

Document ID: AETAMA- 081874	Title: Aetna Medicaid Administrators AMA 7000.82 Louisiana Community Brief Crisis Support (CBCS) and Behavioral Health Crisis Care (BHCC) Services	
Parent Documents:		
Effective Date: 03/01/2022	Last Review Date: 06/09/2025	Business Process Owner (BPO): Mgr,Clinical Health Services, 0000790996 CS Medicaid
Exhibit(s):		
Document Type: Policy and Procedure		

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) services.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Community Brief Crisis Support (CBCS) and Behavioral Health Crisis Care (BHCC) Services.

POLICY

It is the policy of the plan that specific state directives, in addition to MCG® criteria are used when processing authorization requests for Community Brief Crisis Support (CBCS) and Behavioral Health Crisis Care (BHCC) Services. Louisiana state qualifications, authorization and documentation requirements must be met. It defines additional Louisiana state qualifications and authorization and documentation requirements.

STANDARD

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 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. Unless directly referred to Community Brief Crisis Support (CBCS) by the managed care organization (MCO)/managed care entity (MCE), 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. For individuals under the age of 21, crisis services

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additionally are not intended to substitute for already approved and accessible home and community-based interventions as included on the plan of care (POC) for individuals enrolled in the Coordinated System of Care (CSoC) program. 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. As determined by the MCE, CBCS can also be provided to individuals who have experienced a presentation to an emergency department for a reason related to emotional distress. 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 MCEs, Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), or Crisis Stabilization (CS) providers 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 members ages 18 years and up. 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 resolved¹.

Prior Authorization of Crisis Response Services

Community Brief Crisis Support (CBCS) requires prior authorization for services exceeding 16 units of service, is based on medical necessity, and is intended to assure ongoing access to

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

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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 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. 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.

The clinical information required for submission is the preliminary screening and assessment (if clinically indicated). The preliminary screening must be submitted with the prior authorization request and must include, at a minimum, the reason for presentation, nature of the crisis, chief complaint, medical stability, grave disability and risks of suicidality, of self-harm, and of danger to others. If further evaluation is needed, an assessment must be conducted by an LMHP or psychiatrist, unless otherwise specified in the MCR staff requirements section, with experience regarding this specialized mental health service. The assessment must also be submitted with the prior authorization request and must include a mental status exam and a current behavioral health history including the current behavioral health provider.

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 to his/her best age-appropriate functional level.

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
H2011 HK	COMMUNITY BRIEF CRISIS SUPPORT
S9484 HK	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY)
S9485 HK	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY)

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S9484 TG	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY)
S9485 TG	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR > 4 HOURS/DAY)

DEFINITIONS:

Prior Authorization	Process in which providers must obtain approval from prior to services provided.
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REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
03/2022	New Policy		
03/2023	1	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	
04/2024	2	New Template; Added current CEO and CMO; Updated MCG edition. Added updates from the latest LDH BH provider manual revision.	All
06/2025	3	Updated current CEO, Updates to MCG edition, Removal of specific MCG criteria	All
07/2025	4	Updated MD, Removal of MCG criteria, Updates to prior authorization requirements	All

Bridget Galatas
Chief Executive Officer

Antoinette Logarbo, MD
Chief Medical Officer

Jennifer Thomas-Taylor, MD
Behavioral Health Medical Director

References/Resources

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work

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- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, revised 07/07/25

EXHIBIT(S):