



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

Policy Name:	Community Brief Crisis Support (CBCS) and Behavioral Health Crisis Care (BHCC)	Page:	1 of 5
Department:	Medical Management	Policy Number:	7000.82
Subsection:	Prior Authorization	Effective Date:	03/01/2022
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 Community Brief Crisis Support (CBCS) and Behavioral Health Crisis Care (BHCC).

**STATEMENT OF OBJECTIVE:**

Objectives of the CBCS and BHCC prior authorization process are to:

- Define CBCS and BHCC services Ensure the hierarchy of medical necessity criteria for CBCS and BHCC are utilized appropriately

Establish procedures for reviewing and rendering determination for CBCS and BHCC 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 CBCS and BHCC 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, revised 04/05/22

**FOCUS/DISPOSITION:**

Crisis response services are provided to form a continuum of care offering relief, resolution and intervention through crisis supports and services to decrease the unnecessary use of emergency departments and inpatient hospitalizations for members whose needs are better met in the community. These services are available twenty-four (24) hours a day, seven (7) days a week. Care coordination is a key element across all of these services, coordinating across the services



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and beyond depending on the needs of the member. Providers delivering these services will respond to crises by initiating the least restrictive response commensurate with the risk. This level of care involves supporting and collaborating with the member to achieve symptom reduction by delivering brief, resolution-focused treatment, problem solving and developing useful safety plans that will assist with community tenure. These services are intended for members with urgent mental health distress only.

Crisis response services are not intended for and should not replace existing behavioral health services. Rather crisis response services should be used for new or unforeseen crises not otherwise addressed in the member’s existing crisis plan. These services are not to be utilized as step down services from residential or inpatient psychiatric or Substance Use Disorder (SUD) treatment service settings and are not intended to substitute for already-approved and accessible Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), or Assertive Community Treatment (ACT) services with a member’s already-established provider. NOTE: The crisis response services outlined here are provided outside of the Mental Health Rehabilitation (MHR) crisis intervention services as defined in the MHR chapter of the Louisiana Medicaid Behavioral Health Services Provider manual. MHR crisis intervention services are intended for use by the members accessing CPST and PSR services. MHR providers are required to have crisis mitigation plans, which shall not include use of or referral to these crisis response services.

*Community Brief Crisis Support (CBCS)*

Community Brief Crisis Support (CBCS) services are an ongoing crisis response intended to be rendered for up to fifteen (15) days and are designed to provide relief, resolution, and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers. CBCS is a face-to-face, time limited service provided to a member who is experiencing a psychiatric crisis until the crisis is resolved and the member can return to existing services or be linked to alternative behavioral health services. CBCS services are available twenty-four (24) hours a day, seven (7) days a week. CBCS services are not intended for and should not replace existing behavioral health services. Rather referrals for services occur directly from Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), or Crisis Stabilization (CS) providers



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as needed for ongoing follow up and care. This level of care involves supporting and collaborating with the member to achieve symptom reduction by problem solving and developing useful safety plans that will assist with community tenure.

*Behavioral Health Crisis Care (BHCC)*

Behavioral Health Crisis Care (BHCC) services are an initial or emergent psychiatric crisis response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis for adults. BHCC Centers (BHCCC) operate twenty-four (24) hours a day, seven (7) days a week as a walk-in center providing short-term mental health crisis response, offering a community based voluntary home-like alternative to more restrictive settings, such as the emergency departments, or coercive approaches, such as Physician Emergency Certificates (PECs), law enforcement holds, or Orders of Protective Custody (OPC). BHCCC are designed to offer recovery oriented and time limited services up to twenty-three (23) hours per intervention, generally addressing a single episode that enables a member to return home with community-based services for support or be transitioned to a higher level of care as appropriate if the crisis is unable to be resolved<sup>1</sup>.

*Prior Authorization of Crisis Response Services*

Community Brief Crisis Support (CBCS) requires prior authorization, 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. This service will be rendered to eligible members after a referral is made from MCR or BHCC. 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.

Behavioral Health Crisis Care (BHCC) is an initial crisis service and is allowed without the requirement of a prior authorization in order to address the emergent issues in a timely manner, although providers are required to notify the Aetna Better Health when its member presents.

<sup>1</sup> LDH Behavioral Health Services Provider Manual, Section 2.3, Outpatient Services- Crisis Services, page 1,16, 19



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BHCC is intended to provide crisis supports and services during the first twenty-three (23) hours of a crisis. If the referral is made from CBCS to BHCC, prior authorization is required.

*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 a member aged twenty-one (21) years and over 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 CBCS and BHCC is 25th 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 intervention 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
- 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.



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Aetna Better Health

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Review/Revision History	
03/2022	New policy
03/2023	Added history log; Removed unnecessary language: Aetna Better Health Responsibilities and Operating Protocol sections; Updated with 2023 Louisiana Medicaid Managed Care Organization Model Contract reference; Updated purpose, objectives, and references sections for clarity