

	DEPARTMENT: Clinical Operations/ Operations/ Population Health
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: Emergency Medical Services (EMS)	NUMBER: LA 002.2
EFFECTIVE DATE: 05/21/2020	PAGE: 1 of 4
REVIEWED: 8/17/2023	AUTHORIZED BY: CMO Louisiana

I. PURPOSE

To ensure a consistent and effective process for United Healthcare Community & State Louisiana (UHC C&S LA) Health Plan **Medical Care Coordinators (CC)/Case Managers (CM)** staff and staff supporting the Health Plan through member outreach to respond during a call with a member who is perceived as being in an immediate **medical crisis and/or an emergency**^{[AD1][AJ2]}, or in actual ^[AD3]or potential danger of causing harm to themselves or others.

II. SCOPE/POLICY

Care Coordinators (CC)/Case Managers (CM) and/or staff performing member outreach at the direction of the UHC C&S LA Health Plan Chief Operation Officer (COO)Designee and/or the Medical Director /Designee, including staff under the Care Model 2.0 Case Management Program are in scope for this policy.

Care Coordinators/Case Managers and staff will respond to member needs during a call with a member who is perceived as being in an immediate crisis and/or emergency or in actual or potential danger of causing harm to themselves or others.

Potential reasons to contact EMS include the following:

- Member perceived as being in an immediate **medical and/or behavioral health crisis and/or emergency**^{[AD4][AD5][AJ6]}.
- Member who is in actual or potential danger of causing harm to themselves or others or who is in a dangerous situation.
- Member making threats towards others.

If Member REFUSES assistance:

Consult your manager\supervisor if member is coherent and needs medical attention but refuses EMS assistance^[AD7].

If member refuses 911 and is perceived to be incapable of making an informed decision of whether to seek care (e.g., member is disoriented, not “making sense”, in-coherent, slurred speech or appears to have cognitive changes), then call 911. EMS will respond and determine need for medical attention.

III. PROCEDURE

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1. **Determine if someone at member's location can contact 911.**

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If appropriate in the situation, ask the consumer if there is someone there who will contact 911 for them AND if they have another phone line:

- a. **Obtain permission to speak with that person AND ask that person to contact 911 via their other available phone line; If permission not given to speak to the other person present, proceed to # 2.**
 - b. **Stay on the phone with the consumer until help arrives.**
 - c. **If no other phone line, not appropriate to the situation, or no one available, go to # 2.**
- 2. If no one is available to contact 911 at member's home, keep member on the call.**
- a. **Access Managers/Supervisors and/or co-workers for assistance via instant messaging, written or non-verbal communication, providing them with caller information as available:**
 - i. **Name**
 - ii. **Address, current location**
 - iii. **Type of danger, crisis (e.g., health conditions, threats of self-harm or harming others, if weapons are present and/or available)**
 - iv. **Any other relevant information as it becomes available.**
 - b. **Manager/Supervisor or co-worker will contact 911 and provide the above information, staying on the call with the 911 operator until instructed to hang up by the 911 operator.**
 - c. **Manager/Supervisor or co-worker will provide direction and information to the staff person on the phone with the member as instructed by the 911 operator as it becomes available.**

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3. Once EMS has released the staff person from the call, the staff person will send a referral email to the CM Referral group email box, lacaid_cm_referrals@uhc.com, with the subject line: EMS/911 Referral and will tag the email as "High Priority".

The email must contain details related to the incident. The above steps can provide guidance to staff on what to include in the detailed report.

The referring staff needs to include their name, title, and contact information if not available in their signature line of their email.

4. The Clinical Administrative Coordinator (CAC) monitoring the group email will task the member to a UHC C&S LA Health Plan CM.
5. The call to the member and resulting call to EMS/911 will be documented in the member management system utilized by the staff person making the call to the member. If the staff person does not have access to document in a member management system, the CM receiving the referral will document the call, including all available information, in the appropriate application for program type.

IV. REFERENCES:

No reference materials noted.

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V. APPROVED BY:



09/08/2023

Glenda Johnson, MD
Medical Director

Date

Review History:

Effective Date	Key update from Previous Version	Reason for Revision
06/02/2020	Updated BHA referral process to route calls through Member Services to BHA crisis call center.	Identification of more appropriate BHA referral routing system for immediate intervention.
01/07/2021	Changed language related to types of calls subject to this policy. New logo added.	Rebranded Health Plan. Language changed for clarity.
01/03/2022	Formatting. Added Nurseline policy/job aide numbers.	Annual review.
08/18/2022	Changed Behavioral Health Advocate language.	Readiness Review
<u>8/25/2023</u>	<u>Update signature, formatting, and review; updated process</u>	<u>Annual review</u>
<u>8/14/2024</u>	<u>Revised language to indicate this is a medical policy.</u>	<u>Review</u>