

**Alternative or “in Lieu of” Service Description  
Template**

**1. Service Name and Description:**

**Service Name:** Behavioral Health Crisis Assessment and Intervention (BH-CAI)

**Procedure Code:** T2016 U5

**Description:**

A designated service that is designed to provide triage, crisis risk assessment, evaluation and intervention within a Behavioral Health Urgent Care (BHUC) setting. A BHUC setting is an alternative, but not a replacement, to a community hospital Emergency Department.

**2. Information About Alliance Population to be Served:**

| <b>Population</b>                     | <b>Age Ranges</b> | <b>Projected Numbers</b> | <b>Characteristics</b>   |
|---------------------------------------|-------------------|--------------------------|--|
| All MH or SUD and co-occurring BH/IDD | 4 and older       | 6134                     | Members experiencing a behavioral health crisis meeting Emergent or Urgent triage standards. |

**3. Treatment Program Philosophy, Goals and Objectives:**

**Treatment Program Philosophy:**

Individuals receiving this service have primary behavioral health needs and an urgency determination of urgent or emergent. Individuals receiving this service will be evaluated, then stabilized and/or referred to the most appropriate level of care.

The BH-CAI service is utilized within a Tier III or Tier IV BHUC setting. A Tier III BHUC is operated during extended hours and days, while a Tier IV BHUC operates 24/7/365.

## **Objectives and Goals:**

The BH-CAI service is utilized within a Tier III or Tier IV BHUC type setting. A Tier III BHUC is operated during business or extended hours, while a Tier IV BHUC operates 24/7/365.

Tiers III and Tier IV BHUC settings must be able to provide the following:

- Involuntary Commitment First Evaluations (IVC) initiation
- Medical Screenings
- Clinical Evaluation
- Psychiatric services
- Referrals and case management
- Disposition & discharge planning
- Inclusion of family or natural supports (as available).

\*\* Tier IV BHUC holds IVC designation and completes IVC First Evaluations.

Typically, within a BHUC setting, law enforcement is available on site to maintain custody and facilitate drop off by community first responders or other law enforcement in instances where a petition has been filed or an IVC has been initiated.

## **4. Expected Outcomes:**

### **Systems Level**

- a) Increase use of BHUC versus ED for individuals in behavioral health crisis and overall decrease in recurrent crisis episodes
- b) Increase knowledge of BHUC program and service delivery models as evidenced by increase in consumer and stakeholder awareness of the availability and function of the BHUC in addressing behavioral health crisis. Decreasing the number of individuals that go to local EDs for behavioral health crises.
- c) Quickly and safely serve individuals triaged as Emergent and Urgent
- d) Expedited processes for Law Enforcement to “drop off” individuals in need of BHUC services and return to regular duties

### **Individual Level**

- a) Differentiation of those needing medical versus behavioral health intervention
- b) Engagement and maintenance of individual’s safety
- c) Completion of Crisis assessment, Crisis Stabilization, and medication initiation as needed
- d) Development or revision of Crisis Plan
- e) Engagement in recommended aftercare services
- f) Beneficiary satisfaction
- g) Discharge Planning shows emphasis on full use of natural supports and linkage to least restrictive level of care & community-based services

h) At least 75% of those seen will receive the full crisis assessment and intervention detailed in this service definition. However there will be medical/psychiatric conditions that may warrant further treatment/stabilization in a higher level of care, including but not limited to the emergency department that will require rapid and coordinated transfer.

## **5. Utilization Management:**

### **Entrance Criteria**

Alliance Health Medicaid members experiencing a behavioral health crisis. Age 4 and older with any combination of MH, SUD and co-occurring BH/IDD issue. Must meet state triage criteria of Urgent or Emergent, this service is not designed for routine access to services.

### **Continued Stay Criteria**

N/A this service is per event

### **Discharge Criteria**

Crisis is stabilized and consumer is safe to return to available supports in the community, or placement is secured at appropriate level of care.

### **EPSDT Special Provision**

#### **Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age**

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

- 1) That is unsafe, ineffective, or experimental or investigational.
- 2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

*EPSDT and Prior Approval Requirements*

- 1) If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
- 2) IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

**A. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:  
Provider Requirements**

BH-CAI is designed to be provided within a Tier III or Tier IV BHUC setting by a team of professionals who have the qualification, experience, and competencies to provide the service. The BHUC setting, in which this BH-CAI service takes place, will be staffed with other professional disciplines supporting the service delivery and BHUC setting requirements.

This service will be delivered by psychiatrists who are contracted and credentialed by Alliance Health and meet the provider qualification policies, procedures, and standards established by the Division of MH/IDD/SA Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.

**Staffing and Supervision Requirements**

At a minimum, one licensed clinical professional must be readily available to complete the evaluation and treatment planning. Along with a team member trained to complete medical screening and consult with an on call physician for any medical concerns. A third team

member must be brought in any time there are more than six consumers on site. And a fourth team member if the census rises to 12 individuals seeking crisis services. Credentialed and licensed staff will be available during all hours of operation to complete clinical assessments or IVC evaluations as needed.

#### *Staff Competencies and Training Requirements*

All staff performing BH-CAI must be trained in agency new employee orientation and all applicable core competencies as required by state, LME/MCO or provider agency policies. Unless included in the above mentioned standard training materials, staff shall also be educated in an LME/MCO or provider-based curriculum to include the following within the first 90 days of employment: Refer to below training grid.

#### *Administrative and Clinical Supervision Requirements*

All staff that provide BH-CAI within a BHUC must have administrative oversight and clinical supervision as required by agency policy or licensure board requirements. Staff will receive clinical supervision by a fully licensed professional. Written clinical supervision agreements will be developed as required per discipline based on 10A NCAC 27G.0104. A physician, preferably a board certified psychiatrist, will be available 24.7.365 for consultation.

### **Service Type/Setting**

BH-CAI is a service that offers a safe alternative and diversion from the use of hospital emergency departments to address the needs of individuals experiencing behavioral health crises. This model offers an array of services that begins with initial triage AND includes crisis assessment, stabilization and intervention, nursing assessment and intervention, psychiatric intervention, peer support, observation, ongoing assessment, and disposition and discharge planning. Upon a triage determination of urgent or emergent, an individual will receive BH-CAI services to include an assessment(s), crisis and de-escalation interventions, and discharge planning.

#### **2. Treatment Elements**

This BH-CAI service is comprised of four elements. Central to it is the clinical assessment by a licensed clinician. Without that component the service is not billable. Other core elements include a triage determination, crisis intervention and disposition planning.

##### **Triage**

The triage consists of an intensity of needs screening to be initiated within 30 minutes of arrival. This screening will result in a behavioral health urgency determination status of routine, urgent or emergent and may determine the need for emergency medical attention.

Only those meeting the state criteria for *urgent* or *emergent* are eligible for this BH CAI service.

An *urgent* determination status is defined as moderate symptoms and distress that may quickly escalate without prompt intervention; thoughts of harm to self or others, acute

stressors and symptoms which may include impaired reality testing, self-care, intoxication or withdrawal.

An *emergent* determination status is defined as significant or imminent risk to self or others related to behavioral health distress; risk related to safety and supervision, severe incapacitation which may include impaired reality testing, self-care, intoxication or withdrawal.

### ***Assessment***

The Crisis Assessment is designed to determine nature of crisis and risks associated with presenting concern. Assessment elements may be acquired through a variety of assessments completed by other qualified professionals, including licensed professionals, nursing staff, and psychiatric prescribing professionals. A licensed clinical professional must directly observe and interview the individual, establish a diagnosis, and compile an evaluation that will drive the services. The following elements may be part of the BH CAI:

- a) Demographic information
- b) Behavioral health and medical treatment history
- c) Access LME/MCO and Care Coordination information
- d) Reason for referral
- e) Urgency and Risk Status
- f) Current Medications
- g) Assessing biometric data (vitals: pulse, blood pressure, height and weight)
- h) Current medical status and any need for emergency medical treatment
- i) Breathalyzer or urine drug screen as indicated
- j) Biopsychosocial information
- k) Current Mental Status
- l) Level of Care Determination
- m) Establishment of a Diagnosis that will be the subject of treatment (may be Provisional or Differential or Diagnosis)
- n) Use of specialty assessments using validated, standardized instruments (such as Suicide Risk Assessment, etc.) within the scope of practice for the individual conducting the assessment.
- o) Initial treatment recommendations to quickly stabilize the crisis situation

### ***Intervention***

Interventions include strategies and actions for the purposes of providing crisis de-escalation, assessment, therapeutic interventions and supports. The following BH-CAI interventions may be applied:

- a) Provide a safe and comfortable atmosphere
- b) Provide crisis de-escalation and support
- c) Initiation or continue of medication management
- d) Provide Peer Support specialist services
- e) Monitor ongoing medical status and any need for emergency medical treatment
- f) Provide individual or group psychoeducation activities
- g) Provide consumer choice on appropriate aftercare/stabilization services

- h) Provide ongoing urgency determination
- i) Provide community resource information
- j) Develop or revise individualized Crisis Plan
- k) Provide ongoing assessments and specialty assessments as needed.
- l) Complete first evaluations to initiate, uphold or release from the IVC process

### ***Disposition and Discharge Planning***

Disposition and Discharge Planning is provided to ensure a person served through BHUC is linked to the least restrictive and most appropriate level of care. Disposition coordination and discharge planning from BHUC include the use of person-centered strategies and processes that:

- a) Emphasize voluntary admissions and consents, as preferred over any IVC process
- b) Provide education and information regarding community services and resources.
- c) Facilitate engagement of natural supports.
- d) Communicate with LME/MCO Care Coordination as needed
- e) Communicate with and make referrals to primary care
- f) Obtain releases of information, make referrals and coordinate exchange of information for optimal care
- g) Provide safety and aftercare instructions
- h) Arrange admissions to hospitals, Facility Based Crisis or other enhanced services
- i) Assistance with housing and transportation
- j) Provide education and linkage to medication assistance and Medicaid eligibility
- k) Provide Peer Bridger services to help transition and engage in follow up services
- l) Promote safe continuity of care to maximize stabilization in the least restrictive setting

### **B. Unit of Service:**

| <b>Services</b>                        | <b>rate</b> | <b>unit of service</b> |
|--|-------------|------------------------|
| BH-CAI-Tier IV                         | \$525       | Per event              |
| BH-CAI AH (replaces current BHUC ILOS) | \$432       | Per event              |

### **C. Anticipated Units of Service per Person: 1 per person**

### **D. Targeted Length of Service:**

This service is designed to be completed during regular and extended business hours of Tier III settings up to 23 hours in Tier IV settings.

**E. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.**

Without this service, individuals get their crisis needs met in emergency room settings which is more costly and not best practice.

These service settings are inconsistently available, and the services themselves are not standardized in their expectations and outcomes. Many services are individually provided such as comprehensive clinical assessment, peer support and psychiatric evaluation. By implementing this service, the expectations of triage, elements of the crisis assessment and monitoring are standardized across providers and the network.

**10. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.**

**Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)**

| Service         | Procedure Code      | Unit Definition | Units of Service | Cost of Service |
|-----------------|---------------------|-----------------|------------------|-----------------|
| AH BHUC         | T2016 U5            | Per event       | 2134             | \$921,888       |
| Emergency Depts | Multiple Procedures | Per events      | 5250             | \$33,916,997    |

It is anticipated that this services will have cost savings for Tier III BHUC and.

**Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)**

| Service       | Procedure Code                | Unit Definition | Units of Service | Cost of Service |
|---------------|-------------------------------|-----------------|------------------|-----------------|
| Tier IV BHUC  | T2016 U5                      | Per Event       | 4000             | 2,100,000       |
| Tier III BHUC | T2016 U5<br>rate per provider | Per event       | 2134             | 921,888         |

**Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)**

Encounters are documented and reported per event with the clinical assessment by a licensed clinician. Without that component the service is not billable. Other core elements include a triage determination, crisis intervention and disposition planning. Minimally documentation must be in the form of a progress note detailing each of these four elements. For community discharges it is expected the consumer will receive a copy of the crisis plan and follow up instructions at the time of release. The encounters are reported using T2016 U5.



**Description of Monitoring Activities :**

Monitoring is completed using regular BHUC reporting to Alliance Health and to the state. In addition the codes and documentation are reviewed during routine monitoring events.