

Alternative or “in Lieu of” Service Description
Alliance Behavioral Healthcare

1. Service Name and Description:

Behavioral Health Urgent Care (BHUC)

A designated intervention/treatment location, known as a Behavioral Health Urgent Care (BHUC) that is an alternative to any community hospital Emergency Department where consumers with urgent primary behavioral health needs will receive triage and referral. The behavioral health care location must include the ability to initiate the Involuntary Commitment petition via first-level evaluations (Clinician Petition), medical screening, case management, , and referrals.

Service Name: Behavioral Health Urgent Care (BHUC)

Procedure Code:

License:

2. Description: Information About Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
MH, SUD, co-occurring MH/IDD	4 and older	120 consumers per week	Consumers experiencing a behavioral health crisis meeting Emergent or Urgent triage standards

Eligibility Criteria:

3. Treatment Program Philosophy, Goals and Objectives:

Behavioral Health Urgent Care (BHUC) is a treatment model that is intended to offer a diversion from the use of emergency department or hospitals to address individuals experiencing behavioral health crises. This model offers an array of services that begins with initial triage and may include brief assessment, stabilization and intervention, nursing assessment and intervention, psychiatric intervention, case management, and disposition and discharge planning. Upon a triage determination or urgent or emergent, a person will be receive BHUC services to include an assessment or assessments, crisis and de-escalation interventions, and discharge planning.

Triage: Prompt screening of acuity and consumer’s treatment needs to determine priority level for routine versus urgent/emergent intervention or the need for emergency medical attention. This would occur independently if there are multiple consumers presenting rapidly, or could be part of the assessment process if there are no delays in commencing services. Completion of a Comprehensive Clinical Assessment is not required.

Assessment:

All individuals/members will be seen by a licensed professional. Rapid assessment of clinical presentation related to crisis situation. Assessment elements may be acquired through a variety of

assessments completed by qualified professionals, licensed professionals, nursing staff, and psychiatric prescribing professionals. The BHUC brief assessment will include the following elements (clinical components of assessment must be conducted by staff member with the appropriate clinical license:

- Crisis risk assessment - triage
- Demographic information
- BH and medical treatment history (self-reported by consumer)
- Reason for visit/referral
- Urgency and Risk Status
- Current Medications
- Current medical status and medical clearance determination
- Bio-psycho-social information
- Current Mental status
- Provisional determination of an appropriate level of care for referral
- Establishment of Diagnoses or Interim Diagnoses (licensed clinician only)
- Case Management Assessment including
 - Identification of social determinants of health

Intervention:

Interventions include strategies and actions for the purposes of providing treatment and crisis de-escalation. The following is a list of interventions that will occur during an episode of BHUC:

- Safe and comfortable atmosphere
- Crisis de-escalation support
- Determination of the most appropriate level of care
- Intake and brief assessment of behavioral health, medical and case management needs
- Brief intervention and treatment by a licensed professional
- Initiation or continuance of medication management
- Coordination and arrangement of follow-up referrals and appointments (primary care, ongoing behavioral health care)
- Brief case management and community resource information
- If necessary, completion of first evaluations to initiate 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 will require a discharge plan that includes the following:

- Use of person-centered strategies and processes
- Emphasis on voluntary admissions and consents, rather than IVC process
- Provide education and information regarding community services and resources.
- Facilitate engagement of natural supports.
- Communicate with LME/MCO Care Coordination as needed
- Communication and referrals to primary care

- Obtain releases of information, make referrals and coordinate exchange of information for optimal care
- Provide safety and after care instructions
- Referral to and communication with treating or new provider including sharing of urgent care visit information

4. Expected Outcomes:

Process Measures / Tracking

The Joint Commission Specifications Manual for Hospital Outpatient Department Quality Measures (maintained by CMS, not The Joint Commission), OP-18, OP-20, OP-22; The Joint Commission Accreditation Ambulatory Care Standards Sampler for Urgent Care Centers, Provision of Care, Treatment, and Services Standards

- Total Time in Clinic (reported as total service time by type of service(s) received and total wait time)
- Number of Consumers who left before receiving a Crisis Assessment by a licensed professional and/or medication management if needed
- Insurance Type
- Diagnosis
- Urgency Level
- Identification of frequent attenders/high utilizers
- Current Behavioral Health Provider, Level of Care
- New Referral Provider
- Follow-up appointment date

Case Management Functions

- Social determinants of health, referral to local resources when applicable
- Schedule follow-up appointment with existing provider or new referral to behavioral health services (internal and external)
 - Contact Alliance Access to determine current provider and contact information, BHUC will contact current provider to schedule a follow-up appointment within 7 days
 - If Alliance Access reports no current provider, BHUC will request that Access schedule an Intake Appointment within 7 days; review mode of transportation and transportation needs
- Written discharge instructions provided to consumer re: medications, community resource referrals, and scheduled appointment date, time and location

- Standardized format and content of notification to primary care provider and next provider of behavioral health care (existing and referral), including services rendered, medication(s) prescribed, community resource referrals, and scheduled appointment with behavioral health provider when communicating with primary care provider
- Targeted “Appointment Reminder/ Follow-up Calls” for new referrals: individuals within any of the identified “high-risk” categories will receive reminder/ follow-up calls based on their Urgency Level 1-2 days before the scheduled appointment

High-Risk Categories

- Utilization of a crisis service in the past 30 days
- Adults with SPMI diagnosis AND who exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services
- Children with SED diagnosis AND who exhibit emotional or behavioral functional impairment that seriously interferes with or limits their role of functioning in family, school or community activities
- Individuals with SPMI/SED AND co-occurring SA usage diagnosis AND positive UDS
- Individuals with an opioid dependence diagnosis AND who have reported to have used drugs by injection within the past thirty days (**pregnant women in this category should also be referred to Alliance Care Coordination*)

Program Outcomes (initial baseline data will be collected in these areas)

- Percent of clients seen with no ED admission during the following 30 days
- Rate of client follow-through with new behavioral health treatment referrals
- Client satisfaction surveys
- Percent of individuals with longer community tenure

5. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

At a minimum, a staff member performing a triage within BHUC must meet the requirements to be a Qualified Professional (for the population served), Certified Peer Support Specialist (who meets the criteria for a QP) and/or Registered Nurse demonstrating triage knowledge and competency as evidenced by triage and level of urgency training attendance and have access to a licensed professional (LP) or medical professional (MD, RN) for consultation.

At a minimum, a staff member performing the Assessment within BHUC must meet the requirements to be a licensed or associate-level licensed professional demonstrating clinical assessment knowledge and competency as evidenced by scope of practice, or assessment training attendance. Staff available that are licensed or certified to complete IVC first evaluations.

At a minimum, a staff member performing Interventions within BHUC must meet the requirements to be a Certified Peer Support Specialist, Associate Professional, Para-Professional, Qualified Professional, Licensed Professional, Licensed Professional Nurse (LPN) or Registered Nurse (RN) demonstrating crisis intervention knowledge and competencies. All staff will have immediate access to a licensed professional for consultation.

At a minimum, a staff member qualified to deliver general medical assessments and services. May include a psychiatrist, mid-level medical provider (Nurse Practitioner, Physician Assistant). This position will support the need for integrated care services in the behavioral health urgent care center.

At minimum, a staff member performing Disposition and Discharge Planning within BHUC must meet the requirements to be a Qualified Professional, Licensed Professional, and/or Registered Nurse (RN) demonstrating clinical assessment knowledge and competencies in disposition, care coordination, and discharge planning.

Staff Competencies

A staff providing services within BHUC will demonstrate the following competencies:

- The ability to correctly identify levels of urgency and the ability to utilize effective prioritization methods.
- Ability to use all sources of information for effective decision making (i.e., collateral information, triage, crisis assessment, safety and risk assessment, direct observation, etc.)
- The ability to participate in an integrated multi-disciplinary approach and seek consultation and supervision warranted when the needs of the individual exceed their scope of practice or expertise.
- The understanding and ability to refer to community resources as needed (i.e., basic needs referrals, DSS, etc.)
- An understanding of the North Carolina Involuntary Commitment process and local community and procedures.
- The ability to accurately determine the presence or absence of imminent danger to self or others to include overt or covert symptoms and behaviors.
- The ability to accurately determine the presence or absence of psychotic symptoms to include negative and positive symptoms.
- The ability to recognize the signs of intoxication and withdrawal.
- The ability to recognize medical concerns needing immediate medical attention.
- The ability to recognize signs, symptoms, and behaviors that occur in crisis episodes for individuals from special populations (i.e. children, elderly, deaf/hard of hearing, traumatic brain injury, intellectual/developmental disability, veterans, etc.)

Training Requirements

All staff working in a BH Urgent Care setting must be trained in 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, BHUC staff members shall

also be educated in an LME/MCO or provider-based curriculum to include the following within the first 90 days of employment:

- BHUC service definition or in lieu of service definition training
- BHUC procedure and documentation training
- Crisis response and De-escalation Techniques.
- Risk assessment related to identifying imminent dangerous and the use of standardized tools as indicated.
- Common signs, symptoms, and behaviors associated with mood and thought disorders, especially as manifested during crisis episodes
- Common signs, symptoms, and behaviors associated with substance use disorders, especially as manifested during crisis episodes including withdrawal symptoms.
- Recognition comorbid psychiatric and medical diagnoses
- Common signs, symptoms, and behaviors associated with the presentations of individuals from special populations during crisis episodes (i.e. children, elderly, deaf/hard of hearing, traumatic brain injury, intellectual/developmental disability, veterans, etc.)
- NCI A and B (core plus).

Administrative and Clinical Supervision Requirements

All staff who provide assessment and interventions within a BHUC must have administrative oversight and clinical supervision.

Administrative Supervision

All BHUC staff will be assigned an administrative supervisor. Administrative supervision will be provided based on individual staff and programmatic need.

Clinical Supervision

Staff will receive clinical supervision and written clinical supervision agreements by a licensed professional.

6. Unit of Service: Per event

7. Anticipated Units of Service per Person: One event

8. Utilization Management

Authorization of all events beyond the allowable unmanaged events is required for this service per the Alliance Benefit Plan.

9. Entrance Process

Assessment:

Rapid assessment of clinical presentation related to crisis situation. Assessment elements may be acquired through a variety of assessments completed by qualified professionals, licensed

professionals, nursing staff, and psychiatric prescribing professionals. The following elements will be collectively present in a BHUC assessment:

- Demographic information
- BH and medical treatment history (self-reported by consumer)
- Reason for visit/referral
- Urgency and Risk Status
- Current Medications
- Current medical status and medical clearance determination
- Bio-psycho-social information
- Current Mental status
- Provisional determination of an appropriate level of care for referral
- Establishment of Diagnoses or Interim Diagnoses
- Case Management Assessment including
 - Identification of social determinants of health

10. Targeted Length of Service: average **two hours** per episode

11. 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.

The Behavioral Health Urgent Care is more comprehensive and treatment oriented than typical assessment. It includes an integrated model for urgent care including medical screening, vitals, and UDS. Provides a viable alternative to ED and specializes in urgent care specifically for behavioral health crises. Several states are doing this and realizing reductions in ED use and inpatient hospitalization rates (California, Illinois, and Connecticut)

California has reduced ED use for behavioral health reasons by more than 20%. Reduced ED use also decreases the rate of inpatient hospitalization. The BHUC focuses on addressing urgent behavioral health challenges and crises and provides brief interventions that assist individuals with crisis stabilization.

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

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

Service	Procedure Code	Unit Definition	Units of Service
BHUC	T2016 U5	1	Per event

This is a pilot and Alliance reserves the ability to review the service and rate in 6 months to ensure it is sufficient.

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

Provider(s) shall report the appropriate code(s) that represent the service being provided. The procedure code that has an associated billing unit(s) is required for billing. A provider may bill up to one event per day, per consumer. Encounters will be sent to NC TRACKs in the same manner as other encounter claims, via an 837.

Description of Monitoring Activities:

The MCO will review claims monthly to monitor patterns and trends in utilization of this service.

The MCO will monitor service utilization through prior authorizations after first seven day period, utilization management, and post payment reviews. In addition, MCO will maintain a real-time dashboard to monitor placements throughout the catchment.

The MCO will measure outcomes minimally through an initial crisis assessment (risk assessment that includes health and safety), CALOCUS scores, ASAM Levels (for individuals with substance use disorders), CANS and ECSII (for 3-6 year olds).

Documentation Requirements

Refer to the DMH/DD/SAS *Records Management and Documentation Manual* for a complete listing of documentation requirements.

The minimum standard is a daily service note to include all significant contacts, service events, or interventions.

A completed LME-MCO Consumer Admission and Discharge Form shall be submitted to the LME-MCO.

A documented discharge plan shall be discussed with the individual, child/family, and other providers and included in the service record.