

**Alternative or “in Lieu of” Service Description
Enhanced Crisis Response (ECR)**

1. Service Name and Description:

Service Name: Enhanced Crisis Response

Procedure Code: Code: H2011 U5 U1 weekly unit with two-hour minimum per week

Description:

2. Information About Alliance Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
Mental health, substance use or Intellectual and other Developmental Disabilities	3 to 21	175	<ul style="list-style-type: none"> • Diagnosis of MH, MH/IDD and/or MH/SUD • Potential diagnosis based upon current symptoms/behavioral health needs • At risk for abandonment, crisis episodes or restrictive levels of care.

3. Treatment Program Philosophy, Goals and Objectives:

Treatment Program Philosophy:

This program operates under the philosophy that children thrive when they can safely remain in or be reunified with the home of their own family and/or a safe permanent alternative. The program will utilize fully licensed practitioners who provide an immediate comprehensive clinical assessment (when necessary), along with corresponding 24-7 service delivery.

Service Elements/Treatment Interventions would include the following:

- Crisis Management: Crisis intervention and support on a 24/7/365 basis.
- Intensive Case Management: Assists members to gain access to necessary care: medical, behavioral, social, and other services appropriate to their needs.
- Linkage to individualized Therapeutic and Behavioral Support Services: Services may include In Home Therapy Services, Family Centered Treatment, Multi-systemic Therapy, Respite, and Day Treatment (these services would overlap for two weeks to ensure linkage).
- Linkage to Residential Treatment: Therapeutic Foster Care and other programs as appropriate/clinically warranted. (These services would overlap for 30-60 days)
- Intensive supports for children in DSS Homes or Kinship placements: DSS Foster Home/DSS group home (recommended service provision: 60-90 days)
- Discharge and aftercare planning: Processes to decide what the member needs for a smooth move from one level of care to another and for ongoing monitoring. Beginning at the time of admission, all interventions/activities regarding discharge planning and transition with the member, family/caregiver, care manager and the child and family team will be documented.

Objectives and Goals:

Overall, it is expected that ECR will assist with engaging the family, decreasing crisis events, linking to services, and maintaining the member in the community with outpatient/enhanced services.

- Reduce unnecessary use of the Emergency Department
- Reduce the need for DSS to obtain custody due to abandonment

4. Expected Outcomes:

When ECR becomes involved with a member at-risk of presenting to the ED, it is expected that an ED assessment/admission will be prevented.

If a member is at-risk of abandonment in the ED, the goal is to engage the member's guardian in order for the member to remain in the home and prevent the member going into DSS custody.

5. Utilization Management:

The provider will submit their weekly claims once the minimum hours of service has been met. The provider will also submit encounter claims (with a modifier) in order to account for all time being spent with the member (total number of contacts as well as frequency).

Members will receive a pass-through of one billable unit per week for eight weeks. If a member is receiving an enhanced service at the time of the initial referral, a Treatment Authorization Request (TAR) must be submitted by the provider in order for Utilization Management to complete a clinical review for medical necessity to ensure the services are not duplicative.

If a member needs services beyond the eight-week pass through, an authorization is required. Authorization after the initial eight unit pass through can be requested for four additional units per re-authorization request.

If/when members are linked to another service, a TAR must also be submitted to allow for the overlap of services if needed, based on the below.

- Linkage to individualized Therapeutic and Behavioral Support Services: Services may include In Home Therapy Services, Family Centered Treatment, Multi-systemic Therapy, Respite, and Day Treatment (these services would overlap for two weeks to ensure linkage).
- Linkage to Residential Treatment: Therapeutic Foster Care and other programs as appropriate/clinically warranted. (These services would overlap for 30-60 days)

At all times the care manager/coordinator shall be informed of the status of the planning and discharge. In the event that the individual doesn't have a care manager, a care manager will be assigned in accordance with the Alliance care management policy and procedures.

Entrance Criteria

The member (ages three to 21) is eligible for this service when the following criteria are met:

1) There is a diagnosis of MH, MH/IDD, and/or MH/SUD OR potential diagnosis based on current symptoms/behavioral health needs.

2) The member has behavioral health needs at-risk for abandonment, crisis episodes, or restrictive levels of care which includes members who

a) Present to the Emergency Department (ED) or Child/Adolescent Facility Based Crisis facility that are determined to not require admission to Inpatient and whose parent or guardian has stated are unable to return home

OR

b) Are admitted to an inpatient unit where there are barriers to discharge such as lack of parent or guardian engagement in discharge planning, need for further specialty care that is not yet identified, etc.

OR

c) Members in a non-therapeutic home such as a DSS foster home, DSS shelter, or kinship placement that are at risk for admission to an emergency room or inpatient based on escalation of behavioral symptoms or known trauma.

3) The member is also the custody of DSS or is at-risk of entry into DSS custody based on potential parental abandonment and the member meets at least one of the following:

a) Has exhibited suicidal gestures or attempts, or self-injurious behavior or current ideation related to suicidal or self-injurious behavior, and is not in need of acute care

b) Has exhibited physical aggression or violent behavior towards persons, animals, or property (this risk may also be evidenced by current threats of such aggression)

c) Has run away from home or placements within the last 60 days

d) Has had an occurrence of sexual aggression

e) Has known trauma (i.e., has had a trauma assessment)

f) Has had a hospitalization for behavioral health in the past 30 day

Continued Stay Criteria

The individual continues to meet the entrance criteria and is eligible for additional units per the utilization management requirements.

Discharge Criteria

The individual shall meet at least one of the following:

- The member has been linked to an alternative service
- The member has returned home, and the guardian is not interested in alternative services.
- The member's guardian no longer wants to receive the service.

Service Exclusions

Individuals can receive this service in addition to other Medically necessary Medicaid or State Funded services and in consultation with other services but not at the same time of day as those additional services.

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

- Enhanced Crisis Response services must be delivered by staff employed by a mental health,

substance use, or intellectual and developmental disability (MH/SU/DD) provider organization that meets the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G unless provided by a federally recognized Tribal provider or Indian Health Service (IHS) provider. Those providers must demonstrate substantial equivalency as established in 25 USC 1621t and 1647a.

- These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being a member of the Alliance provider network or an IHS provider.
- The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina or federal or tribal entity in compliance with federal or tribal law.
- Additionally, within one year of enrollment as a provider with NC Medicaid, the organization shall achieve national accreditation with one of the accrediting bodies approved by the N.C. Department of Health and Human Services (DHHS) or meet substantial equivalency as allowed by 25 USC 1621t or 1647a.

Staffing Requirements

The service requires a supervisor. The supervisor shall be a licensed mental health professional holding any of the following licenses: licensed psychologist, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist. The supervisor shall have three years of clinical experience working with children with serious emotional disturbance, with a minimum of two years post-graduate school.

Full or associate licensed clinician(s) must have at least one year of post-graduate experience working with children with serious emotional disturbance. The licensed clinician shall be a licensed mental health professional holding any of the following licenses: psychologist, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist. Associate licensed professionals are acceptable with the required experience. 1:20 caseload but may be prorated.

Also allowed to assist in case coordination and linking tasks are Qualified or Associate Professionals.

Qualified Professional (AP) must have experience working with children with serious emotional disturbances. The AP shall be supervised by a licensed MH professional and receive weekly supervision or as documented in the supervision plan based upon experience and expertise.

Associate Professional (AP) must have experience working with children with serious emotional disturbances. The AP shall be supervised by a licensed MH professional and receive weekly supervision or as documented in the supervision plan based upon experience and expertise.

In addition to routine training required for provider agencies, additional training includes:
Introductory Motivational Interviewing
Introduction to System of Care

Person-Centered Thinking
Alternatives to Restrictive Interventions

Supervision:

Licensed clinicians and associate professionals (AP) must receive scheduled intensive supervision weekly. If supervising more than one clinician or AP, one of the required supervision meetings may occur as a group supervision once per month. Supervisors must also be available to clinicians or APs as needed to staff cases when requested by the licensed clinician or AP or to provide coverage when necessary.

B. Unit of Service:

Services	rate	unit of service
Enhanced Crisis Response	\$265	1 weekly unit

Anticipated Units of Service per Person:

1 unit per week (weekly per diem) for a minimum of 2 hours. The average member will receive this service for 60-90 days, with expected maximum utilization of one billable unit per week for 12 weeks. Subsequent encounters are submitted in 15-minute units

For any week where less than the required two hours of service is provided, a billable claim should not be submitted.

C. Targeted Length of Service:

This program is intended to be short term, with services lasting on average 60-90 days.

D. 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.

This service requires a prompter response. For members in the Emergency Department (ED) or in a non-therapeutic home at risk of admission to the ED, the practitioner will respond within two hours of the referral and for other referrals, response will be on the same day or by end of the following day.

This service allows for a longer enhanced crisis response than is allowed in typical crisis management responses. Based in the home, this service fulfills a gap in care, targeting those youth who are in imminent risk of DSS involvement due to abandonment or other crisis behavior symptoms.

10.

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

Encounters: H2011 U5 TS subsequent 15-minute encounters

Description of Monitoring Activities:

Alliance Network management will monitor individuals receiving Enhanced Crisis Response at a minimum annually for compliance. Ongoing monitoring of complaints, incident reports, quality of care reviews, audits etc. will occur annually or as needed.

Care Management shall also monitor for the quality of care and implementation of the person-centered plan.