



AETNA BETTER HEALTH®

d/b/a Aetna Better Health of Louisiana

Policy

Policy Name:	Peer Support Services	Page:	1 of 4
Department:	Medical Management	Policy Number:	7000.13
Subsection:	Prior Authorization	Effective Date:	01/20/2022
Applies to:	■ Medicaid Health Plans		

PURPOSE:

The purpose of this policy is to define Aetna Better Health's clinical requirements for the prior authorization of Peer Support Services.

STATEMENT OF OBJECTIVE:

Objectives of the Peer Support Services prior authorization process are to:

- Define Peer Support Services
- Ensure the hierarchy of medical necessity criteria for Peer Support Services is utilized appropriately
- Establish procedures for reviewing and rendering determinations for Peer Support Services prior authorization requests

DEFINITIONS:

MCG®	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.
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LEGAL/CONTRACT REFERENCE:

The Peer Supports Services prior authorization process is governed by:

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work
- Applicable federal and state laws, regulations and directives
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, Section 2.3, Outpatient Services- Peer Support Services, revised **09/01/23**

FOCUS/DISPOSITION:

Peer Support Services are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use **and 21 years of age or older**. Peer Support Services are provided by Office of Behavioral Health Recognized Peer Support Specialists, who are individuals with personal lived



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experience with recovery from behavioral health conditions and successfully navigating the behavioral health services system. Peer Support Services are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the member to the best possible functional level in the community. Peer Support Services are person-centered and recovery focused. Peer Support Services are face-to-face interventions with the member present. Most contacts occur in community locations where the member lives, works, attends school and/or socializes¹.

Prior Authorization of Peer Support Services

Peer Support Services requires prior authorization. Providers must submit sufficient documentation to determine medical necessity. Requests for peer support services must include an individualized treatment plan that demonstrates the medical necessity of the number of units and duration requested and how those units will be utilized. Failure to do so may result in a partial or complete denial of coverage for services. Services may be provided at a facility or in the community as outlined in the treatment plan.

Medical Necessity Criteria

In addition to the LDH Behavioral Health Services Provider Manual, the primary medical necessity criteria used to authorize Peer Support Services is **27th** Edition MCG Peer Support Services ORG: B-810-T (BHG). Members who meet medical necessity criteria may receive Peer Support Services when recommended by an LMHP or physician within their scope of practice. Members must be 21 years of age or older and have a mental illness and/or substance use disorder diagnosis.

In addition to the above criteria, to be eligible to receive PSS from an Office of Aging and Adult Services (OAAS) certified permanent supportive housing (PSH) provider agency, members must:

- 1. Currently receive PSH services; or**
- 2. Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.**

¹ LDH Behavioral Health Services Provider Manual, Section 2.3: Outpatient Services – Peer Support Services, page 1



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Aetna Better Health requires that a behavioral health disorder is present and appropriate for peer support services with all of the following:

- Moderate Psychiatric, behavioral, or other comorbid conditions
- Moderate dysfunction in daily living
- Situation and expectations are appropriate for peer support services as indicated by all of the following:
 - Recommended treatment is necessary and not appropriate for less intensive care (ie, patient requires assistance in accessing services; and documented behavior, symptoms, or risk is inappropriate for outpatient office care or traditional case management)
 - Patient is assessed as not at risk of imminent danger to self or others
 - Current primary treatments (eg, pharmacotherapy, psychosocial therapy) have been insufficient to meet care needs
 - Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified and are appropriate for peer support services
 - Treatment plan addresses biopsychosocial stressors and includes coordination of care with other providers and community-based resources as appropriate
 - Treatment plan includes explicit and measurable recovery goals that will define patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued peer support services
 - Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate
 - Treatment intensity (i.e., number of hours per week) and duration is individualized and designed to meet needs of patient, and will be adjusted according to patient's response to treatment and ability to participate effectively
 - Patient is expected to be able to adequately participate in and respond as planned to proposed treatment.



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