

# POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Court Ordered Services – Louisiana
<b>PAGE:</b> 1 of 3	<b>REFERENCE NUMBER:</b> LA.UM.92
<b>APPROVAL DATE:</b> 8/2018	<b>REPLACES DOCUMENT:</b> EPC.UM.706.LA
<b>EFFECTIVE DATE:</b> 9/1/2018	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Medicaid	<b>REVIEW/REVISED DATE:</b> 8/19, <u>6/20</u>

## SCOPE: Utilization Management Department

This policy and procedure applies to all Louisiana Health Care Connections (LHCC) staff involved in the design, implementation, operations, and management of utilization management services.

## PURPOSE:

To facilitate the coordination and provision of Medicaid behavioral health and Substance Use Disorder (SUD) services related to criminal court referrals, civil commitments, while also ensuring the appropriate provider reimbursement for applicable rendered services for Louisiana Healthcare Connections Members.

## POLICY:

LHCC will ensure integrated care coordination by working with its provider network for timely and appropriate placement of all court referred members. Members who are ordered to receive behavioral health and/or SUD service will have access to all medically necessary services within the LHCC's network of behavioral health and SUD treatment providers.

LHCC will ensure that all court ordered placements offer the appropriate level of structure and services based on the members medically necessary level of care needs, are comprehensive in nature for the service required and are capable of working with the corrections population.

**All court-ordered Medicaid behavioral health services are subject to medical necessity review. In order to be eligible for payment, the service must be medically necessary and a covered benefit/service as determined by LHCC with Louisiana Medicaid's medical necessity definition and are subject to medical necessity review. (Emergency Contract 8.13.1)**

~~LHCC will determine medical necessity criteria for all court ordered behavioral health service referrals (in relation to this policy) and will base its determination on the Louisiana definition of medical necessity (Title 50, Part 1, Chapter 11), InterQual and ASAM criteria, and best practice guidelines, provided that the services being provided are expected to achieve their purpose.~~

Upon request from the court or the Louisiana Department of Health (LDH) Department of Children and Family Services (DCFS), Office of Behavioral Health (OBH) or Office of Juvenile Justice (OJJ), the LHCC -Community Liaison will be the primary point of contact and work closely with the above agencies and the courts to ensure ~~the~~that

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~~appropriateness~~ **appropriate services can be accessed. This may include, but not limited to attending court proceedings at the request of LDH when there is a need to inform the court of available services and limitations and participating in cross-agency staffing. (Emergency Contract 6.30.2.14) of the court-ordered placement, as well as any alternatives that may better serve the member in question.**

## PROCEDURE:

1. Providers will be encouraged to contact the LHCC ~~Utilization Manager~~ **Community Liaison** at the onset of administering court-ordered services (although such contact shall not be a prerequisite for payment).
2. If ~~Utilization Management~~ **the Community Liaison** is sent a copy of the court order from the provider, the ~~Utilization Management clinical reviewer~~ **Community Liaison** will ~~scan~~ **upload** it ~~into~~ **into the member's record in** TruCare®.
3. If the court order is for a service that typically requires prior authorization, Utilization Management clinical reviewer will review the order, if available, and other clinical documentation based on the above mentioned Medical Necessity Criteria ~~or~~ **and** complete a MNC review and process accordingly.
4. If the court ordered service is NOT a Medicaid covered service, the Utilization Management Team and Community Liaison will coordinate with the provider to find acceptable care alternatives as necessary.

## ATTACHMENTS:

## REFERENCES:

- **LA MCO Statement of Work Dated 9/5/2019**
- Louisiana Medicaid's medical necessity definition (Title 50, Part 1, Chapter 11)
- Most current NCQA Standards and Guidelines for the accreditation of MBHOs and MCOs

## DEFINITIONS:

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### REVISION LOG

REVISION	DATE
Added Office of Behavioral Health; changed MCO's network to LHCC network; changed Judicial Liaison to Community Liaison; Added Clinical Reviewer to create title Utilization Management Clinical Reviewer; Added Louisiana Health Care Connections to scope to identify staff	8/2019
<u>Grammatical changes</u> <u>Added Emergency Contract 6.30.2.14 and 8.13.1</u> <u>Changed Utilization Manager to Community Liaison</u> <u>Added Upload to the member's record in Trucare</u>	<u>6/2020</u>

### APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

V.P. Medical Management: \_\_\_\_\_ Signature on file \_\_\_\_\_  
 Sr. VP, Medical Affairs: \_\_\_\_\_ Signature on file \_\_\_\_\_  
 Sr. VP of Population Health: Electronic Signature on File  
 Chief Medical Officer: Electronic Signature on File