



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

Policy Name:	Multi-Systemic Therapy (MST)	Page:	1 of 5
Department:	Medical Management	Policy Number:	7100.33
Subsection:	Prior Authorization	Effective Date:	11/19/2019
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 Multi-Systemic Therapy (MST).

STATEMENT OF OBJECTIVE:

Objectives of the MST prior authorization process are to:

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

LEGAL/CONTRACT REFERENCE:

The MST 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, Appendix E-4: Evidence Based Practices (EBPs) Policy- Multi-Systemic Therapy (MST), revised 012/1225/242

FOCUS/DISPOSITION:

Multi-systemic therapy (MST) provides an intensive home/family and community-based treatment for youth who are at risk of out-of-home placement or who are returning from out-of-home placement. The MST model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services are primarily provided in the home, but workers also intervene at school and in other community settings. All MST services must be provided to, or directed exclusively toward, the treatment of the Medicaid-eligible youth¹.

¹ LDH Behavioral Health Services Provider Manual, Appendix E-4: Evidenced Based Practices (EBPs) Policy- Multi-Systemic Therapy, page 1



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

Policy Name:	Multi-Systemic Therapy (MST)	Page:	2 of 5
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Medical Necessity Criteria

Multi-Systemic Therapy (MST) requires prior authorization. The primary medical necessity criteria used to authorize MST is the LDH Behavioral Health Services Provider Manual, Appendix E-4: Evidenced Based Practices (EBPs) Policy- Multi-Systemic Therapy. MST services are targeted for youth primarily demonstrating externalizing behaviors, such as conduct disorder, antisocial or illegal behavior or acts that lead to costly and, oftentimes, ineffective out-of-home services or excessive use of child-focused therapeutic support services. Depression and other disorders are considered, as long as the existing mental and behavioral health (BH) issues manifest in outward behaviors that impact multiple systems (i.e., family, school, community). Youth with substance use issues may be included if they meet the criteria below, and MST is deemed clinically more appropriate than focused drug and alcohol treatment. The following criteria must be met for MST services:

- Referral/target ages of 12-17 years;
- Youth exhibits significant externalizing behavior, such as chronic or violent juvenile offenses;
- Child is at risk for out-of-home placement or is transitioning back from an out-of-home setting;
- Externalizing behaviors symptomatology, resulting in a DSM-5 or ICD-10 diagnosis of conduct disorder or other diagnoses consistent with such symptomatology (oppositional defiant disorder, other disruptive, impulse-control, and conduct disorders, etc.);
- Ongoing multiple system involvement due to high risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems;
- Less intensive treatment has been ineffective or is inappropriate; or
- The youth's treatment planning team or CFT recommends that he/she participate in MST.

MST services may not be clinically appropriate for individuals who meet the following conditions:

- Youth referred primarily due to concerns related to suicidal, homicidal or psychotic behavior;
- Youth living independently, or youth whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends or other potential surrogate caregivers;



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

Policy Name:	Multi-Systemic Therapy (MST)	Page:	3 of 5
Department:	Medical Management	Policy Number:	7100.33
Subsection:	Prior Authorization	Effective Date:	11/19/2019
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- The referral problem is limited to sexual offending in the absence of other delinquent or antisocial behavior;
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism;
- Low-level need cases or
- Youth who have previously received MST services or other intensive family- and community-based treatment.

Exception: Youth may be allowed an additional course of treatment if all of the following criteria are met:

- MST program eligibility criteria are currently met;
- Specific conditions have been identified that have changed in the youth’s ecology, compared to the first course of treatment;
- It is reasonably expected that successful outcomes could be obtained with a second course of treatment; and
- Program entrance is subject to prior authorization by Aetna Better Health.

Individuals receiving MST services must meet all of the following criteria for continuing treatment with MST:

- Treatment does not require more intensive level of care.
- The treatment plan has been developed, implemented and updated based on the youth’s clinical condition and response to treatment, as well as the strengths of the family, with realistic goals and objectives clearly stated.
- Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address the lack of progress are evident.
- The family is actively involved in treatment, or there are active, persistent efforts being made which are expected to lead to engagement in treatment.

Individuals who meet the following criteria no longer meet medical necessity criteria for MST and should be discharged from MST treatment:

- The recipient’s treatment plan goals or objectives have been substantially met.
- The recipient meets criteria for a higher or lower level of treatment, care or services.



AETNA BETTER HEALTH®
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Policy

Policy Name:	Multi-Systemic Therapy (MST)	Page:	4 of 5
Department:	Medical Management	Policy Number:	7100.33
Subsection:	Prior Authorization	Effective Date:	11/19/2019
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- The recipient, family, guardian and/or custodian are not engaging in treatment or not following program rules and regulations, despite attempts to address barriers to treatment.
- Consent for treatment has been withdrawn, or youth and/or family have not benefitted from MST, despite documented efforts to engage, and there is no reasonable expectation of progress at this level of care, despite treatment.

Exclusions

MST services are comprehensive of all other services, with the exception of psychological evaluation or assessment and medication management. These services may be provided and billed separately for a recipient receiving MST services. MST should not be billed in conjunction with the following services:

- BH services by licensed and unlicensed individuals, other than medication management and assessment.
- Residential services, including professional resource family care².

² LDH Behavioral Health Services Provider Manual, Appendix E-4: Evidenced Based Practices (EBPs) Policy-Multi-Systemic Therapy, pages 1-4, 14



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

Policy Name:	Multi-Systemic Therapy (MST)	Page:	5 of 5
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