



Service Name and Description

Behavioral Health Crisis Assessment and Intervention (BH CAI)

Behavioral Health Crisis Assessment and Intervention (BH CAI) is 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.

Procedure Code: T2106 U5

Provider Organization Requirements

Provider Organization must be nationally accredited by one of the state accepted accrediting bodies 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.

Staffing by Age and Disability

At minimum, BHUC is provided by a Licensed Professional, PhD, LPA, LMHC, LMHC-A, LMFT, LMFT-A, LCSW, LCSW-A, and

Psychiatric Nurse Practitioner

or

Physician Assistant

or

Psychiatrist

and

on-call Physician

A Qualified Professional, Associate Professional, and Certified Peer Support Specialist can be added, but not counted toward staffing to member ratio.

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 members 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.

Program and Staff Supervision

Physician's Assistants (PA) receive clinical supervision by a Psychiatrist and in compliance with board and 10A NCAC 27G .0104. Staff receive clinical supervision by a fully licensed professional. Written clinical supervision agreements are required per discipline. All staff that provide BH-CAI within a BHUC must have administrative oversight and clinical supervision as required by agency policy based on 10A NCAC 27G.0104.

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.

Program Requirements

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
- Monitor ongoing medical status and any need for emergency medical treatment
- f) Provide individual or group psychoeducation activities
- g) Provide member 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.
- 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

Entrance Criteria & Eligibility Requirements

Adults and children 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 member is safe to return to available supports in the community, or placement is secured at appropriate level of care.

Evaluation of Consumer Outcomes and Perception of Care

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. Provider survey data is reported annually.

Service Documentation Requirements

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.

Service Exclusions

Facility Based Crisis, Inpatient hospitalization

Service Limitations

None