Access to
24 Hour Crisis Coverage for
Behavioral Health Emergencies
Clinical Coverage Policy 8C (CCP 8C)

• All enrolled providers are responsible for ensuring access to 24 hour crisis coverage

• Enrolled providers shall arrange for coverage in the event that he or she is unable to respond to a beneficiary in crisis

• Coverage shall include the ability for the beneficiary to speak with a licensed clinician on call either face-to-face or telephonically
Clinical Coverage Policy 8C (CCP 8C)

- Coverage may be provided by the beneficiary’s provider and/or via a written agreement with another entity
24 Hour Coverage

• Includes:
  o Weeknights/weekends
  o Vacations
  o Absence from the office for an extended time
  o During and after business hours
24 Hour Coverage

• Beneficiaries, clients and/or legally responsible person must be informed of process for accessing after hours services
  o Must be informed in writing
  o If provider is primary responder, beneficiary must be given provider’s number as well as the phone number of a back-up person if provider is unavailable
24 Hour Coverage

- Example of how to inform consumer and/or legally responsible person (from LIP Resource Packet)
24 Hour Coverage

• Providers should differentiate between medical and behavioral health emergencies when directing people to call 911

• Provider must be responsible for responding to behavioral health emergencies
Resource

- NC Division of Medical Assistance Clinical Coverage Policy 8C 7.4