

- Category:** Utilization Management
- Code:** UM 2.0 Attach Q Court Ordered MH Treatment
- Subject:** Court Ordered Mental Health (MH) treatment services Level of Care Guidelines
- Purpose:** The intent of this policy is to provide coverage guidelines for court-ordered mental health treatment services.
- Policy:** Court-ordered mental health related disorders services intended to treat substance related conditions that are eligible for payment under the enrollee's Certificate of Coverage (COC) or applicable Summary Plan Description (SPD) are covered subject to meeting the guidelines listed below.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration

DEFINITIONS:

Court-Ordered Care:

Court-ordered mental health services includes mental health services which are provided as part of: a court hold, any type of commitment (which may include an order for early intervention), a stay of commitment, a continuance, or a revocation of a provisional discharge which are ordered by a court of competent jurisdiction. This includes mental health services which are ordered by a juvenile court for a child who is adjudicated as needing protection or services, mental health services which may be ordered by a criminal court as a condition of probation, or other situations in which a court of competent jurisdiction has included provision of, or participation in, mental health services as a condition in its findings.

Mental Health Services:

All covered services that are intended to treat or ameliorate an emotional, behavioral, or psychiatric condition and that are covered by the plan for which coverage is mandated by applicable law.

Non-participating Provider:

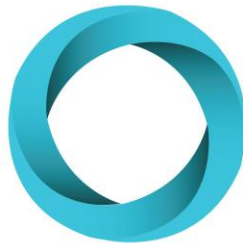
A provider not under contract as a participating provider.

Participating Provider:

A provider that PCHP, PIC or applicable Plan Administrator has contracted with, or made arrangements with, to provide health services to covered persons.

Provider:

A health care professional or facility licensed, certified, or otherwise qualified under state law to provide health care services.



GUIDELINES:

I. For PreferredOne PCHP and PIC Plans; and all other BHP-managed plans

A. To be eligible for coverage all of the following are required: 1-5

1. A copy of the evaluation and court order; and
2. The court-ordered behavioral care evaluation must be performed by a *participating* licensed psychiatrist or doctoral level licensed psychologist; and
3. The court-ordered behavioral care evaluation must include a diagnosis and individual treatment plan for care in the most appropriate and least restrictive environment.
4. The treatment must be provided by a *participating provider* or a *non-participating provider* if services are not available from a *participating provider*. Coverage for treatment that is court ordered to be provided at a Community Behavioral Health Hospital (CBHH) – one of the following: a or b
 - a. Is paid at out of network benefit level if member has out of network coverage; or
 - b. Is non-covered if member does not have out of network benefits.
5. The treatment provided must be based on the court-ordered behavioral care evaluation (I.A.2. and I.A.3.).

B. BHP may make a motion to modify a court ordered plan and/or request a new behavioral care evaluation.

C. On a periodic basis, at the discretion of BHP, a current treatment plan, including treatment goals and associated progress toward goals may be requested from the treating provider to help determine the need for a new behavioral care evaluation or need for modification to the court order.

D. Court-ordered care cannot be subject to a separate medical necessity determination under utilization procedures.

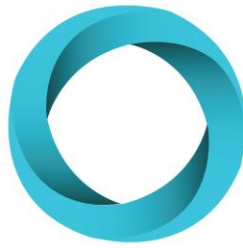
E. Eligible services must be covered in the enrollee's COC and are subject to all plan limitations and exclusions.

Note: All court ordered cases will be discussed with BHP's Medical Director or Board-Certified Physician.

II. For PreferredOne PAS Plans

A. To be eligible for coverage, all of the following are required: 1-3

1. A copy of the evaluation and court order; and



2. The court-ordered behavioral care evaluation must be performed by a *participating* licensed psychiatrist or doctoral level licensed psychologist; and
3. The evaluation must include a diagnosis and individual treatment plan for care in the most appropriate and least restrictive environment.

B. BHP may make a motion to modify a court ordered plan and/or request a new behavioral care evaluation.

C. On a periodic basis, at the discretion of BHP, a current treatment plan, including treatment goals and associated progress toward goals may be requested from the treating provider to help determine the need for a new behavioral care evaluation or need for modification to the court order.

D. Court-ordered care is subject to a separate medical necessity determination. Eligible services must be covered in the enrollee's SPD and are subject to all plan limitations and exclusions.

E. Eligible services must be covered in the enrollee's COC and are subject to all plan limitations and exclusions.

Note: All court ordered cases will be discussed with BHP's Medical Director or Board-Certified Physician.

Regulatory / External References: NCQA UM2.0, QI 9 Clinical Practice Guidelines, QI 8 Disease Management, Chapter 62M.

1. State Mandate: Minnesota Statute 62Q.535 Coverage for Court Ordered Mental Health Services , 253B.045 Temporary Confinement
2. Minnesota Department of Human Services, Bulletins #01-53-04, December 24, 2001, #02-53-12, August 22, 2002, #07-53-02, July 9, 2007

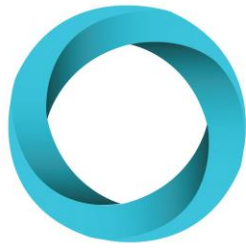
Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

Date Effective: 03/01/2014

Date Revised: 03/01/2014

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017



Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u>	<u>Details of Revision Made</u>
	List all applicable: <ul style="list-style-type: none">- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).- Change in process/procedure- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	