

<b><u>Document ID:</u></b> <b><u>AETAMA-081867</u></b>	<b><u>Title: AMA 7000.54 Louisiana Crisis Stabilization Services for Adults</u></b>	
<b><u>Parent Documents: N/A</u></b>		
<b><u>Effective Date:</u></b> <b><u>08/03/2022</u></b>	<b><u>Last Review Date:</u></b> <b><u>05/06/2024</u></b>	<b><u>Business Process Owner (BPO):</u></b>
<b><u>Exhibit(s):</u></b>		
<b><u>Document Type: Policy and Procedure</u></b>		

## PURPOSE

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

## SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Crisis Stabilization Services for Adults.

## POLICY

It is the policy of the plan that specific state directives, in addition to MCG® criteria are used when processing authorization requests for Crisis Stabilization Services for Adults. Louisiana state qualifications, authorization and documentation requirements must be met. It defines additional Louisiana state qualifications and authorization and documentation requirements.

## STANDARD

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 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 collateral 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.
- 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.
- 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 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 Aetna Better Health 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:
  - 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 record<sup>1</sup>.

#### Prior Authorization of Crisis Stabilization Services

Crisis Stabilization Services **requires concurrent review after the initial 24-hour period, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis response services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The Crisis Stabilization provider must immediately notify Aetna Better Health of the member's admission. The member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider.** The<sup>[AD1]</sup><sup>[EZL2]</sup> 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

<sup>1</sup> LDH Behavioral Health Services Provider Manual, Section 2.2, Bed Based Services-Crisis Stabilization for Adults, page 12

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- Adequate outcome (e.g., stabilization and identification of resources and support for care outside of crisis intervention services) is expected within short time period
- 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.

#### APPLICABLE CPT/HCPCS CODES

This policy applies the additional definitions, qualifications, criteria and- documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT/HCPCS	Description
H0045 TG	Crisis Stabilization for Adults

#### 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.
Prior Authorization	Process in which providers must obtain approval from prior to services provided.

Aetna Better Health of Louisiana

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References/Resources

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, Section 2.2: Bed Based Services, issued 02/05/24

EXHIBIT(S):