

Department of Origin: Integrated Healthcare Services	Effective Date: 10/17/23
Approved by: Chief Medical Officer	Date Approved: 10/13/23
Clinical Policy Document: Behavioral Health, Court Ordered Mental Health Services	Replaces Effective Clinical Policy Dated: 10/18/22
Reference #: MP/C001	Page: 1 of 4

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for court-ordered mental health services.

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

POLICY:

Court-ordered mental health services intended to treat emotional, behavioral, or psychiatric conditions that are eligible for payment under the member's Certificate of Coverage (COC) or applicable Summary Plan Description (SPD) are covered subject to meeting the guidelines listed below.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

COVERAGE:
I. Fully Insured and Non-ERISA Plans

- A. To be eligible for coverage all of the following are required, as applicable
 1. A copy of the evaluation and court order
 2. The court-ordered behavioral care evaluation must be performed by a *participating* licensed psychiatrist or doctoral level licensed psychologist.
 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 court-ordered treatment must be provided by a *participating* provider. If services are not available from a *participating* provider, the court-ordered treatment may be provided by a *non-participating* provider if benefits are available.
 5. The treatment provided must be based on the court-ordered behavioral care evaluation (I.A.2. and I.A.3.).
- B. The Plan 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 the Plan, 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 not subject to a separate medical necessity determination under utilization procedures for Plans subject to Minnesota state statutes.

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- E. Benefits for the court-ordered services must be covered under the member's COC/SPD and are subject to all plan limitations and exclusions.

[Note: All court-ordered cases will be discussed with a medical director.]

II. ERISA Plans

- A. To be eligible for coverage, all of the following are required, as applicable
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. The applicable Plan Administrator or designee 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 the Plan Administrator or designee, 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 may be subject to a separate medical necessity determination. Eligible services must be covered in the member's SPD and are subject to all plan limitations and exclusions.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

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 policy, contract, or certificate of coverage of the member's health plan company or by law.

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Non-participating Provider:

A provider not under contract as a *participating* provider.

Participating Provider:

A provider that has contracted with, or made arrangements with a health plan, 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.

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Prior Authorization: Yes, per network provider agreement

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Court Ordered Substance Use Related Disorders Services MP/C011
4. MN Statute 62Q.535 Coverage for Court Ordered Mental Health Services
5. MN Statute 253B.045 Temporary Confinement

DOCUMENT HISTORY:

Created Date: 07/95
Reviewed Date: 01/30/07, 01/20/09, 12/06/12, 12/06/13, 12/04/14, 12/04/15, 12/01/16, 12/01/17, 11/30/18, 11/26/19, 09/28/20, 09/28/21, 09/20/22, 09/19/23
Revised Date: 04/27/04, 02/06/06, 05/09/06, 01/02/08, 02/02/10 (separated out Substance Related Disorders) 02/02/11, 10/27/11, 12/07/11, 04/19/16, 10/23/20

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this contract, your id card, or aspirushealthplan.com.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلی رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzschts, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY: 711).