CRISIS RESPONSE SERVICES

Crisis response services are provided to form a continuum of care offering relief, resolution, and intervention through crisis supports and services to decrease the unnecessary use of emergency departments and inpatient hospitalizations for members whose needs are better met in the community. These services are available 24 hours a day, seven days a week. Care coordination is a key element across all of these services, coordinating across the services and beyond depending on the needs of the member. Providers delivering these services will respond to crises by initiating the least restrictive response commensurate with the risk. This level of care involves supporting and collaborating with the member to achieve symptom reduction by delivering brief, resolution-focused treatment, problem solving and developing useful safety plans that will assist with community tenure. These services are intended for members with urgent mental health distress only.

Crisis response services are not intended for, and shall not replace existing behavioral health services. Rather, crisis response services shall be used for new or unforeseen crises not otherwise addressed in the member's existing crisis plan. Unless directly referred to Community Brief Crisis Support (CBCS) by the managed care organization (MCO)/managed care entity (MCE), these services are not to be utilized as step down services from residential or inpatient psychiatric or Substance Use Disorder (SUD) treatment service settings.

Crisis response services are not intended to substitute for already-approved and accessible Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), or Assertive Community Treatment (ACT) services with a member's already-established provider.

For individuals under the age of 21, crisis services additionally are not intended to substitute for already-approved and accessible home and community based interventions as included on the plan of care (POC) for individuals enrolled in the Coordinated System of Care (CSoC) program.

NOTE: The crisis response services outlined here are provided outside of the mental health rehabilitation (MHR) crisis intervention services as defined in the Section 2.3 Outpatient Services – Mental Health Rehabilitation. MHR crisis intervention services are intended for use by the members accessing CPST and PSR services. MHR providers are required to have crisis mitigation plans, which shall not include use of or referral to these crisis response services.

The provisions contained in this section apply to the following crisis response services:

1. Mobile Crisis Response (MCR) (Effective 3/1/2022) (expansion to ages under 21 effective 04/01/2024);

2. Behavioral Health Crisis Care (BHCC) (Effective 4/1/2022) for ages 21 and above; and

3. CBCS (Effective 3/1/2022) (expansion to ages under 21 effective 04/01/2024).

Common Components

Preliminary Screening

1. A brief preliminary, person-centered screening of risk, mental status, medical stability and the need for further evaluation or other mental health services shall be conducted. This screening and shall include contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and coordination with other alternative behavioral health services at an appropriate level; and

2. When a member is referred from another crisis provider, the screening of risk, mental status and medical stability and the need for further evaluation or other mental health services builds on the screening and assessments conducted by the previous crisis service providers.

Assessments

1. If further evaluation is needed, an assessment must be conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service. This evaluation shall include contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and coordination with other alternative behavioral health services at an appropriate level. If the member expressly refuses to include family or other collaterals sources, it must be documented in the member record; and

2. When a member is referred from another crisis provider, if further evaluation is needed, the assessment builds on the screening or assessments conducted by the previous crisis service providers.

Interventions

1. Interventions are driven by the member and include resolution focused treatment, peer support, safety planning, service planning, and care coordination designed to de-escalate the crisis. Strategies are developed for the member to use post current crisis to mitigate risk of future incidents until the member (and caregiver, for youth-directed services) engages in alternative services, if appropriate. Interventions must be provided under the supervision of an LMHP or psychiatrist who is acting within the scope of their professional license and applicable state law:

    a. When a member is referred from another crisis provider to CBCS, the intervention is driven by the member and is developed by the LMHP, psychiatrist or non-licensed staff in collaboration with the LMHP or psychiatrist building on and updating the strategies developed by the MCR or BHCC providers; and

    b. For services delivered to minors under the age of 18, the interventions focus on the crisis experience of the minor and the experience of the person with parental authority whose minor is in crisis. Crisis services staff, with particular assistance from the recognized family peer support specialist (RFPSS), provide support to caregivers during interventions for their children. RFPSS team members work collaboratively with other crisis services team members to intervene and stabilize minor in crisis, with a focus on providing support to caregivers, helping caregivers actively engage in the crisis services intervention, and offering their own personal experience to help educate the next steps for the minor in crisis.

2. Short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning. The intervention shall be developed with input from the member, family and other collateral sources;

3. Interventions include using person-centered approaches, such as crisis resolution and debriefing with the member (and caregiver, when present for minor-directed services) experiencing the crisis for relief, resolution and problem solving of the crisis;

4. Substance use shall be recognized and addressed in an integrated fashion, as it may add to the risk, increasing the need for engagement in care; and

5. Support, education, and consultation is provided to the member, family, and collateral supports.

Care Coordination

1. All levels of crisis providers shall coordinate care for the member following the crisis event as needed. Care coordination includes the following activities:

    a. Coordinating the transfer to alternate levels of care within 24 hours when warranted, including but not limited to:

        i. **Primary medical care** - Member requires primary medical care with an existing provider;

        ii. **Community based behavioral health provider** - Member requires ongoing support at a lower level of care with the member's existing behavioral health provider. The member shall return to existing services as soon as indicated and accessible;

        iii. **Behavioral Health Crisis Care (BHCC) Center for adults** - Member requires ongoing support and time outside of the home;

        iv. **Community Brief Crisis Support (CBCS)** - Member requires ongoing support at home or in the community subsequent to an initial crisis;

        v. **Crisis Stabilization (CS)** – Member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent;

        vi. **Inpatient treatment** – Member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent; and

        vii. **Residential substance use treatment** - Member requires ongoing support and treatment outside of the home for a SUD.

NOTE: Crisis care shall continue until the crisis is resolved, the member has met with the accepting behavioral health treatment provider of ongoing care, or until the member no longer needs crisis services.

b. Coordinating contact through a warm handoff with the member's MCE to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated;

c. Coordinating contact through a warm handoff with the member's existing or new behavioral health provider. For individuals under the age of 21, this may include warm handoff with the member's wraparound agency if the individual is enrolled or has been referred to CSoC; and

d. Providing any member records to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral.

Service Delivery

There shall be member involvement throughout the planning and delivery of services. Services shall be:

1. Delivered in a culturally and linguistically competent manner;

2. Respectful of the individual receiving services;

3. Appropriate to individuals of diverse racial, ethnic, religious, sexual or gender identities and other cultural and linguistic groups; and

4. Appropriate for the individual's age, development, and education.

Soft Launch

During initial implementation of MCR, BHCC and CBCS, the Louisiana Department of Health (LDH) is allowing time for the providers to reach full capacity with regards to hours of operation and staffing. Specifically, during this time providers may have decreased:

1. Hours and days of operation;

NOTE: Providers are expected to maintain established hours of operation each day, including holidays. Providers must ensure the adherence of minimum staff

coverage during established hours of operation, including the implementation of any needed backup plans to ensure such coverage.

2. Hours of availability for the medical director that shall be corresponded with the program's hours of operation; and

3. Recognized peer support specialist (RPSS) or RFPSS.

Provider Responsibilities

Listed below are the responsibilities of providers:

1. All services shall be delivered in accordance with federal and state laws and regulations, the *Medicaid Services Manual* and other notices or directives issued by LDH. The provider shall create and maintain documents to substantiate that all requirements are met. (See Section 2.6 Record Keeping);

2. Provider must ensure that no staff is providing unsupervised direct care prior to obtaining the results of the statewide criminal background check and addressing the results of the background check, if applicable; and

3. Any licensed practitioner providing mental health services must operate within the scope of practice of their license.

Supervision of Non-Licensed Staff

Services provided by non-licensed staff must be provided under the regularly scheduled supervision listed below and, if applicable, in accordance with requirements established by the practitioner's professional licensing board under which they are pursuing a license.

Non-licensed staff must receive regularly scheduled supervision from an individual meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs)) or a psychiatrist. LMHP or psychiatrist supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of mental and/or behavioral health services. Providers may have more than one LMHP or psychiatrist supervisor providing required clinical supervision to non-licensed staff.

1. Supervision refers to clinical support, guidance and consultation afforded to non-licensed staff rendering crisis response services, and shall not be replaced by licensure supervision of master's level individuals pursuing licensure;

2. Staff shall receive a minimum of **four** hours of clinical supervision per month for full-time staff and a minimum of **one** hour of clinical supervision per month for part-time staff, which shall consist of **no less than one hour of individual supervision**. Each month, the remaining hours of supervision may be in a group setting. Given consideration of case load and acuity, additional supervision may be indicated;

3. The LMHP (excluding LACs) supervisor must ensure services are in compliance with the established requirements of this service;

4. Group supervision means one LMHP supervisor (excluding LACs) and not more than six supervisees in a supervision session;

5. A maximum of 75 percent of the individual and group supervision may be telephonic or via a secure Health Insurance Portability and Accountability Act (HIPAA) compliant online synchronous videoconferencing platform. Texts and/or emails cannot be used as a form of supervision to satisfy this requirement;

6. Supervision with the LMHP must:

    a. For MCR and CBCS, occur before initial services for member begin;

    b. Have intervention notes discussed in supervision must have the LMHP supervisor's signature; and

    c. Have documentation reflecting the content of the training and/or clinical guidance. The documentation must include the following:

        i. Date and duration of supervision;

        ii. Identification of supervision type as either individual or group supervision;

        iii. Name and licensure credentials of the LMHP supervisor;

        iv. Name and credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees;

        v. Focus of the session and subsequent actions that the supervisee must take;

        vi. Date and signature of the LMHP supervisor;

vii. Date and signature of the supervisees; and

viii. Start and end time of each supervision session.

7. Supervision must be provided in a culturally sensitive manner that represents the cultural needs and characteristics of the staff, the service area, and the population being served; and

8. Supervision of RPSSs and RFPSSs must be provided by an LMHP who has successfully completed an Office of Behavioral Health (OBH) approved peer specialist supervisor training. Supervisors shall complete the peer specialist supervisor training within six months of hire.

Documentation

All crisis providers shall maintain case records that include, at a minimum:

1. Name of the member, and if the member is a minor under the age of 18, name of the parent or person with legal authority to act on the minor's behalf;

2. Dates, and time of service;

3. Place of services, for MCR and CBCS services;

4. Preliminary screening;

5. Assessments (if necessary);

6. Intervention notes;

7. Documentation of coordination attempts;

8. Discharge summary; and

9. Consent for treatment, including:

a. **Implied consent during an emergency**
When an emergency exists, consent to treatment for a member of any age is implied. An emergency is defined as a situation wherein: (1) the treatment is medically necessary; and (2) a person authorized to consent is not readily available; and (3) any delay in treatment could reasonably be expected to

jeopardize the life or health of the person affected or could reasonably result in disfigurement or impair faculties. The provider's case record must document all circumstances regarding the emergency care and the patient's implied consent, including all attempts to obtain consent for treatment; and

b. **Consent needed for non-emergencies**
c. Providers must obtain oral or written consent, when an emergency does not exist or no longer exists. Written consent to treatment is preferred. For treatment of a minor (under the age 18 during a non-emergency, documentation of consent for treatment shall include consent from the minor, parent, or person with legal authority to act on the minor's behalf.

The preliminary screening shall include, at a minimum, the reason for presentation, nature of the crisis, chief complaint, medical stability, grave disability and risks of suicidality, of self-harm, and of danger to others. If further evaluation is needed, an assessment must be conducted by an LMHP or psychiatrist with experience regarding this specialized mental health service. The assessment shall include a mental status exam and a current behavioral health history including the current behavioral health provider.

Notes on the interventions delivered shall be written after every encounter. All follow-up encounters and attempts shall be documented. The member's record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider.

Attempts to communicate with treating providers and family, when possible, shall be documented.

The discharge summary shall include communications with treating providers and family when possible. A brief crisis plan/strategies are developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services, if appropriate.

Reporting Requirements

Crisis response providers shall comply with data collection and reporting requirements as specified by LDH.

Provider Qualifications

Agency/Facility

To provide crisis response services, providers must meet the following requirements:

1. Licensure pursuant to La. R.S. 40:2151, et. seq. or La. R.S. 40:2180.12, et. seq.;

   NOTE: Providers that meet the provisions of La. R.S. 40:2151: Providers that meet the provisions of La. R.S. 40:2154, et.seq. shall be licensed by LDH Health Standards as a Behavioral Health Service provider (BHSP) crisis intervention program in order to participate in the Louisiana Medicaid program and receive Medicaid payments. MCR providers shall be licensed by LDH Health Standards as a BHSP crisis intervention-mobile crisis response program in order to operate as a MCR provider, participate in the Louisiana Medicaid program and receive Medicaid payments. Existing licensed BHSP crisis intervention programs shall be required to obtain the appropriate license prior to providing MCR services.

2. Accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the provider contracts or is being reimbursed;

   NOTE: Providers must apply for accreditation and pay accreditation fees prior to being contracted and reimbursed by a managed care entity, and must maintain proof of accreditation application and fee payment. Providers must attain full accreditation within 18 months of the initial accreditation application date.

3. Services must be provided under the supervision of a LMHP or a physician who is acting within the scope of their professional license and applicable state law. The term "supervision" refers to clinical support, guidance and consultation afforded to non-licensed staff, and shall not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;

4. Arrange for and maintain documentation that individuals pass criminal background checks, including sexual offender registry checks prior to employment (or contracting, volunteering, or as required by law), in accordance with all of the below:

    a. BHSP licensing regulations established by the Louisiana Administrative Code 48:I. Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any non-licensed direct care staff; or

    b. Level III Crisis Receiving Centers (CRC) licensing regulations established by the Louisiana Administrative Code 48:I. Chapter 53, which includes those for owners, managers, and administrators; for any individual treating children and/or adolescents; and for any non-licensed direct care staff;

    c. La. R.S. 40:1203.1 *et seq*. associated with criminal background checks of un-licensed workers providing patient care;

    d. La. R.S. 15:587, as applicable; and

    e. Any other applicable state or federal law.

5. Provider shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;

6. Provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor who performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors:

    a. Once employed, check the list once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if employee or contractor has been excluded from

participation in the Medicaid or Medicare program by Louisiana Medicaid or the OIG; and

b. Provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action list, or who has been excluded from participation in the Medicaid or Medicare program by Louisiana Medicaid or the OIG.

NOTE: Providers are required to maintain results in personnel records that these checks have been completed. The OIG maintains the LEIE on the OIG website (https://exclusions.oig.hhs.gov) and the LDH Adverse Action website is located at https://adverseactions.ldh.la.gov/SelSearch;

12. Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state as defined by the Louisiana Administrative Code 51:II.Chapter 5 to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

13. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use (See Appendix D Curriculum/Equivalency Standards);

14. Maintain documentation that all direct care staff, who are required to complete first aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within 90 days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D Curriculum/Equivalency Standards);

15. Maintain documentation of verification of completion of required trainings for all staff;

16. Ensure and maintain documentation that all persons employed by the organization complete training in the OBH approved crisis response curriculum. (See Appendix D Curriculum/Equivalency Standards); and

17. **Providers that meet one of applicability exemptions of La. R.S. 40:2154:** For a provider that meets one of applicable exemptions of the BHSP licensing statute, La. R.S. 40:2154, the provider is required to obtain a BHSP license or CRC Level III license issued by LDH Health Standards. If such provider does not have a BHSP

license or CRC Level III license issued by LDH Health Standards, the provider may no longer participate in the Louisiana Medicaid program or receive Medicaid payments for crisis services.

Staff

Staff shall operate under an agency or facility license issued by LDH Health Standards. Crisis services may not be performed by an individual who is not under the authority of an agency or facility license.

Staff must also meet the following requirements:

1. Be at least 24 years old;

2. Unlicensed staff must have a minimum of bachelor's degree (preferred) **or** an associate's degree and two years of work experience in the human services field **or** meet qualifications as either an RPSS or an RFPSS:

    a. For RPSS qualifications, see the Section 2.3 – Outpatient Services - Peer Support Services, as well as Appendix D for Peer and Family Support Specialists Approved Curriculum for detailed training and continuing education requirements; and

    b. For RFPSS qualifications, see Appendix D for Peer and Family Peer Support Specialists Approved Curriculum for detailed training and continuing education requirements.

3. Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (the Louisiana Administrative Code 48:I.Chapter 56), the Louisiana Administrative Code 48:I.Chapter 53, La R.S. 40:1203.1 *et seq*., La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;

    a. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

    b. Direct care staff must not have a finding on the Louisiana State Adverse Action List; and

c. Comply with Direct Service Worker Registry law established by La. R.S. 40:2179 et seq., and meet any additional qualifications established under Rule promulgated by LDH in association with this statute.

4. Pass drug screening tests as required by the provider's policies and procedures;

5. Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, advanced practice registered nurses (APRNs, clinical nurse specialists (CNSs), physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training (see Appendix D);

6. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service (see Appendix D); and

7. Complete training curriculum approved by OBH prior to providing the service (see Appendix D).

In addition to requirements for all crisis response services staff, the RFPSS must also meet the following qualifications:

1. Must have lived experience as the caregiver for a child with complex needs inclusive of social, emotional, mental health, and/or substance use concerns, and/or involvement with child welfare or juvenile justice systems;

2. Must have a high school diploma or GED;

3. Must be recognized as a peer specialist by an OBH-approved organization; and

4. Must sign acknowledgement and receipt of Peer Support Specialist Code of Ethics.

The RPSS must successfully complete a comprehensive peer training plan and curriculum that is inclusive of the Core Competencies for Peer Workers, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and has been approved by the Office of Behavioral Health (OBH). (See the Peer Support Services chapter of the Louisiana Medicaid Behavioral Health Provider manual).

Mobile Crisis Response (MCR) (Effective 3/1/2022) (expansion to ages under 21 effective 04/01/2024)

MCR services are an initial or emergent crisis response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis in the community. MCR is a face-to-face, time-limited service provided to a member who is experiencing a psychiatric crisis until the member experiences sufficient relief/resolution and the member can remain in the community and return to existing services or be linked to alternative behavioral health services which may include higher levels of treatment like inpatient psychiatric hospitalization.

MCR providers are dispatched after an initial triage screening determines that MCR is the most appropriate service. MCR services are available 24 hours a day, seven days a week and must include maximum one hour urban and two hour rural face-to-face/onsite response times.

Components

1. Provide services (screening, assessment, interventions, and care coordination) as outlined in the general section; and

2. Provide follow up to the member and authorized member's caretaker and/or family within 24 hours as appropriate and desired by the member and up to 72 hours to ensure continued stability post crisis for those not accessing higher levels of care or another crisis service, including but not limited to:

    a. Telephonic or face to face follow-up based on a clinical individualized need, with face to face follow-up highly preferred for service delivery to individuals under the age of 21; and

    b. Additional calls/visits to the member following the initial crisis response as indicated in order to stabilize the individual in the aftermath of the crisis. If the member indicates no further communication is desired, it must be documented in the member's record.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of a member aged 21 years and over to their best age-appropriate functional level. Members in crisis who require this service may be using substances during the crisis, and substance use will not, in and of itself, disqualify them for eligibility for the service.

All members who self-identify as experiencing a seriously acute psychological/emotional change, that results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it, are eligible for initial/emergent crisis services as long as medical necessity is met.

For minors under the age of 18, eligibility for initial/emergent crisis services based on "self-identification" that the member is experiencing a crisis includes self-identification by the minor and identification by the current physical caregiver to the minor, under the principle that "the crisis is defined by the caller." The caller, who identifies the crisis and initiates MCR services for minor, may commonly be an adult currently serving in a caregiving role to the minor in the setting where the crisis is being experienced. This may include, but is not limited to:

1. Caregivers in a home setting, including a parent, person with legal authority to act on the minor's behalf, foster parent, fictive kin, or other family member serving in a caregiving role in the home or community setting at the time that the minor is experiencing the crisis;

2. Teacher or staff in a school setting where the minor is experiencing a crisis;

3. Care staff at a group home setting where the minor currently resides and where the minor is experiencing the crisis; or

4. Helping professional accompanying the minor at the time of the crisis, such as a pediatrician, FINS worker, or probation officer.

A child experiencing a sudden change in their living situation, such as removal from a family or foster family home and move to a new family or foster family home, may experience this as a crisis that exceeds the abilities and the resources of those involved to effectively resolve it. A minor or their caregiver self-identifying this experience as a crisis is eligible for MCR services.

Consent to MCR services for minors less than 18 years old

When the call is initiated by a caller who is not a parent with parental authority or otherwise a person with legal authority to act on behalf of the minor, the caller must attempt to contact the parent, or person with legal authority, to obtain their consent for the minor in crisis to receive MCR services, during the time when the MCR team is dispatching. (For example, school staff do not have parental authority; therefore school staff must call the person with parental authority during the time when the MCR team is dispatching and attempt to gain their consent). If the parent or person with legal authority, is not readily available, continuous efforts must be made by the caller and the MCR team to reach the parent, or person with legal authority, throughout the minor's intervention, to inform them of the situation and to attempt to obtain their consent for treatment.

While an un-emancipated minor usually needs the consent of a parent or person with legal authority to act on behalf of the minor, before receiving medical care, including behavioral health care, a minor may receive emergency medical treatment to preserve life and prevent serious impairment without consent from a parent or person with legal authority to act on the minor's behalf.

An emergency is defined as a situation wherein:

1. Treatment is medically necessary;
2. Person authorized to consent is not readily available; and
3. Any delay in treatment could reasonably be expected to jeopardize the life or health of the minor or could reasonably result in disfigurement or impair faculties.

In these emergency situations, services can and should be provided to the minor, even if attempts to obtain consent from the person with parental authority were unsuccessful, while continued attempts are made to contact the person with parental authority in order to obtain their consent for the services. In the event the parent, or person with legal authority, objects or refuses to consent to the MCR services for the minor, the intervention must cease once all immediate threats to the child's life are resolved. *See* Louisiana Children's Code article 1554, which provides that while parents have the right to refuse care for minors, they generally cannot do so if it endangers the child's life.

NOTE: A minor in crisis may consent to the MCR services if they believe they are afflicted with an illness or disease and possess the physical and mental capacity to consent to care. La. R.S. 40:1079.1(A). Unless otherwise stated by available legal documentation, an individual who is aged 18 years or older can individually consent to MCR services and does not need parental consent.

Additionally, a person 18 years of age or older may refuse to consent to medical or surgical treatment as to their own person.

Service Utilization

MCR is an initial crisis response and is allowed without the requirement of a prior authorization in order to address the emergent issues in a timely manner, although providers are required to notify the MCE when its member presents. MCR is intended to provide crisis supports and services during the first 72 hours of a crisis.

NOTE: Such initial encounters will be subject to retrospective review. In this way, **if** it is determined that the response time is beyond one – two hours (e.g., next day or later), and/or if available/reviewed documentation does **not** support the crisis, the payment might be subject to recoupment.

Allowed Mode(s) of Delivery

1. Individual;
2. On-site (MCR office); or
3. Off-site.

Allowed Places of Service

This is primarily a community-based service delivered in member's natural setting with exceptions for office-based when desired or requested by the member. Any exceptions to providing the service in the member's natural setting must include a justification documented in the member record. When preferred, office-based services are permitted; however, it must not be the primary mode of service delivery. For minors under the age of 18, the member's natural setting will include but is not limited to a family or foster family home, school, or a group home where the individual currently resides.

Staffing Requirements

The MCR provider shall comply with core staffing requirements within the scope of practice of the license required for the facility or agency to practice in the state of Louisiana. (See Provider

Qualifications in the general section.) In addition, the following core staffing requirements for the program must be followed:

1. Medical director or designated prescriber (physician/psychiatrist, APRN, medical psychologist) must be available 24 hours a day /seven 7 days a week for consultation and medication management;

2. LMHPs on duty to adequately meet the member's needs; and

3. RPSS or RFPSS on duty to adequately meet the member's needs.

Response Team Staffing Requirements

1. Unlicensed staff and RPSS deploy in teams initially to assess and address the crisis, only enlisting the assistance of an LMHP if needed. Exceptions to the team deployment may be made by the team leader; and

2. One staff person may deploy after the initial assessment, if appropriate as determined by the team leader.

Allowed Provider Types and Specialties

1. PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health;

2. PT 77 Mental Health Rehab PS 78 MHR; and

3. PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

Exclusions

1. MCR services cannot be rendered in SUD residential facilities or inpatient facilities;

2. MCR services cannot be approved for incarcerated individuals; and

3. MCR services are not to be utilized as step down services from residential or inpatient psychiatric service settings, or SUD residential service settings.

Billing

1. Only direct staff face-to-face time with the member or family members may be billed for the initial response. MCR is a face-to-face intervention with the member present. Family or other collaterals may also be involved;

2. The initial MCR dispatch per diem covers the first 24 hours. Any follow up provided within the first 24 hours is included in the per diem. MCR follow-up services can only be billed for any additional follow up beyond 24 hours and up to 72 hours after dispatch;

3. Collateral contacts shall involve contacts with family members or other individuals having a primary relationship with the member receiving treatment and must be for the benefit of the member. These contacts are encouraged, included within the rate, and are not billed separately; and

4. Time spent in travel, documenting, supervision, training, etc. has been factored into the indirect unit cost and may not be billed directly.

Behavioral Health Crisis Care (BHCC) (Effective 4/1/2022) for Ages 21 and Older

BHCC services are an initial or emergent psychiatric crisis response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis for adults. BHCC Centers operate 24 hours a day, seven days a week as a walk-in center providing short-term mental health crisis response, offering a community based voluntary home-like alternative to more restrictive settings, such as the emergency departments, or coercive approaches, such as Physician Emergency Certificates (PECs), law enforcement holds, or Orders of Protective Custody (OPC). BHCC Centers are designed to offer recovery oriented and time limited services up to 23 hours per intervention, generally addressing a single episode that enables a member to return home with community-based services for support or be transitioned to a higher level of care as appropriate if the crisis is unable to be resolved.

Components

1. Provide services (screening, assessment, interventions, and care coordination) as outlined in the general section;

2. Registered nurse or licensed practical nurse practicing within the scope of their license performs a medical screen to evaluate for medical stability; and

3. Providing follow up to the member and authorized member's caretaker and/or family within 24 hours as appropriate and desired by the member and up to 72 hours to ensure continued stability post crisis for those not accessing higher levels of care or another crisis service, including but not limited to:

    a. Telephonic follow-up based on clinical individualized need; and

    b. Additional calls/visits to the member following the crisis as indicated in order to stabilize the crisis. If the member indicates no further communication is desired, it must be documented in the member's record.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and services recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of a member aged 21 years and over to their best age-appropriate functional level. Members in crisis who require this service may be using substances during the crisis, and this substance use will not, in and of itself, disqualify them for eligibility for the service.

All members who self-identify as experiencing a seriously acute psychological/emotional change, that results in a marked increase in personal distress and that exceeds the abilities and the resources of those involved to effectively resolve it, are eligible for initial/emergent crisis services as long as medical necessity is met.

Service Utilization

BHCC is an initial crisis service and is allowed without the requirement of a prior authorization in order to address the emergent issues in a timely manner, although providers are required to notify the MCE when its member presents. BHCC is intended to provide crisis supports and services during the first 23 hours of a crisis. If the referral is made from CBCS to BHCC, prior authorization is required.

Allowed Mode(s) of Delivery

1. Individual; and

2. On-site.

NOTE: Such encounters will be subject to retrospective review. In this way, **IF** it is determined that the available/reviewed documentation does **NOT** support the crisis, the payment may be subject to recoupment.

Allowed Places of Service

This is a facility-based service, specifically designed to be welcoming and homelike, and designed to ensure that individuals can be served in an appropriate manner congruent with their needs. Whenever possible, this shall be a stand-alone structure that is not co-located within an institutional setting.

Staffing Requirements

The BHCC Center shall comply with core staffing requirements within the scope of practice of the license required for the facility or agency to practice in the state of Louisiana. (See Provider Qualifications in the general section.) In addition, the following core staffing requirements for the program must be followed:

1. Medical Director or designated prescriber (physician/psychiatrist, APRN, Medical Psychologist) must be available 24 hours a day /seven days a week for consultation and medication management;
2. LMHPs on duty to adequately to meet the member's needs;
3. RN or LPN on duty to adequately to meet the member's needs;
4. RPSS on duty to adequately to meet the member's needs;
5. At least two staff must be present at all times. Clerical staff do not qualify for this requirement; and
6. Minimum staff to member ratio of 1:4 must be maintained at all times. Staffing must take into consideration the health and safety of the members and staff.

Allowed Provider Types and Specialties

1. PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health;

2. PT 77 Mental Health Rehab PS 78 MHR; and

3. PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

Exclusions

BHCC is not to be utilized as step down services from other residential or inpatient psychiatric service settings or SUD residential service settings.

The per diem for BHCC and CS cannot be billed on the same day.

Restraints and seclusion cannot be used in a BHCC Center.

BHCC cannot be billed for consecutive days.

Community Brief Crisis Support (CBCS) (Effective 3/1/2022) (expansion to ages under 21 effective 04/01/2024)

CBCS services are an ongoing crisis response intended to be rendered for up to 15 days and are designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers. CBCS is a face-to-face, time-limited service provided to a member (and for minors, the member's caregiver) who is experiencing a psychiatric crisis until the crisis is resolved and the member can return to existing services or be linked to alternative behavioral health services. As determined by the MCE, CBCS can also be provided to individuals who have experienced a presentation to an emergency department for a reason related to emotional distress.

CBCS services are available 24 hours a day, seven days a week. CBCS services are not intended for and must not replace existing behavioral health services. Rather, referrals for services occur directly from MCEs, MCR, BHCC, or CS providers as needed for ongoing follow up and care. This level of care involves supporting and collaborating with the member (and for minors, the member's caregiver) to achieve symptom reduction by problem solving and developing useful safety plans that will assist with community tenure.

Components

1. Provide services (screening, assessment, interventions, and care coordination) as outlined in the general section; and

2. Providing follow up to the member and authorized member's caretaker and/or family within 24 hours as appropriate and desired by the member and up to 15 days following presentation to an emergency department for a reason related to emotional distress or initial contact with the CBCS provider once the previous crisis provider (MCR, BHCC, CS) has discharged the member to ensure continued stability post crisis for those not accessing higher levels of care, including but not limited to:

    a. Telephonic or face to face follow-up based on clinical individualized need, with face to face follow-up highly preferred for service delivery to individuals under the age of 21; and

    b. Additional calls/visits to the member following the crisis as indicated in order to stabilize the crisis. If the member indicates no further communication is desired, it must be documented in the member's record.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and services recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of a member to their best age-appropriate functional level. This service will be rendered to eligible members after a referral is made from the MCE, MCR, BHCC, or CS provider. Members in crisis who require this service may be using substances during the crisis, and this substance use will not, in and of itself, disqualify them for eligibility for the service.

All members who self-identify as experiencing a seriously acute psychological/emotional change, that results in a marked increase in personal distress and that exceeds the abilities and the resources of those involved to effectively resolve it, are eligible for ongoing crisis services as long as medical necessity is met and the members is not already linked to an existing MHR or ACT provider.

For minors under the age of 18, eligibility for crisis services based on "self-identification" that the member is experiencing a crisis includes identification by the minor's caregiver. CBCS can be requested by any caregiver and delivered in any setting as defined in the MCR section, above, as

long as there is consent for treatment from an individual legally allowed to consent to treatment of the minor.

Service Utilization

CBCS requires prior authorization, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis response services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider. Additional units may be approved with prior authorization.

Allowed Mode(s) of Delivery

1. Individual;
2. On-site (CBCS office); or
3. Off-site.

Allowed Places of Service

CBCS is primarily a community-based service delivered in member's natural setting with exceptions for office-based settings when desired or requested by the member or through some other exception as documented in the member record. When preferred, office-based services are permitted, but shall not be the primary mode of service delivery. For minors under the age of 18, the member's natural setting will include, but is not limited to, a family or foster family home, school, or a group home where the minor currently resides.

Staffing Requirements

The CBCS provider shall comply with core staffing requirements within the scope of practice of the license required for the facility or agency to practice in the state of Louisiana. (See Provider Qualifications in the general section.) In addition, the following core staffing requirements for the program must be followed:

1. Medical director or designated prescriber (physician/psychiatrist, APRN, medical psychologist) must be available 24 hours a day, /seven days a week for consultation and medication management;

2. LMHPs on duty to adequately meet the member's needs; and
3. RPSS or RFPSS on duty to adequately meet the member's needs.

Allowed Provider Types and Specialties

1. PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health;
2. PT 77 Mental Health Rehab PS 78 MHR; and
3. PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

Exclusions

CBCS services **cannot be:**

1. Rendered in SUD residential facilities, PRFT, or inpatient facilities;
2. Approved for incarcerated individuals; and
3. Utilized as step down services from other residential or inpatient psychiatric service settings.

CBCS services **must not** duplicate already-approved and accessible behavioral health services with a member's already-established ACT, CPST, or PSR provider. However, this shall not prohibit a brief overlap of services that is necessary for a warm handoff to the accepting provider, when appropriate.

Billing

1. **Only direct staff face-to-face, in-person time with the member may be billed.** CBCS is a face-to-face intervention with the member present; family or other collaterals may also be involved;
2. Time spent in travel, documenting, supervision, training, etc. has been factored into the indirect unit cost and may not be billed directly; and
3. CBCS and established behavioral health services may be billed on the same day one time to allow for the hand off.