 eligibility group; however, in lieu of the welcome call, Healthy Blue case managers must attempt contact within 7-10 days after the member's effective date when their J- or K linkage has flipped to a P- or B-linkage.~~

~~If the member was placed in the 51/550 group and subsequently signs a case management opt-out form while still incarcerated, Healthy Blue shall follow the current contractual requirements for conducting member welcome calls. During the welcome call, Healthy Blue shall update contact information as needed. Healthy Blue shall re-offer case management after release.~~

~~If the member cannot be reached by the phone number on the 834 file by the case manager or for the welcome call, Healthy Blue shall contact the member's Probation Parole Officer listed on the medical record transfer summary form to locate the member. If this last attempt through Probation and Parole is unsuccessful, Healthy Blue shall continue to locate the member through other means until the process for notifying the state of returned mail is required. Case Management shall continue and/or terminate in accordance with the standard policy and procedures for Healthy Blue.~~

DEFINITIONS:

Department (LDH) – The Louisiana Department of Health, hereinafter referred to as LDH.

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Enrollment Broker – The State’s designated contractor that performs functions related to choice counseling, enrollment and disenrollment of potential enrollees and enrollees into an MCO.

PROCEDURE:

1. Members that are identified as high-needs case management are identified on the 834 file(s). The list of members identified are sent to the CM department.
2. A case is built in Healthy Blue’s Medical Records Program upon receipt of the member.
3. The medical transfer summary is obtained off of DOC’s FTP site.
4. The transition specialist for the facility in which the member is housed is outreached for an in-reach visit.
5. An in-reach visit with the member occurs in which the members care is discussed and potential resources after release. A second in-reach visit is scheduled.
6. The second in-reach visit occurs prior to members release from incarceration.
7. The member is followed in case management for a minimum of sixty days after release.

REFERENCES:

- Louisiana Department of Health Justice-Involved Pre-Release Enrollment Program Manual.

RESPONSIBLE DEPARTMENTS:

Primary Department:

Health Care Management - Case Management

Secondary Department:

Behavioral Health

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
12/02/2019	• New P&P created for Justice Involved Members.
12/15/2020	• Annual review; no changes
12/01/2021	• Annual review; updated purpose, policy, and procedure; updated WebEx to approved teleconference platform; updated

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	Care Compass to Healthy Blue's Medical Records Program
<u>01/06/2023</u>	<ul style="list-style-type: none">• <u>Annual review (updated to align with MCO contract)</u>• <u>Removed purpose</u>• <u>Extensive updates to policy</u>No changes