



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Crisis Stabilization Services for Adults	Page:	1 of 6
Department:	Medical Management	Policy Number:	XXXX.XX
Subsection:	Prior Authorization	Effective Date:	08/03/2022
Applies to:	■ Medicaid Health Plans		

PURPOSE:

The purpose of this policy is to define Aetna Better Health's business standards for the prior authorization of Crisis Stabilization Services for Adults.

STATEMENT OF OBJECTIVE:

Objectives of the Crisis Stabilization Services for Adults prior authorization process are to:

- **Accurately document all Crisis Stabilization Services authorization requests**
- **Verify that a member is eligible to receive Crisis Stabilization Services at the time of the request and on each date of service**
- **Assist providers in providing appropriate, timely, and cost-effective Crisis Stabilization Services**
- **Verify the practitioner's or provider's network participation**
- **Define responsibilities of health professionals involved in the medical necessity decision making process**
- **Evaluate and determine medical necessity and/or need for additional supporting documentation**
- **Collaborate and communicate as appropriate for the coordination of members' care**
- **Facilitate timely claims payment by issuing prior authorization numbers to practitioners or providers for submission with claims for approved services**
- **Place appropriate limits on Crisis Stabilization Services on the basis of medical necessity or for the purposes of utilization management provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR §438.210**

DEFINITIONS:

<u>MCG®</u>	<u>MCG, including Chronic Care Guidelines, are evidence-based clinical guidelines that are updated annually. They support prospective, concurrent, and retrospective reviews; proactive care management; discharge planning; patient education, and quality initiatives.</u>
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LEGAL/CONTRACT REFERENCE:

The Crisis Stabilization Services for Adults prior authorization process is governed by:

- **2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section 8.0**
- **Applicable federal and state laws, regulations and directives, including the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])**
- **National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans**
- **Policy 7000.30 Process for Approving and Applying Medical Necessity Criteria**
- **Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual**

FOCUS/DISPOSITION:

Crisis Stabilization (CS) for adults is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement. CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level. This service is designed to ameliorate a psychiatric crisis and/or reduce acute symptoms of mental illness and to provide crisis relief, resolution, and intensive supportive resources for adults who need temporary twenty-four (24) hours a day, seven (7) days a week support and is not intended to be a housing placement.

Components include:

Assessment

- **The psychiatric diagnostic evaluation of risk, mental status and medical stability must be conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service, practicing within the scope of their professional license. This assessment should build upon what is learned by previous providers or the Assertive Community Treatment (ACT) provider (if**



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applicable) and should include contact with the member, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of the evaluation and/or referral to and coordination with other alternative behavioral health services at an appropriate level. If the member expressly refuses to include family or other collaterals sources, it must be documented in the member record. If a psychiatric diagnostic evaluation was completed within thirty (30) days and can be obtained, another does not need to be completed at this time, but an update to capture the member's current status must be added to the previous evaluation.

- A registered nurse or licensed practical nurse practicing within the scope of their license performs a medical screen to evaluate for medical stability.

Interventions

- The intervention is driven by the member and is developed by the LMHP, psychiatrist, or non-licensed staff in collaboration with the LMHP or psychiatrist. Through this process, short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning.
 - The intervention should be developed with input from the member, family and other collateral sources. Strategies are developed for the member to use post current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate. [AD1][GK2][AD3][EZL4]
- The intervention is driven by the member and is developed by the LMHP, psychiatrist, or non-licensed staff in collaboration with the LMHP or psychiatrist. Through this process, short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning.
 - The intervention should be developed with input from the member, family and other collateral sources. Strategies are developed for the member to use post current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate.
- The service will include brief interventions using person centered approaches, such as, crisis resolution, self-help skills, peer support services, social skills, medication support, and co-occurring substance use disorder treatment services through individual and group interventions. The service must be provided under the supervision of an LMHP or psychiatrist with experience regarding this specialized behavioral health service;
- Substance use should be recognized and addressed in an integrated fashion, as it may add to the risk, increasing the need for engagement in care.



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- Support, education, and consultation is provided to the member, family, and collateral supports.

Care Coordination

- CS providers shall coordinate care for the member following the crisis event as needed. Care coordination includes the following activities:
 - Coordinating the transfer to alternate levels of care within 24 hours when warranted, including but not limited to:
 - Primary medical care - when the member requires primary medical care with an existing provider.
 - Community based behavioral health [AD5][GK6][AD7] provider - when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider. The member should return to existing services as soon as indicated and accessible.
 - Community brief crisis support (CBCS)- when the member requires ongoing support at home or in the community, if the member does not have an existing behavioral health provider who can meet their current critical needs as defined in the discharge plans;
 - Inpatient treatment – when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent.
 - Residential substance use treatment - when the member requires ongoing support outside of the home for a substance use disorder.
 - Coordinating contact through a warm handoff with the member's Managed Care-Aetna Better Health Organization (MCO) [AD8][GK9][AD10]-to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated;
 - Coordinating contact through a warm handoff with the member's existing or new behavioral health provider.
 - Providing any member records to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral.

Follow-Up

- Provide follow up to the member and authorized member's caretaker and/or family up to 72 hours to ensure continued stability post crisis for those not accessing higher levels of care, including but not limited to:



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- Telephonic follow-up based on clinical individualized need.
- Additional calls/visits to the member following the crisis unless the member indicates no further communication is desired as documented in the member's record¹.

Prior Authorization of Crisis Stabilization Services

Crisis Stabilization Services requires prior authorization, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis stabilization services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider. Additional units may be approved with prior authorization. The LMHP or psychiatrist must be available at all times to provide back up, support and/or consultation through all services delivered during a crisis.

Medical Necessity Criteria

The medical necessity for these rehabilitative services must be determined by and services recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. In addition to the LDH Behavioral Health Services Provider Manual, the primary medical necessity criteria used to authorize Crisis Stabilization Services for adults is 26th Edition MCG Guideline Crisis Intervention Behavioral Health Level of Care ORG: B-905-CI (BHG).

Aetna Better Health requires that the member's situation and expectations are appropriate for crisis stabilization as indicated by all of the following:

- Recommended treatment is necessary, appropriate, and not feasible at lower level of care
- Adequate outcome (e.g., stabilization and identification of resources and support for care outside of crisis intervention services) is expected within short time period

¹ LDH Behavioral Health Services Provider Manual, Section 2.2, Bed Based Services-Crisis Stabilization for Adults, page 14



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- **Patient is willing to participate in treatment (or agrees to participate at direction of parent or guardian) within specified intervention and treatment structure voluntarily (or due to court order)**
- **Patient has sufficient ability to respond as planned to individual and group interventions.**

Aetna Better Health

Richard C. Born
Chief Executive Officer

Madelyn M. Meyn, MD
Chief Medical Officer

Jared Wakeman, MD
Behavioral Health Medical Director