

UnitedHealthcare Community Plan of Louisiana, Inc.	DEPARTMENT: Clinical Operations – Behavioral Health
	LINE OF BUSINESS: UHC C&S Louisiana
POLICY TITLE: Coordination, Continuity and Transition of Behavioral Health Care Addendum	POLICY NUMBER:
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I SCOPE:

This addendum to the Optum Behavioral Health (BH) Solutions National Medicaid policy *Transition and Coordination of Care Addendum* and to the Optum BH All Lines of Business National Policies, *Transition of Care for Members Receiving Behavioral Health Services, Transition of Members – Pediatric to Adult Treatment or to another MBHO, and the Coordination of Behavioral Healthcare* applies to members whose benefit coverage is provided through the Louisiana Medicaid plan and whose behavioral/mental health benefits are managed by UnitedHealthcare Community Plan of Louisiana and its behavioral health affiliate, Optum Behavioral Health Solutions (United Behavioral Health), hereinafter referred to as UHCCP LA.

II PURPOSE:

National requirements as found in the Code of Federal Regulations (CFR), other applicable Federal regulations such as the Mental Health Parity and Addiction Equity Act (MHPAEA), as well as the National Committee for Quality Assurance (NCQA) and URAC are reflected in the Government National Policies.

This addendum reflects the requirements governing the coordination, continuity and transition of behavioral health care as described in the Medicaid Managed Care Organization Contract between the State of Louisiana Department of Health, Bureau of Health Services Financing (LDH) and UnitedHealthcare Community Plan of Louisiana (hereinafter referred to as the Contract), regulatory requirements of the State of Louisiana, the Medicaid State Plan and waivers, and the court-ordered requirements, including but not limited to, *United States v. State of Louisiana* (DOJ Agreement- Case 3:18-cv-00608) of *Chisholm v. Gee* (Case 2:97-cv-03274).

UHCCP LA recognizes that that mental illness and addiction are health care issues and integrate this care into a comprehensive physical and behavioral health care system that includes primary care settings. Many people suffer from both mental illness and addiction. As care is provided, both illnesses are understood, identified, and treated as primary conditions. UHCCP LA's system of care is accessible and comprehensive and fully integrates an array of prevention and treatment services for all age groups. It is designed to be evidence-informed, responsive to changing needs, and built on a foundation of continuous quality improvement. Relevant clinical information is accessible to both the primary care and behavioral health providers consistent with Federal and State laws, regulations, rules, policies and other applicable standards of medical record confidentiality and the protection of patient privacy.

Please refer to separate procedural type documentation to review details regarding processes in how the requirements outlined within this policy are met as well as for monitoring reports, analysis documentation, actions taken to demonstrate compliance, etc.

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III DEFINITION(S):

See the Optum BH Government National Policy, *Medicaid and CHIP Managed Care – Policy Definitions List*.

See also the Optum BH All Lines of Business National Policy, *National Policy Definitions List*.

IV POLICY¹:

A General Provisions

- 1 When an accrediting organization provides guidance that differs from State requirements, UHCCP LA may apply the accrediting organization's guidance when it is beneficial and/or less restrictive to the member².
- 2 Mental illness and addiction are healthcare issues and are integrated into a comprehensive physical and behavioral healthcare system that includes primary care settings.
- 3 UHCCP LA recognizes that many people suffer from both mental illness and addiction. As care is provided, both illnesses must be understood, identified, and treated as primary conditions.
- 4 UHCCP LA's system of care is accessible and comprehensive, and fully integrates an array of prevention and treatment services for all age groups. It is designed to be evidence-informed, responsive to changing needs, and built on a foundation of continuous quality improvement.
- 5 Relevant clinical information is accessible to both the primary care and behavioral health providers consistent with federal and state laws and other applicable standards of medical record confidentiality and the protection of patient privacy.
- 6 Staff are responsible for complying with the relevant expectations included in the Department of Justice Agreement Compliance Guide of June 1, 2022.

B Care Coordination and Continuity of Care

- 1 UHCCP LA has a process to coordinate the delivery of Managed Care Organization (MCO) Covered Services for which it is responsible with services that are provided through fee-for-service (FFS) another LDH contractor or provided by community and social support providers as required by 42 CFR §438.208(b)(2)(iv). UHCCP LA ensures appropriate provider choice within UHCCP LA network and coordination with out of Network Providers, as needed for continuity of care. Please refer to separate procedural type documentation to review details regarding processes and procedures.

¹ Except where noted, policy provisions come from Attachment A the Contract.

² UHCCP Standard

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- 2 UHCCP LA is responsible for the coordination and continuity of care of healthcare services for all members consistent with 42 CFR §438.208 which describes care and coordination of services for all Managed Care Organizations (MCO).
- 3 UHCCP LA is responsible for coordinating with the Office of Citizens with Developmental Disabilities and the Office of Aging and Adult Services, to ensure integrated support across behavioral health services and long-term supports and services.
- 4 UHCCP LA ensures that each member has an ongoing source of preventive and primary care appropriate to their needs.
- 5 UHCCP LA ensures that each member is provided with information on how to contact the person designated to coordinate the services the member accesses.
- 6 UHCCP LA coordinates care between network Primary Care Providers (PCP) and specialists, including specialized behavioral health providers.
- 7 UHCCP LA coordinates care for out-of-network services, including specialty care services.
- 8 UHCCP LA coordinates services provided by UHCCP LA with services the member may receive from other health care providers.
- 9 UHCCP LA, upon written request, shares with LDH or other health care entities serving the member with special health care needs the results and identification and assessment of that member's needs to prevent duplication of those activities.
- 10 UHCCP LA ensures that each provider furnishing services to the member maintains and shares the member's health record in accordance with professional standards.
- 11 UHCCP LA documents authorized referrals in its utilization management system.
- 12 UHCCP LA provides active assistance to members receiving treatment for chronic and acute medical conditions or behavioral health conditions to transition to another provider when their current provider has terminated participation with UHCCP LA. UHCCPLA provides continuation of such services for up to 90 calendar days or until the member is reasonably transferred without interruption of care, whichever is less.
- 13 Where a new member with special health care needs (SHCN) is actively receiving medically necessary MCO Covered Services at the time of enrollment, UHCCP LA provides continuation/coordination of such services up to 90 calendar days or until the member may be reasonably transferred to a network provider without disruption, whichever is less. UHCCPLA may require prior authorization for continuation of services beyond 30 calendar days; however UHCCP LA does not deny authorization solely on the basis that the provider is a non-contract provider.

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- 14 UHCCP LA coordinates with the court system and State child-serving agencies with regard to court- and agency-involved youth, to ensure that appropriate services can be accessed. This may include, but is 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.
- 15 Continue the behavioral health therapeutic classes (including long-acting injectable antipsychotics) and other medication assisted treatment (including buprenorphine/naloxone and naloxone products) prescribed to the member in a mental health treatment facility for at least 60 calendar days after the facility discharges the member, unless UHCCP LA's psychiatrist, in consultation and agreement with the facility's prescribing physician, determines that the medications are:
 - a. Not medically necessary; or
 - b. Potentially harmful to the member.

C Additional Continuity for Behavioral Health Care Requirements

- 1 UHCCP LA's continuity of care activities ensure that Network Providers and UHCCP LA staff are kept informed of the member's treatment needs, changes, progress or problems. Continuity of care activities provide processes to support effective interactions between members and providers, and to identify and address interactions that are not effective. UHCCP LA monitors service delivery through member surveys, medical and treatment record reviews, and Explanations of Benefits (EOBs) to identify and overcome barriers to primary and preventive care that an UHCCP LA may experience.
- 2 In any instance when a member presents to UHCCP LA, including calling UHCCP LA's toll-free number listed on the Member's ID card, and a member is in need of emergency behavioral health services, UHCCP LA instructs the member to seek help from the nearest emergency medical provider. UHCCP LA initiates follow-up with the member within 48 hours for follow-up to establish that appropriate services were accessed.
- 3 UHCCP LA complies with all post-stabilization care service requirements found at 42 Code of Federal Regulations (CFR) §438.114 which describes emergency and poststabilization services.
- 4 UHCCP LA includes documentation in the member's medical record that attempts are made to engage the member's cooperation and permission to coordinate the member's over-all care plan with the member's behavioral health and primary care provider(s).
- 5 UHCCP LA provides procedures and criteria for making referrals and coordinating care with behavioral health and primary care providers and agencies that will promote continuity of care.

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- 6 UHCCP LA's procedures address members with co-occurring medical and behavioral conditions, including children with special health care needs, who may require services from multiple providers, facilities and agencies and require complex coordination of benefits and services.
- 7 UHCCP LA provides or arranges for training of providers and other individuals involved in care management activities on identification and screening of behavioral health conditions and referral procedures.
- 8 Please refer to separate procedural type documentation and to review details regarding criteria, processes and procedures.

D Care Transition Between Managed Care Organizations (MCOs)

- 1 UHCCP LA provides active assistance to members when transitioning to/from another MCO or FFS in accordance with this policy that ensures continued access to services during the transition.
- 2 When UHCCP LA is the receiving MCO it is responsible for activities that include, but are not limited to:
 - a. Ensuring the member has access to services consistent with the access they previously had, and is permitted to retain their current provider for a period of time if that provider is not in UHCCP LA's network;
 - b. Coordinating care with the relinquishing MCO so services are not interrupted;
 - c. Arranging for continuity of necessary care such as by making referrals to appropriate providers of services that are in network;
 - d. Adhering to the Service Authorization requirements as described under the *Service Authorization Requirements for New Enrollees* section of the contract;
 - e. Initiation of the request of transfer for the member's health record to the receiving MCO and the new PCP, if necessary. The cost of reproducing and forwarding the health record to the receiving MCO is the responsibility of the relinquishing MCO; and
 - f. Any other necessary procedures as specified by LDH in writing to ensure continued access to services to prevent serious detriment to the member's health or reduce the risk of hospitalization or institutionalization.
- 3 When UHCCP LA is the relinquishing MCO it is responsible for activities that include, but are not limited to:
 - a. Ensuring timely notification to the receiving MCO regarding pertinent information related to any health needs of transitioning members;

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- b. Fully and timely complying with requests for historical utilization data from the receiving MCO in compliance with Federal and State laws, regulations, rules, policies, procedures, and manuals.
 - c. Consistent with Federal and State laws, regulations, rules, policies, procedures, and manuals, allowing the member's new provider(s) to obtain copies of the member's health record, as appropriate; and
 - 4 Any other necessary procedures as specified by LDH in writing to ensure continued access to services to prevent serious detriment to the member's health or reduce the risk of hospitalization or institutionalization. Special consideration is given to, but not limited to, the following:
 - a Members with significant conditions or treatments or who are hospitalized at the time of transition;
 - b Members who have received prior authorization for services such as therapies to be provided after transition or out-of-area specialty services;
 - c Members who have conditions requiring ongoing monitoring or screening such as elevated blood lead levels.
 - 5 If a member is to be transferred between MCOs but is hospitalized at the time, the transfer shall be effective for the date of enrollment into the receiving MCO. However, the relinquishing MCO is responsible for the member's hospitalization until the member is discharged. The receiving MCO is responsible for all other care.
 - a In the event that the relinquishing MCO's contract is terminated prior to the member's discharge, responsibility for the remainder of the hospitalization charges revert to the receiving MCO, effective at 12:01 am on the day after the prior MCO's contract ends.
- E Collaboration
- 1 UHCCP LA collaborates with:
 - a The Office of Juvenile Justice (OJJ), the Department of Children and Family Services (DCFS) and Department of Education (DOE) to coordinate the discharge and transition of children and youth in out-of-home placement for the continuance of prescribed medication and other behavioral health services prior to reentry into the community, including the referral to necessary providers or a Wraparound Agency (WAA) if indicated;
 - b Nursing facilities and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDDs) to coordinate aftercare planning prior to discharge and transition of members for the continuance of behavioral health services and medication prior to reentry into the community, including referral to community providers;

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- c Hospitals, residential facilities, and inpatient facilities require collaboration to coordinate aftercare planning prior to discharge and transition of members for the continuance of behavioral health services and medication prior to reentry into the community, including referral to community providers and after-care appointments; and
- d The Department of Corrections and criminal justice system in Louisiana to facilitate access to and/or continuation of prescribed medication and other behavioral health services prior to reentry into the community, including referral to community providers prior to reentry into the community including, but not limited to, members in the Louisiana Medicaid Program pre-release program.
- e Please refer to separate procedural type documentation to review details regarding processes and procedures.

VI RELATED POLICIES AND MATERIALS:

- 42 CFR §438.208 and §438.114
- Medicaid Managed Care Organization Contract between State of Louisiana Department of Health, Bureau of Health Services Financing and UnitedHealthcare of Louisiana, Inc., Effective 01/01/2023, Attachment A: Model Contract.
- Louisiana Department of Health, Department of Justice Agreement Compliance Guide, Published 06/01/2022
- Optum BH All Lines of Business National Policy, *Coordination of Behavioral Healthcare*
- Optum BH All Lines of Business National Policy, *National Policy Definitions List*
- Optum BH All Lines of Business National Policy, *Transition of Care for Members Receiving Behavioral Health Services*
- Optum BH All Lines of Business National Policy, *Transition of Members – Pediatric to Adult Treatment or to another MBHO*
- Optum BH Government National Policy, *Medicaid and CHIP Managed Care – Policy Definitions List*
- Optum BH National Medicaid policy *Transition and Coordination of Care Addendum*
- Optum BH UHC C&S States Specific Policy, *Utilization Management of Behavioral Health Benefits Addendum*
- Procedural type documentation describing how the requirements outline within this policy are met as well as monitoring reports, analysis documentation, actions taken to demonstrate compliance, etc.

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VI APPROVED BY:



12/12/2022

Jose Calderon-Abbo, M.D.
UnitedHealthcare Community Plan Louisiana
Behavioral Health Medical Director

Date

VII Policy Revision Control Log

Optum BH OPS Committee Approval Date	Summary of Revision(s)	Reason(s) for Revision
07/27/2022	Policy created – SUBJECT TO CUSTOMER AND STATE APPROVAL	
12/20/2022	Updated for new contract requirements effective 01/01/2023. Customer approval received 12/19/2022.	Annual Review and Contractual Changes