CRISIS RESPONSE SERVICES FOR ADULTS

Crisis Response Services for adults 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 twenty-four (24) hours a day, seven (7) 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 should not replace existing behavioral health services. Rather crisis response services should be used for new or unforeseen crises not otherwise addressed in the member's existing crisis plan. These services are not to be utilized as step down services from residential or inpatient psychiatric or Substance Use Disorder (SUD) treatment service settings and 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.

NOTE: The crisis response services outlined here are provided outside of the Mental Health Rehabilitation (MHR) crisis intervention services as defined in the MHR chapter of the Louisiana Medicaid Behavioral Health Services Provider manual. 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 chapter apply to the following crisis response services for adults:

1. Mobile Crisis Response (MCR) (Effective 3/1/2022);
2. Behavioral Health Crisis Care (BHCC) (Effective 4/1/2022); and
3. Community Brief Crisis Support (CBCS) (Effective 3/1/2022).

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 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

    a. 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 should 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:

    a. 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 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 his/her 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 service providers.

2. Short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning. The intervention should 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 experiencing the crisis for relief, resolution and problem solving of the crisis;

4. Substance use should 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 - when the member requires primary medical care with an existing provider;

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

iii. Behavioral Health Crisis Care Center (BHCCC) - when the member requires ongoing support and time outside of the home;

iv. Community Brief Crisis Support (CBCS) - when the member requires ongoing support at home or in the community;

v. Inpatient treatment – when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent; and

vi. Residential substance use treatment - when the member requires ongoing support and treatment outside of the home for a substance use disorder.

NOTE: Crisis care should 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.

1. Coordinating contact through a warm handoff with the member's Managed Care Organization (MCO) to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated;

2. Coordinating contact through a warm handoff with the member's existing or new behavioral health provider; and

3. 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 age, development, and education.

Soft Launch

During initial implementation of MCR, BHCC and CBCS, 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;

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

3. Recognized Peer Support Specialist (RPSS).

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 Louisiana Medicaid Provider manual and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met. (See Section 2.6 of this manual regarding record keeping);

2. The 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 his or her license.

Supervision of Non-Licensed Staff

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

Non-licensed staff must receive regularly scheduled supervision from a person 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 should not be replaced by licensure supervision of master's level individuals pursuing licensure;

2. Staff shall receive a minimum of **four (4)** hours of clinical supervision per month for full-time staff and a minimum of **one** (1) hour of clinical supervision per month for part-time staff, which shall consist of **no less than one (1) 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 (6) supervisees in a supervision session;

5. A maximum of 75% 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; and

6. Supervision with the LMHP must:

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

    b. Have intervention notes that are 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 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. The 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.

Documentation

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

1. Name of the member;
2. Dates and time of service;
3. Preliminary Screening;
4. Assessments (if necessary)
5. Intervention Notes;
6. Documentation of Coordination Attempts;
7. Discharge summary; and
8. Consent for Treatment.

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 the Louisiana Department of Health.

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. LDH Health Standards has submitted a Notice of Intent to amend the provisions governing the licensing of behavioral health service providers in order to include provisions governing mobile crisis response providers. Once effective, mobile crisis response providers shall become licensed by LDH Health Standards as a BHSP mobile crisis response program in order to operate as a mobile crisis response provider, participate in the Louisiana Medicaid Program and receive Medicaid payments. Existing licensed BHSP crisis intervention programs shall be required to apply for the mobile crisis response program at the time of renewal of their current license.

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 Medicaid managed care entity, and must maintain proof of accreditation application and fee payment. Providers must attain full accreditation within eighteen (18) months of the initial accreditation application date.

3. Services must be provided under the supervision of a licensed mental health professional (LMHP) or a physician who is acting within the scope of his/her professional license and applicable state law. The term "supervision" refers to clinical support, guidance and consultation afforded to non-licensed staff, and should 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. Arranges for and maintains 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:

5. The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 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

6. The Level III Crisis Receiving Centers (CRC) licensing regulations established by the LAC 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;

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

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

9. Any other applicable state or federal law.

10. Providers 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 ninety (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;

11. The 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, the lists must be checked 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 Department of Health and Human Services' Office of Inspector General; and

    b. The 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 Department of Health and Human Services' Office of Inspector General.

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

13. Establishes and maintains 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);

14. Maintains 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 ninety (90) days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);

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

16. Ensures and maintains documentation that all persons employed by the organization complete training in the OBH approved Crisis Response curriculum. (See Appendix D); 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 twenty-four (24) years old;

2. Unlicensed staff must have a minimum of bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field OR meet RPSS qualifications. (See the Peer Support Services chapter of the Louisiana Medicaid Behavioral Health Services Provider manual);

3. Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (LAC48:I.Chapter 56), LAC48: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 a Tuberculosis (TB) test prior to employment in accordance with the LAC 51:II.Chapter 5; OR be free from Tuberculosis (TB) in a communicable state as defined by the LAC 51:II.Chapter 5;

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

6. Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D);

7. 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

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

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 (Effective 3/1/2022)

Mobile Crisis Response (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.

Mobile Crisis providers are dispatched after an initial triage screening determines that MCR is the most appropriate service. MCR services are available twenty-four (24) hours a day, seven (7) days a week and must include maximum one (1) hour urban and two (2) 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 twenty-four (24) hours as appropriate and desired by the member and up to seventy-two (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; 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 twenty-one (21) years and over to his/her 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.

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 MCO 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 (1) – two (2) 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 (the 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 but should not be the primary mode of service delivery.

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 twenty-four (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 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 AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health;
2. PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health;
3. PT 77 Mental Health Rehab PS 78 MHR; and
4. PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

Exclusions

1. The initial MCR contact cannot be rendered in emergency departments (EDs). The MCR provider is allowed to continue a 72-hour encounter if it was initiated prior to the ED visit;

2. MCR services cannot be rendered in substance use residential facilities or inpatient facilities;

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

4. MCR services are not to be utilized as step down services from residential or inpatient psychiatric service settings, or Substance Use Disorder (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 twenty-four (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 should 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 (Effective 4/1/2022)

Behavioral Health Crisis Care (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 (BHCCC) operate twenty-four (24) hours a day, seven (7) 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). BHCCC are designed to offer recovery oriented and time limited services up to twenty-three (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. A registered nurse or licensed practical nurse practicing within the scope of his or her 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 twenty-four (24) hours as appropriate and desired by the member and up to seventy-two (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 twenty-one (21) years and over to his/her 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 MCO when its member presents. BHCC is intended to provide crisis supports and services during the first twenty-three (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.

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 should be a stand-alone structure that is not co-located within an institutional setting.

Staffing Requirements

The BHCCC 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 twenty-four (24) hours a day /seven (7) days a week for consultation and medication management;
2. LMHPs on duty to adequately to meet the member's needs;
3. Registered nurse or licensed practical nurse 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 (2) staff must be present at all times. Clerical staff do not qualify for this requirement; and

6. A minimum staff to member ratio of 1:4 must be maintained at all times. Staffing should take into consideration the health and safety of the members and staff.

Allowed Provider Types and Specialties

1. PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health;

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

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

4. 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 Substance Use Disorder residential service settings.

Community Brief Crisis Support (CBCS) (Effective 3/1/2022)

Community Brief Crisis Support (CBCS) services are an ongoing crisis response intended to be rendered for up to fifteen (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 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.

CBCS services are available twenty-four (24) hours a day, seven (7) days a week. CBCS services are not intended for and should not replace existing behavioral health services. Rather referrals

for services occur directly from Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), or crisis stabilization (CS) providers as needed for ongoing follow up and care.
This level of care involves supporting and collaborating with the member 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 twenty-four (24) hours as appropriate and desired by the member and up to fifteen (15) days following initial contact with the CBCS provider once the previous CI (MCR, BHCC) provider 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; 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 twenty-one (21) years and over to his/her best age-appropriate functional level. This service will be rendered to eligible members after a referral is made from MCR or BHCC. 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.

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 (at the CBCS 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 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 should not be the primary mode of service delivery.

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 twenty-four (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 on duty to adequately meet the member's needs.

Allowed Provider Types and Specialties

1. PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health;

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

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

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

Exclusions

1. CBCS services cannot be rendered in emergency departments (EDs);

2. CBCS services cannot be rendered in substance use residential facilities or inpatient facilities;

3. CBCS services cannot be approved for incarcerated individuals;

4. CBCS services are not to be utilized as step down services from other residential or inpatient psychiatric service settings; and

5. 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 should 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 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 (1) time to allow for the hand off.