

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management		SUBJECT (Document Title) Continuity of Care - LA	
<u>Effective Date</u> 01/01/2023	<u>Date of Last Review</u>	<u>Date of Last Revision</u>	<u>Dept. Approval Date</u> 121/017/2022
<u>Department Approval/Signature:</u>			

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

<u>Products</u>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska		

POLICY:

To assist associates in performing effective coordination of member care, ensuring appropriate continuity of care for all members.

Healthy Blue shall develop and maintain effective continuity of care and care transition activities to ensure a continuum of care approach to providing health care services to Healthy Blue members. Healthy Blue shall establish a process to coordinate the delivery of covered services for which it is responsible with services that are provided through FFS, another LDH contractor, or provided by community and social support providers as required by 42 C.F.R. §438.208(b)(2)(iv). Healthy Blue shall ensure appropriate provider choice within the provider network and coordination with out of network providers, as needed for continuity of care. Healthy Blue shall engage in continuity of care activities to ensure that network providers and Healthy Blue staff are kept informed of the enrollee's treatment needs, changes, progress, or problems. Healthy Blue shall provide to LDH or its designee its activities and processes for continuity of care through workflows with specific decision points as part of Readiness Review.

Healthy Blue shall be responsible for the coordination and continuity of care of healthcare services for all Enrollees consistent with 42 CFR §438.208. In addition, Healthy Blue shall be responsible for coordinating with LDH, including the Office for 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.

Healthy Blue shall implement continuity of care policies and procedures, as approved by LDH in writing, that meet or exceed the following requirements:

- Ensure that each enrollee has an ongoing source of preventive and primary care appropriate to their needs;
- Ensure each enrollee is provided with information on how to contact the person designated to coordinate the services then enrollee accesses;
- Coordinate care between network PCPs and specialists, including specialized behavioral

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

health providers;

- Coordinate care for out-of-network services, including specialty care services;
- Coordinate contractor-provided services with services the enrollee may receive from other health care providers;
- Upon written request, share with LDH or other health care entities serving the enrollee with special health care needs the results and identification and assessment of that enrollee's needs to prevent duplication of those activities;
- Ensure that each provider furnishing services to the enrollee maintains and shares the enrollee's health record in accordance with professional standards;
- Document authorized referrals in its utilization management system;
- Provide active assistance to enrollees 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 Healthy Blue. Healthy Blue shall provide continuation of such services for up to ninety (90) calendar days or until the enrollee is reasonably transferred without interruption of care whichever is less; and
- Coordinate 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.
- Continue the behavioral health therapeutic class (including long-acting injectable antipsychotics) and other medication assisted treatment (including buprenorphine/naloxone and naloxone products) prescribed to the Enrollee in a mental health treatment facility for at least sixty (60) calendar days after the facility discharges the enrollee, unless the contractor's psychiatrist, in consultation and agreement with the facility's prescribing physician, determines that medications are:
 - Not medically necessary; or
 - Potentially harmful to the enrollee.

Continuity for Behavioral Health Care

Behavioral health services are defined in the Louisiana Medicaid Managed Care (MCO) Contract, and these behavioral health services shall conform to the rules and regulations set forth in the MCO Contract, especially pertaining to continuing of care, including but not limited to transitions from one level of care to another and/or from one provider to another.

The PCP shall provide basic behavioral health services and refer the enrollee(s) to the appropriate health care specialist as deemed necessary for specialized behavioral health services.

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

Healthy Blue shall establish policies and procedures to facilitate the integration of physical and behavioral health and to provide for the appropriate continuity of care across programs.

Principles that guide care integration are as follows:

- Mental illness and addiction are health care issues and shall be integrated 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 shall be understood, identified, and treated as primary conditions;
- The system of care shall be accessible and comprehensive, and shall fully integrate an array of prevention and treatment services for all age groups. It shall be designed to be evidence-informed, responsive to changing needs, and built on a foundation of continuous quality improvement; and
- It is important that 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.

These policies and procedures shall include the following:

- Mechanisms for collaborating with OJJ,DOJ DCFS, LDH, OBH and DOE to coordinate the discharge and transition of children and youth in out of home placement for the continuation of prescribed medication and other behavioral health services prior to reentry into the community, including the referral to necessary providers or a WAA if indicated;
- Mechanisms for collaborating with nursing facilities and ICF/IIDs to coordinate aftercare planning prior to discharge and transition of Enrollees for the continuance of behavioral health services and medication prior to reentry into the community, including referral to community providers;
- Mechanisms to require collaboration from hospitals, residential facilities, and inpatient facilities to coordinate aftercare planning prior to discharge and transition of Enrollees 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
- Mechanisms for collaborating with the Department of Corrections and local criminal justice systems in Louisiana to facilitate access to and/or continuation of prescribed medication and other behavioral health services for Enrollees, including referral to community providers, prior to reentry into the community including, but not limited to, Enrollees in the Louisiana Medicaid Program pre-release program.

In any instance when the Enrollee presents to the network provider, including calling the health plan's toll-free number listed on the Member's ID card, and a member is in need of emergency

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

behavioral health services, the health plan shall instruct the member to seek help from the nearest emergency medical provider. The health plan shall initiate follow-up with the member within forty-eight (48) hours for follow-up to establish that appropriate services were accessed.

Healthy Blue shall comply with all post-stabilization care service requirements found at 42 CFR §422.113.

Healthy Blue shall include 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.

Healthy Blue shall provide procedures and criteria for making referrals and coordinating care with behavioral health and primary care providers and agencies that will promote continuity of care.

These procedures shall 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.

The health plan shall provide or arrange for training of providers and other individuals involved in care management activities on identification and screening of behavioral health conditions and referral procedures.

Transitioning between MCOs or to FFS

Healthy Blue shall provide additional active assistance to enrollees when transitioning to another MCO or FFS in accordance with a written policy, incorporating the requirements listed below, that ensures continued access to services during the transition.

The receiving MCO shall be responsible for activities that include, but are not limited to:

- Ensuring the enrollee has access to service consistent with the access they previously had, and is permitted to retain their current provider for a specified period of time if that provider is not in Healthy Blue's network
- Coordinating care with the relinquishing MCO so services are not interrupted;
- Arranging for continuity of necessary care such as by making referrals to appropriate providers of services that are in network;
- Adhering to the Service Authorization requirements as described under the Service Authorization Requirements for New Enrollees section;
- If necessary, initiation of the request of transfer for the enrollee's health record to Healthy Blue and the new PCP. The cost of reproducing and forwarding the health record to Healthy Blue shall be the responsibility of the relinquishing MCO; and

Government Business Division

Policies and Procedures

Section (Primary Department)	SUBJECT (Document Title)
Health Care Management	Continuity of Care - LA

- Any other necessary procedures as specified by LDH in writing to ensure continued access to services to prevent serious detriment to the Enrollee's health or reduce the risk of hospitalization or institutionalization.

The relinquishing MCO shall be responsible for activities that include, but are not limited to:

- Ensuring timely notification to the receiving MCO regarding pertinent information related to any health needs of transitioning enrollees.
- 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.
- Consistent with Federal and State laws, regulations, rules, policies, procedures, and manuals, allowing the Enrollee's new provider(s) to obtain copies of the Enrollee's health record, as appropriate.
- Any other necessary procedures as specified by LDH in writing to ensure continued access to services to prevent serious detriment to the Enrollee's health or reduce the risk of hospitalization or institutionalization.

If an enrollee is to be transferred between health plan's but is hospitalized at the time, the transfer shall be effective for the date of enrollment into the receiving health plan. However, the relinquishing health plan is responsible for the member's hospitalization until the member is discharged. The receiving health plan is responsible for all other care.

- 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 shall revert to the receiving MCO, effective at 12:01 am on the calendar day after the relinquishing MCO's contract ends. LDH will identify and address any exceptions to this provision in the MCO manual.

Special consideration shall be given to, but not limited to, the following:

- Enrollees with significant conditions or treatments such as enteral feedings, oxygen, wound care, and ventilators, medical supplies, transportation on a scheduled basis, chemotherapy and/or radiation therapy or who are hospitalized at the time of transition;
- Enrollees who have received prior authorization for services such as scheduled surgeries, post-surgical follow up visits, therapies to be provided after transition or out-of-area specialty services;
- Enrollees who have conditions requiring ongoing monitoring or screening such as elevated blood lead levels and enrollees who were in the NICU after birth; and
- Enrollees with significant medical conditions such as a high-risk pregnancy or pregnancy within the last thirty (30) days, the need for organ or tissue transplantation, or chronic illness resulting in hospitalization.

DEFINITIONS:

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
---	--

Care Coordination: Deliberate organization of patient care activities by a person or entity formally designated as primarily responsible for coordination services furnished by providers involved in the member's care to facilitate care within the network with services provided by non-network providers to ensure appropriate delivery of health care services. Organizing care involves the marshaling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of member's care.

Care Management: An overall approach to managing Enrollees' care needs and encompasses a set of activities intended to improve patient care and reduce the need for medical services by enhancing coordination of care, eliminating duplication, and helping patients and caregivers more effectively manage health conditions.

Insolvency: A financial condition that exists when an entity is unable to pay its debts as they become due in the usual course of business, or when the liabilities of the entity exceed its assets, or as determined by the Louisiana Department of Insurance pursuant to Title 22 of the Louisiana Revised Statutes.

MCO Manual: a compilation of policies, instructions, and guidelines established by LDH for the administration of the Managed Care Program.

PROCEDURE:

1) Healthy Blue makes sure that the member receives a welcome packet upon enrollment. This packet contains general preventive care information. The member also receives an ID card upon enrollment which includes members attributed PCP information. Healthy Blue sends out text message reminders, IVR calls and mailings periodically throughout the year to inform members of generic wellness information. General wellness information can be accessed on our website for members and providers.

~~20)~~ Members are provided with our member services number upon enrollment in their welcome packet, as well as on any collaterals received throughout the year. If a member is assigned to a case manager, the case manager provides the member with their contact number upon first successful outreach.

~~2)~~

~~1)~~ Members and providers are provided information on coordinating care in the handbooks. If a member is enrolled in case management, the case manager will assist the member with coordination upon member consent.

~~3)~~

~~2)~~4) When it is identified that a member has out-of-network services a care team associate assists the member with coordinating their care for out-of-network services within the specified timeframe during transition. Once a member is

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

enrolled with our plan after the initial transition timeframe, the care team will assist the member in moving to an in-network provider. If deemed necessary, a single case agreement may be made between the provider and Healthy Blue to ensure that the member receives care from an adequate provider.

~~3)5)~~ When a member is enrolled in contract-provided services, Healthy Blue will coordinate with the contractor for change in membership.

~~4)6)~~ Upon request, Healthy Blue will extract the members health needs assessment and submit these results to the requesting party via preferred method (e-mail, fax or SFTP).

~~5)7)~~ Healthy Blue conducts random quality audits with providers to make sure that providers are maintaining specified standards.

~~6)8)~~ Healthy Blue does not require referrals, please refer to Standing Referral-LA policy for more details regarding this.

~~7)~~ When it is identified that a member has a terminated provider a care team associate assists the member with coordinating their care for services within the specified timeframe during transition. The care team will assist the member in moving to a provider that is compatible to the previous provider that was rendering services.

~~9)~~

~~8)~~ Upon request Healthy Blue Liaison communicates with respectable parties to close court system gaps.

~~a. ??~~

~~10)~~

~~9) 2)~~ Healthy Blue shall establish or update policies and procedures to facilitate the integration of physical and behavioral health and to provide for the appropriate continuity of care across programs and services.

~~11)~~

12) Principles that guide care integration are as follows:

- a. Mental illness and addiction are healthcare issues and must be integrated into a comprehensive physical and behavioral healthcare system that includes primary care settings;
- b. Many people suffer from both mental illness and addiction. As care is provided, both illnesses must be understood, identified, and treated as primary conditions;
- c. The system of care will be accessible and comprehensive, and will fully integrate an array of prevention and treatment services for all age groups. It will be designed to be evidence- informed, responsive to changing needs, and built on a foundation of continuous quality improvement;
- d. It is important that relevant clinical information is accessible to both the primary care and behavioral health providers consistent with federal and state laws and

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

other applicable standards of medical record confidentiality and the protection of patient privacy.

- 13) When a member presents to a network provider, or contacts Healthy Blue's toll-free number listed on the member's identification card, and is in need of emergency BH services, the Healthy Blue's clinical staff or providers instruct the member to seek help from the nearest emergency medical provider. When members are referred to emergency care by Healthy Blue staff, follow-up contact is attempted within forty-eight (48) hours to establish that appropriate services were accessed.
- 14) Healthy Blue complies with all post-stabilization care service requirements as specified in 42 CFR §422.113.
- 15) Healthy Blue's staff document in the member's medical record that attempts have been 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, if applicable.
- 16) Healthy Blue provides procedures and criteria to providers and staff for making BH referrals and coordinating care with behavioral health and primary care providers to promote continuity and cost-effectiveness of care.
- 17) These procedures must 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.
- 18) Healthy Blue shall provide or arrange for training of providers and care management staff on identification and screening of BH conditions, as well as co-morbid and/or co-occurring conditions, and referral procedures.
- 19) Healthy Blue shall provide guidelines, education and training, and consultation to PCPs to support the provision of basic behavioral health services in the primary care setting.
- 20) Healthy Blue will ensure network providers utilize behavioral health screening tools and protocols consistent with industry standards. Criteria for screening protocols and determining whether an individual meets the criteria for specialized behavioral health services may be determined by LDH and are based on factors relating to age, diagnosis, disability (acuity) and duration of the behavioral health condition.
- 21) Healthy Blue has recognized that at least 70 percent of behavioral health can be and is treated in the PCP setting. Healthy Blue will be responsible for the management and provision of all basic behavioral health services including but not limited to those with mild, moderate depression, ADHD, generalized anxiety, etc. that can be appropriately screened, diagnosed or treated in a primary care setting. Healthy Blue support will include but not be limited to assistance which will align their practices with best practice standards, such as those developed by the American Academy of Pediatrics, for the assessment, diagnosis, and

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

treatment of ADHD, such as increasing the accuracy of ADHD diagnosis, increasing screening for other behavioral health concerns, and increasing the use of behavioral therapy as first-line treatment for children under age 6.

22) Healthy Blue is responsible for the provision of screening, prevention, early intervention and referral services including screening services as defined in the EPSDT benefit (The EPSDT benefit guarantees coverage of “screening services” which must, at a minimum, include “a comprehensive health and developmental history – including assessment of both physical and mental health.) Section 1905(r)(1)(B)(i) of the Social Security Act, 42 U.S.C. §1396d(r)(1)(B)(i)).

23) Healthy Blue will provide guidelines, education and training, and consultation to PCPs to support the provision of basic behavioral health services in the primary care setting.

- a. Healthy Blue will ensure network providers utilize behavioral health screening tools and protocols consistent with industry standards.
- b. Healthy Blue will work to increase screening in primary care for developmental, behavioral, and social delays, as well as screening for child maltreatment risk factors, trauma, and adverse childhood experiences (ACEs).
- c. Healthy Blue may provide technical assistance to providers, incentives, or other means to increase screening for behavioral health needs in primary care.
- d. Healthy Blue shall work to increase provider utilization of consensus guidelines and pathways for warm handoffs and/or referrals to behavioral health providers for children who screen positive for developmental, behavioral, and social delays, as well as child maltreatment risk factors, trauma, and adverse childhood experiences (ACEs).
- e. Healthy Blue shall work to increase the percentage of children with positive screens who:
 - i. Receive a warm handoff to and/or are referred for more specialized assessment(s) or treatment
 - ii. Receive specialized assessment or treatment

—Mechanisms for collaborating with OJJ,DOJ DCFS, LDH, OBH and DOE to coordinate the discharge and transition of children and youth in out of home placement for the continuation of prescribed medication and other behavioral health services prior to reentry into the community, including the referral to necessary providers or a WAA if indicated;

24)

- 1.—When Healthy Blue members, in out of home placements, are identified for discharge or needing to transition care our care team will meet with and coordinate with identified entities (OJJ, DOJ, DCFS, LDH, OBH, DOE) involved with the child or youth.

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

- a. 2. This includes ensuring medications, physical and behavioral services as well as community-based services are in place in the community for the child or youth prior to their return.
- b. b. This includes referrals or WAA. The care team will work with members/families to assist with transportation to and from services as well if needed. (2.8.8.3.1)
- c. 10) Mechanisms for collaborating with nursing facilities and ICF/IIDs to coordinate aftercare planning prior to discharge and transition of Enrollees for the continuance of behavioral health services and medication prior to reentry into the community, including referral to community providers;—
- 25) a. Healthy Blue's care team will work collaboratively with the care team at the nursing facility or the ICF/IID to identify a member's discharge to include medications, behavioral, physical and community-based service needs prior to transition.
- b. Collaboratively the care team will ensure services are in place in the community and referrals are completed prior to discharge for seamless transitions back into the community. (2.8.2.3.2)
- 11) Mechanisms to require collaboration from hospitals, residential facilities, and inpatient facilities to coordinate aftercare planning prior to discharge and transition of Enrollees 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
- 26) a. Healthy Blue's care team shall collaborate with hospitals, residential facilities and inpatient facilities to coordinate discharge planning before the Enrollees leave the facility.
- b. Discharge planning shall also include referrals to community-based providers for aftercare appointments for behavioral and physical health services.
- c. Ensuring the Enrollees have access to their medications upon discharge is also an important aspect of discharge planning.
- d. Aftercare planning is a critical element in Healthy Blue's overall approach for supporting effective continuity of care from an integrated health care viewpoint. (2.8.2.3.3)
- 27) Mechanisms for collaborating with the Department of Corrections and local criminal justice systems in Louisiana to facilitate access to and/or continuation of prescribed medication and other behavioral health services for Enrollees, including referral to community providers, prior to reentry into the community including, but not limited to, Enrollees in the Louisiana Medicaid Program pre-release program.
- a. Our care team will provide returning citizens with an array of post-incarceration supports to effectively return to the community.

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

- b. This will include access to their needed medications and already scheduled behavioral health and physical health appointments.

28) This continuity of care approach will also support returning citizens both those in the Louisiana Medicaid Pre-Release program and others who are being release from parish jails.

- a. These Enrollees also require medication management and community-based behavioral health services after release. Integrated aftercare planning for these Enrollees is the hallmark of Healthy Blue approach to discharge planning.

29) Healthy Blue will develop crisis intervention and stabilization services to better manage behavioral health issues in the community. Healthy Blue shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community and referral to and assistance with placement in behavioral health services required by the individual in need. Regional crisis community collaborations consist of an array of public and private partners such as law enforcement, emergency department directors, psychiatric acute unit directors, coroners, behavioral health advocates, and peer supports. Healthy Blue shall familiarize itself with the local crisis's collaborative and work with it to facilitate crisis resolution.

30) Healthy Blue will develop crisis intervention and stabilization services to better manage behavioral health issues in the community. Healthy Blue shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community and referral to and assistance with placement in behavioral health services required by the individual in need. Regional crisis community collaborations consist of an array of public and private partners such as law enforcement, emergency department directors, psychiatric acute unit directors, coroners, behavioral health advocates, and peer supports. Healthy Blue shall familiarize itself with the local crises collaborative and work with it to facilitate crisis resolution.

31) Healthy Blue will provide emergency and non-emergency medical transportation for its members.

32) Healthy Blue will be responsible for ensuring:

- a. Member's health care needs and services/care are planned and coordinate through the Healthy Blue PCP and/or behavioral health provider
- b. Accessibility of services and promoting prevention through qualified providers and medical home practices in accordance with 42 CFR §438.6(k) which requires the provision for reasonable and adequate hours of operation including 24-hour availability of information, referral, and treatment for emergency medical conditions; and
- c. Accessibility of services and promoting prevention
- d. Coordination and referral activities incorporate and identify appropriate methods of assessment and referral for members requiring both medical and behavioral health services. These activities must include scheduling assistance, monitoring and follow-up for member(s) requiring medical services and coordination for members requiring behavioral health services.

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

- Patients with a condition that causes chronic pain and have five (5) or more ED visits in the most recent 12-month period for chief complaint of pain are contacted by the MCO for a pain management plan and this plan will be shared with the patients' PCP, the patient, and relevant ED staff.
- a) Principles that guide care integration are as follows:
 -
 - a. i) Mental illness and addiction are healthcare issues and must be integrated into a comprehensive physical and behavioral healthcare system that includes primary care settings;
 -
 - b. ii) Many people suffer from both mental illness and addiction. As care is provided, both illnesses must be understood, identified, and treated as primary conditions;
 -
 - iii) The system of care will be accessible and comprehensive, and will fully integrate an array of prevention and treatment services for all age groups. It will be designed to be evidence informed, responsive to changing needs, and built on a foundation of continuous quality improvement;
 -
 - iv) It is important that 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.
 -
 - 3) When a member presents to a network provider, or contacts the Healthy Blue's toll-free number listed on the member's identification card, and is in need of emergency BH services, the Healthy Blue's clinical staff or providers instruct the member to seek help from the nearest emergency medical provider. When members are referred to emergency care by Healthy Blue staff, follow-up contact is attempted within forty-eight (48) hours to establish that appropriate services were accessed.
 -
 - 4) Healthy Blue complies with all post-stabilization care service requirements as specified in 42 CFR §422.113.
 -
 - 5) Healthy Blue's staff document in the member's medical record that attempts have been 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, if applicable.
 -
 - 6) Healthy Blue provides procedures and criteria to providers and staff for making BH referrals and coordinating care with behavioral health and primary care providers to promote continuity and cost-effectiveness of care.
 -
 - 7) These procedures must address members with co-occurring medical and behavioral conditions, including children with special health care needs, who may require

Government Business Division

Policies and Procedures

Section (Primary Department)	SUBJECT (Document Title)
Health Care Management	Continuity of Care - LA

~~services from multiple providers, facilities and agencies and require complex coordination of benefits and services.~~

- ~~8) Healthy Blue shall provide or arrange for training of providers and care management staff on identification and screening of BH conditions, as well as co-morbid and/or co-occurring conditions, and referral procedures.~~
- ~~9) Healthy Blue shall provide guidelines, education and training, and consultation to PCPs to support the provision of basic behavioral health services in the primary care setting.~~
- ~~10) Healthy Blue will ensure network providers utilize behavioral health screening tools and protocols consistent with industry standards. Criteria for screening protocols and determining whether an individual meets the criteria for specialized behavioral health services may be determined by LDH and are based on factors relating to age, diagnosis, disability (acuity) and duration of the behavioral health condition.~~
- ~~11) Healthy Blue has recognized that at least 70 percent of behavioral health can be and is treated in the PCP setting. Healthy Blue will be responsible for the management and provision of all basic behavioral health services including but not limited to those with mild, moderate depression, ADHD, generalized anxiety, etc. that can be appropriately screened, diagnosed or treated in a primary care setting. Healthy Blue support will include but not be limited to assistance which will align their practices with best practice standards, such as those developed by the American Academy of Pediatrics, for the assessment, diagnosis, and treatment of ADHD, such as increasing the accuracy of ADHD diagnosis, increasing screening for other behavioral health concerns, and increasing the use of behavioral therapy as first line treatment for children under age 6.~~
- ~~12) Healthy Blue is responsible for the provision of screening, prevention, early intervention and referral services including screening services as defined in the EPSDT benefit (The EPSDT benefit guarantees coverage of "screening services" which must, at a minimum, include "a comprehensive health and developmental history — including assessment of both physical and mental health.") Section 1905(r)(1)(B)(i) of the Social Security Act, 42 U.S.C. §1396d(r)(1)(B)(i)).~~
- ~~13) Healthy Blue will provide guidelines, education and training, and consultation to PCPs to support the provision of basic behavioral health services in the primary care setting.~~
- ~~a) Healthy Blue will ensure network providers utilize behavioral health screening tools and protocols consistent with industry standards.~~

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

- ~~— b) Healthy Blue will work to increase screening in primary care for developmental, behavioral, and social delays, as well as screening for child maltreatment risk factors, trauma, and adverse childhood experiences (ACEs).~~
- ~~— c) Healthy Blue may provide technical assistance to providers, incentives, or other means to increase screening for behavioral health needs in primary care.~~
- ~~— d) Healthy Blue shall work to increase provider utilization of consensus guidelines and pathways for warm handoffs and/or referrals to behavioral health providers for children who screen positive for developmental, behavioral, and social delays, as well as child maltreatment risk factors, trauma, and adverse childhood experiences (ACEs).~~
- ~~— e) Healthy Blue shall work to increase the percentage of children with positive screens who:~~
 - ~~— i) Receive a warm handoff to and/or are referred for more specialized assessment(s) or treatment~~
 - ~~— ii) Receive specialized assessment or treatment.~~
- ~~— Mechanisms for collaborating with OJJ, DOJ, DCFS, LDH, OBH and DOE to coordinate the discharge and transition of children and youth in out of home placement for the continuation of prescribed medication and other behavioral health services prior to reentry into the community, including the referral to necessary providers or a WAA if indicated;~~
- ~~— When Healthy Blue members, in out of home placements, are identified for discharge or needing to transition care our care team will meet with and coordinate with identified entities (OJJ, DOJ, DCFS, LDH, OBH, DOE) involved with the child or youth.~~
- ~~— This includes ensuring medications, physical and behavioral services as well as community based services are in place in the community for the child or youth prior to their return.~~
- ~~— This includes referrals or WAA. The care team will work with members/families to assist with transportation to and from services as well if needed. (2.8.8.3.1)~~
- ~~— Mechanisms for collaborating with nursing facilities and ICF/IIDs to coordinate aftercare planning prior to discharge and transition of Enrollees for the continuance of behavioral health services and medication prior to reentry into the community, including referral to community providers;~~
- ~~— Healthy Blue's care team will work collaboratively with the care team at the nursing facility or the ICF/IID to identify a member's discharge to include medications, behavioral, physical and community-based service needs prior to transition.~~

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

- ~~— Collaboratively the care team will ensure services are in place in the community and referrals are completed prior to discharge for seamless transitions back into the community. (2.8.2.3.2)~~
- ~~— Mechanisms to require collaboration from hospitals, residential facilities, and inpatient facilities to coordinate aftercare planning prior to discharge and transition of Enrollees 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~~
- ~~— Healthy Blue's care team shall collaborate with hospitals, residential facilities and inpatient facilities to coordinate discharge planning before the Enrollees leave the facility.~~
- ~~— Discharge planning shall also include referrals to community-based providers for aftercare appointments for behavioral and physical health services.~~
- ~~— Ensuring the Enrollees have access to their medications upon discharge is also an important aspect of discharge planning.~~
- ~~— Aftercare planning is a critical element in Healthy Blue's overall approach for supporting effective continuity of care from an integrated health care viewpoint. (2.8.2.3.3)~~
- ~~— Mechanisms for collaborating with the Department of Corrections and local criminal justice systems in Louisiana to facilitate access to and/or continuation of prescribed medication and other behavioral health services for Enrollees, including referral to community providers, prior to reentry into the community including, but not limited to, Enrollees in the Louisiana Medicaid Program pre-release program.~~
- ~~— Our care team will provide returning citizens with an array of post-incarceration supports to effectively return to the community.~~
- ~~— This will include access to their needed medications and already scheduled behavioral health and physical health appointments.~~
- ~~— This continuity of care approach will also support returning citizens both those in the Louisiana Medicaid Pre-Release program and others who are being release from parish jails.~~
- ~~— These Enrollees also require medication management and community based behavioral health services after release. Integrated aftercare planning for these Enrollees is the hallmark of Healthy Blue approach to discharge planning. (2.8.2.3.2)~~
- ~~— 14) Healthy Blue will develop crisis intervention and stabilization services to better manage behavioral health issues in the community. Healthy Blue shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community~~

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

~~12) and referral to and assistance with placement in behavioral health services required by the individual in need. Regional crisis community collaborations consist of an array of public and private partners such as law enforcement, emergency department directors, psychiatric acute unit directors, coroners, behavioral health advocates, and peer supports. Healthy Blue shall familiarize itself with the local crises collaborative and work with it to facilitate crisis resolution.~~

~~13) 15) Healthy Blue will provide emergency and non-emergency medical transportation for its members.~~

~~14) 16) Healthy Blue will be responsible for ensuring:~~

~~a) Member's health care needs and services/care are planned and coordinated through the Healthy Blue PCP and/or behavioral health provider~~

~~b) Accessibility of services and promoting prevention through qualified providers and medical home practices in accordance with 42 CFR §438.6(k) which requires the provision for reasonable and adequate hours of operation including 24-hour availability of information, referral, and treatment for emergency medical conditions; and~~

~~c) Care coordination and referral activities incorporate and identify appropriate methods of assessment and referral for members requiring both medical and behavioral health services. These activities must include scheduling assistance, monitoring and follow-up for member(s) requiring medical services and coordination for members requiring behavioral health services.~~

~~d) Patients with a condition that causes chronic pain and have five (5) or more ED visits in the most recent 12-month period for chief complaint of pain are contacted by the MCO for a pain management plan and this plan will be shared with the patients' PCP, the patient, and relevant ED staff.~~

~~e.~~

~~3317) Healthy Blue will maintain and operate a formalized hospital and/or institutional discharge planning program;~~

~~3418) Coordinate hospital and/or institutional discharge planning that includes post-discharge care as appropriate, including aftercare appointments, following an inpatient, PRTF, or other out-of-home stay and assure that prior authorization for prescription coverage is addressed and or initiated before patient discharge. Healthy Blue will have policies and procedures requiring and assuring that:~~

~~a. Behavioral health pharmacy prior authorization decisions are rendered before a member is discharged from a behavioral health facility (including, but not limited to, inpatient psychiatric facilities, PRTF's, and residential substance use disorder settings).~~

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
---	--

b. Care managers follow-up with members with a behavioral health-related diagnosis within 72 hours following discharge.

c. Coordination with LDH and other state agencies following an inpatient, PRTF, or other residential stay for members with a primary behavioral health diagnosis occurs timely when the member is not to return home.

d. Members approaching the end of medical necessity/continued stay for PRTF or TGH have concrete and proactive discharge plans in place, including linkage with aftercare providers to address the member's treatment needs in the member's next recommended level of care or living situation. Concrete and proactive discharge plans, including linkage with aftercare providers in the member's next LOC or living situation, should be in place thirty (30) calendar days prior to discharge from a PRTF or TGH. Healthy Blue will follow up and coordinate with the discharging PRTF or TGH, receiving provider(s), and the member/guardian to ensure that the member is contacted by and is receiving services from aftercare providers as per the member's discharge plan.

a) Behavioral health pharmacy prior authorization decisions are rendered before a member is discharged from a behavioral health facility (including, but not limited to, inpatient psychiatric facilities, PRTF's, and residential substance use disorder settings).

b) Care managers follow up with members with a behavioral health-related diagnosis within 72 hours following discharge.

c) Coordination with LDH and other state agencies following an inpatient, PRTF, or other residential stay for members with a primary behavioral health diagnosis occurs timely when the member is not to return home.

d) Members approaching the end of medical necessity/continued stay for PRTF or TGH have concrete and proactive discharge plans in place, including linkage with aftercare providers to address the member's treatment needs in the member's next recommended level of care or living situation. Concrete and proactive discharge plans, including linkage with aftercare providers in the member's next LOC or living situation, should be in place thirty (30) calendar days prior to discharge from a PRTF or TGH. Healthy Blue will follow up and coordinate with the discharging PRTF or TGH, receiving provider(s), and the member/guardian to ensure that the member is contacted by and is receiving services from aftercare providers as per the member's discharge plan.

1935) -Healthy Blue will document authorized referrals in its utilization management system

2036) Healthy Blue will provide active assistance to members receiving treatment for chronic and acute medical conditions or behavioral health conditions to transition to another provider

Government Business Division

Policies and Procedures

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

when their current provider has terminated participation with Healthy Blue. Healthy Blue will provide continuation of such services for up to ninety (90) calendar days or until the member is reasonably transferred without interruption of care, whichever is less;

~~2137~~) Healthy Blue will coordinate 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.

~~2238~~) For the behavioral health population, Healthy Blue will provide aftercare planning for members prior to discharge from a 24-hour facility;

~~2339~~) Healthy Blue will not deny continuation of residential treatment (e.g., TGH or PRTF) for failure to meet medical necessity unless Healthy Blue can provide the service through an in-network or out-of-network provider for a lower level of care.

~~2440~~) Healthy Blue will advance initiatives aimed at increased alignment of children's behavioral health residential programming with national best practice standards;

- ~~a)~~ Healthy Blue will utilize authorization, continued stay review, and discharge planning protocols that support the implementation of best practices. Healthy Blue will participate in planning and implementation of these initiatives with OBH, and collaborate to develop an implementation monitoring plan and provide assistance to providers in collecting and reporting on best practice-related performance indicators (performance indicators may include reducing restraints and seclusions, increased employment of peer professionals, increased family involvement concurrent with the youth's residential stay [family involvement includes family voice in treatment planning], family support/skills training/therapy to support the family's ability to receive the youth home, frequent and ongoing contact with family in the form of phone calls and visits; and 6-12 month post-discharge outcomes data regarding successful integration into the home and community).

~~a)~~
~~2541~~) For the population receiving specialized behavioral health services, Healthy Blue will have integrated care management centers/case management staff that physically co-locates care management staff. Healthy Blue will employ care managers to coordinate follow-up to specialty behavioral health providers and follow-up with patients to improve overall health care.

~~2642~~) Healthy Blue's Case Managers undertake continual mining of data (i.e., CI3, LIPA, daily hospital census monitoring and ongoing member risk analysis) to discover members who may be receiving or in need of treatment for behavioral health services, or who have co-occurring mental health and substance abuse problems, or comorbid behavioral and physical health

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Continuity of Care - LA
--	---

conditions, so that coordination of care for these conditions can be included in the member's care plan.

2743) Healthy Blue shall also provide supports and services to the "at risk" population as defined in the Louisiana Office of Behavioral Health DOJ Compliance Guide.

2844) Healthy Blue will receive the transition of care file from the relinquishing Managed Care Organization. An authorization will be built to ensure that claim payment is occurring and to ensure that members can see their existing providers **even if the provider is out of network**. If it is deemed that a provider is out of network, a member is referred to the case management team for outreach to the member to connect with in-network services.

2945) If a member is transitioning out of Healthy Blue, their authorization information will be sent on the preferred method via an STP site to the incoming MCO.

REFERENCES:

- Louisiana Contract

RESPONSIBLE DEPARTMENTS:

Primary Department –
Health Care Management

Secondary Department(s) –
Behavioral Health
Clinical Quality Management
Credentialing
Document Control Center
Medicaid Enrollment and Billing
National Customer Care
National Provider Relations – Health Plan
Provider Data Management

EXCEPTIONS:

None

REVISION HISTORY:

<u>Review Date</u>	<u>Changes</u>
<u>124/017/2022</u>	• <u>New policy created for 2023 contract (LA Rebid 2023 Readiness)</u>

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	<u>SUBJECT (Document Title)</u> Continuity of Care - LA
---	---