



# Hospital Based Care Coordination of Pregnant & Postpartum Individuals with SUD and their newborns - ACLA

In Lieu Of Policy ID: ILO.04

Recent review date: 5/2023

Next review date: 1/2024

Policy contains: Hospital Based Care Coordination, Pregnant & Postpartum, SUD, newborns

*AmeriHealth Caritas has developed In Lieu Of policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings (or beyond the service limits established by LDH for MCO Covered Services. AmeriHealth Caritas' In Lieu Of services are provided to Enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.*

*LDH has determined that this In Lieu Of service is a medically appropriate and cost-effective substitute for the MCO Covered Service or setting under the Louisiana Medicaid State Plan.*

## Coverage policy

Eligible members are enrollees with substance use disorder who are 18 years of age and older and are pregnant or up to 12 months postpartum. Services under this "in lieu of" are covered without the requirement of prior authorization or referral. AmeriHealth Caritas Louisiana may make referrals to providers of this service and members may self-refer.

Eligible and qualified providers are hospitals that are enrolled in Medicaid and provide outpatient services with the following staffing specifications:

- At least one licensed mental health professional (LMHP), such as an LCSW or LPC with a current, valid, and unrestricted Louisiana license;
- Additional staff may include LMHPs, registered nurses, or advanced practice registered nurses with a current, valid, and unrestricted Louisiana license; and
- A staffing ratio of at least one LMHP or nurse for every 40 enrollees must be maintained.

Services covered in the model are divided into three categories:

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- Intake, assessment, and care plan development
- Care coordination
- Outreach for disengaged enrollees

Service Descriptions:

Description	Services Provided
<p>Intake, Assessment, Care Plan Development</p> <p>Time requirement: 2.5 hours total time (face-to-face and non-face-to-face time)</p>	<p>Intake:</p> <ul style="list-style-type: none"> <li>• Pregnancy confirmation; referral to OB if needed</li> <li>• Explanation of services</li> <li>• Obtaining informed consent for treatment</li> <li>• Obtaining detailed medical and social history</li> <li>• Create a mapping tool of contacts</li> </ul> <p>Needs assessment through screenings:</p> <ul style="list-style-type: none"> <li>• Initiate assessment of unmet care needs for physical (medical and nutritional), behavioral and psychosocial needs. At a minimum, these assessments are completed: <ul style="list-style-type: none"> <li>○ 5 P's Screening tool</li> <li>○ DSM-5 Opioid Use Disorder Screening</li> <li>○ NIDA Substance Use Screen</li> <li>○ PHQ9 Depression Screening</li> <li>○ GAD-7 Generalized Anxiety Disorder Screening</li> <li>○ SDOH Health Leads Screening</li> </ul> </li> </ul> <p>Additional screenings may be added, to include:</p> <ul style="list-style-type: none"> <li>○ Columbia Suicide Severity Rating Scale</li> <li>○ Perinatal Posttraumatic Stress Disorder Questionnaire</li> <li>○ PCL-C PTSD Checklist – Civilian version</li> <li>○ ACE Adverse Childhood Experience Questionnaire</li> <li>○ MDQ Mood Disorder Questionnaire</li> <li>○ HITS Intimate Partner Violence Screening</li> </ul> <p>Plan of care development:</p> <ul style="list-style-type: none"> <li>• Review assessments to identify care needs and discussing results with patient</li> <li>• Develop treatment plan of patient-centered goals, including referral to MAT or SUD treatment</li> <li>• Assessing urgency of identified goals, prioritizing referrals based on needs, including housing referrals</li> <li>• Obtain plan of care developed by AmeriHealth Caritas Louisiana case management, if applicable, for incorporation</li> <li>• Assessing Care Plan understanding through teach back to uncover any misunderstanding of the plan, the medical condition and objections. Adjusting plan and referrals as needed.</li> <li>• Providing warm handoff to referral sources.</li> <li>• Notification to AmeriHealth Caritas Louisiana case managers of enrollment</li> </ul>

Description	Services Provided
<p>Care Coordination</p> <p>Time requirement: 10 hours per month of total time. Non-face-to-face-time can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Warm handoffs to other providers and community services</li> <li>• Contacting and communicating with physical and behavioral health providers</li> <li>• Following up on outcomes of referrals or visits</li> <li>• Updating the enrollee's care plan</li> </ul>	<p>All activities shall be documented fully.</p> <p><b>PRENATAL</b></p> <p><b>General Activities</b></p> <ul style="list-style-type: none"> <li>• Confirmation of consent</li> <li>• Confirm and update birth plans</li> <li>• Confirm and update contact information</li> <li>• Assisting with benefit reinstatement, if indicated</li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>• Coordination of referrals identified from treatment plan, incorporating collaboration with the MCOs as needed to improve effectiveness and prevent duplication</li> <li>• Review and revision of care plan, as needed</li> <li>• Visit preparation, navigation, and follow up for key OB services</li> <li>• Coordination with AmeriHealth Caritas Louisiana Case Manager to enhance care and prevent duplication</li> <li>• Multidisciplinary long-term postpartum follow-up includes referrals for medical, developmental, and social support for mother and infant</li> </ul> <p><b>Risk Assessment</b></p> <ul style="list-style-type: none"> <li>• Reviewing patient history from referral source (if applicable) and medical charts</li> <li>• Reassess physical, mental and social needs; identifying gaps</li> <li>• Providing assistance to close gaps for physical, mental and social needs</li> <li>• Review risks identified during assessment and addressing those risks</li> <li>• Assisting with development of peer support</li> </ul> <p><b>Alcohol/Substance Use Disorder Treatment</b></p> <ul style="list-style-type: none"> <li>• Interdisciplinary case conference with hospital care team during pregnancy, delivery and postpartum periods, including patient care plan.</li> <li>• Participation at SUD Treatment Case Conference, if indicated</li> <li>• Providing referral and/or education for Naloxone</li> </ul> <p><b>Health Education and Promotion</b></p> <ul style="list-style-type: none"> <li>• Orientation to labor and delivery process, including pain management plan and discussion of post-partum family planning, education on the importance of post-partum care</li> <li>• Provide individualized education on pregnancy, childbirth, parenting, physical well-being, lactation support and information on Neonatal Abstinence Support and related topics</li> </ul> <p><b>DELIVERY CARE</b></p> <ul style="list-style-type: none"> <li>• In-hospital, rooming in and assessment of neonatal opioid withdrawal syndrome (NOWS), if required staffing and space are available</li> <li>• Lactation support and follow up education</li> <li>• Assessing baby safety needs</li> <li>• Navigating and educating mother for potential NICU admission, as needed</li> <li>• Assessment of care transition to home</li> </ul>

Description	Services Provided
	<p><b>POSTPARTUM CARE</b></p> <p>Care Coordination</p> <ul style="list-style-type: none"> <li>• Identifying/connecting patient with peer support</li> <li>• Provide referrals for medical, developmental and social support, (WIC, Healthy Start, Early Steps)</li> <li>• Follow meconium drug screening and report to DCFS, if appropriate</li> <li>• Visit preparation and follow up for pediatric visits</li> <li>• Assist with/make referral to pediatrician</li> <li>• Identifying NOWS and NAS support by care partners</li> </ul> <p>Health Education and Promotion</p> <ul style="list-style-type: none"> <li>• Discussion of postpartum needs, including importance of postpartum care, red flag warnings for postpartum hygiene, signs and symptoms of illness for mother, sleep and nutritional needs.</li> <li>• Discussion of red flag warnings for signs and symptoms of newborn illness, feeding and lactation support, care of baby's skin, mouth, umbilical cord and circumcision</li> </ul> <p>Risk Assessment</p> <ul style="list-style-type: none"> <li>• Reassessment for depression and anxiety screening with on-site treatment or referral as indicated</li> <li>• Provide education and advocacy for DCFS reporting and the justice system</li> <li>• Documentation of activities and progress across all categories of care coordination activities</li> </ul>
<p>Outreach for Disengaged Enrollees</p> <p>Time requirement: 8 hours per month total time (face-to-face and non-face-to-face time).</p>	<ul style="list-style-type: none"> <li>• Maintaining and reviewing call log for potential disengagement</li> <li>• Medical record review for missed physician or diagnostic appointments</li> <li>• Checking with SUD treatment providers for missed appointments</li> <li>• Contact attempts by preferred contact method at least three times on different days and different times of day</li> <li>• Escalating contact tracking to friends, family, employer, judicial, social services, etc., from contact mapping</li> <li>• Documentation of efforts made for outreach attempts</li> </ul>

CPT codes utilized:

The primary diagnosis code on the claim should reflect the primary substance use disorder experienced by the enrollee. Specific CPT codes for services:

Service	Service Code	Maximum Units per Pregnancy and Postpartum Period

Intake, Assessment, Care Plan Development	H0002	1
Care Coordination	H0006	20
Outreach for Disengaged Enrollees	H0023	4

## Background

LDH has approved an AmeriHealth Caritas Louisiana “in lieu of” (ILO) benefit to provide coverage of a comprehensive pregnancy medical home model of care to enrollees with substance use disorder who are 18 years of age and older and pregnant or up to 12 months postpartum. The model includes care coordination, health promotion, individual and family support, and linkages to community/support services, behavioral, and physical health services. The model does not include coverage of physical and behavioral health services otherwise covered under the Louisiana Medicaid State Plan (e.g., outpatient OB care, SUD treatment services). In addition, this “in lieu of” service is not duplicative of managed care organization case management services.

Pregnant women with active substance use face numerous barriers to care, including limited access to treatment, stigma, fear of legal consequences, and a fragmented care delivery system. One model of care that can address these barriers, called a pregnancy medical home model, incorporates care coordination, health promotion, and individual and family support, in addition to linkages to community/support services and physical and behavioral health services. This model provides wrap around care to support the pregnant mother through linkages to substance abuse treatment, medical and behavioral medicine and with community supports that significantly increases the likelihood of the birthing person maintaining her recovery.

Previous evidence has shown that patients engaged in a pregnancy medical home model have significantly lower rates year over year for placental abruption, preterm labor, and stillbirth as well as lowered rates for assisted ventilation, low birth weight, and preterm delivery.

## Expected Outcomes

Anticipated outcomes from participating in this ILO include:

- Increased participation in prenatal and postpartum visits
- Reduced maternal complications in pregnancy related to placental abruption, preterm labor and stillbirth
- Reduction in preterm births
- Reduction in low birth rate newborns
- Decreased NICU length of stay
- Overall reduction in cost of pregnancies of women with substance use disorder

## Policy updates

5/2023: initial review date and ILO policy effective date: 5/2023