Vaya Partners

Behavioral Health Urgent Care (BHUC)

T2016 U5

Service

Behavioral Health Urgent Care (BHUC) is a designated service that is designed to provide triage, crisis risk assessment, and intervention within a Behavioral Health Urgent Care (BHUC) setting. A BHUC setting is an alternative to, but not a replacement for, a community hospital emergency department (ED). Members receiving this service have primary behavioral health needs and an urgency determination of urgent or emergent. Members receiving this service are evaluated, stabilized, and/or referred to the most appropriate level of care. The BHUC service is utilized within a Tier III or Tier IV BHUC setting. A Tier III BHUC is operated during business or extended hours, while a Tier IV BHUC operates 24 hours a day, 7 days a week, 365 days a year.

Both Tier III and Tier IV BHUC settings must be able to provide the following:

- Assessments
- Involuntary Commitment (IVC) First Evaluations as an IVC designated setting
- Medical screenings
- Psychiatric services
- Clinical evaluations
- Referrals and case management
- Disposition and discharge planning
- Inclusion of family or natural supports (as available)

Typically, within a BHUC setting, law enforcement is available on-site to maintain custody and facilitate drop off by community first responders or other law enforcement in instances where a petition has been filed or an IVC has been initiated.

BHUC is a service that offers a safe alternative and diversion from the use of emergency department or hospitals to address the needs of members experiencing behavioral health crises. This model offers an array of services that begins with initial triage **and** includes crisis assessment, stabilization and intervention, nursing assessment and intervention, psychiatric intervention, peer support, observation, ongoing assessment, and disposition and discharge planning. Upon a triage determination of urgent or emergent, an individual will receive BHUC services to include an assessment(s), crisis and de-escalation interventions, and discharge planning.

Anticipated Outcomes

System Level:

- Increase use of BHUC versus ED for members in behavioral health crisis and overall decrease in recurrent crisis episodes
- Increase knowledge of BHUC program and service delivery model as evidenced by increase in member and stakeholder awareness of the availability and function of the BHUC in addressing behavioral health crisis
- Serve members triaged as emergent and urgent
- Expedite processes for law enforcement to “drop off” members in need of BHUC services and return to regular duties

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Individual Level:

- Differentiate members needing medical versus behavioral health intervention
- Engage and maintain an individual's safety
- Complete crisis assessment, crisis stabilization, and medication initiation as needed
- Develop or revise the Crisis Plan
- Engage in recommended aftercare services
- Meet member satisfaction
- Create a discharge plan which shows an emphasis on full use of natural supports and linkage to least restrictive level of care and community-based services
- Ensure that at least 75% of members seen receive the full crisis assessment and intervention detailed in this service definition. There will be medical/psychiatric conditions that may warrant further treatment/stabilization in a higher level of care, including but not limited to the emergency department.

Service Frequency and Intensity

One unit per event. One per crisis episode.
If two visits occur within 30-90 days, Vaya Partners must be notified of the rapid recidivism.

Provider Requirements

The provider delivering this service shall meet the following requirements:

- Provider must meet qualifications for participation in the NC Medicaid program, be credentialed by the NC Division of Health Benefits, and be enrolled in NCTracks.
- Provider must be enrolled as a network provider in Vaya Partners' Closed Provider Network, in good standing, and contracted to deliver the service.
- Provider must verify employee/independent contractor qualifications at the time employee is hired/contracted. Providers must provide verification of staff qualifications on at least an annual basis.
- Provider must comply with all terms and conditions of the network contract with Vaya Partners Health, other applicable written agreements, and all applicable federal, state, and local laws, rules, and regulations.

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Staffing Requirements

Title	Qualifications	Credentialing Process	Clinical Supervision Requirements	Administrative Supervision Requirements	Training
Program Manager	Minimum requirements of QP with 3 years of behavioral health crisis experience	Provider responsibility to ensure staff meet minimum standards	• Program oversight • Supervise and manage team operations and staffing	Administrative supervision provided by Director or agency management	The following must be completed within the first 90 days of service delivery: • BHUC service definition – 3 hours • Crisis response (to include crisis planning) – 6 hours • Motivational Interviewing (MI) – 3 hours • Introduction to Special Populations (4 hours) to include: ○ Mental Illness ○ Substance Use Disorders ○ Intellectual/ Developmental Disabilities ○ Geriatric Population ○ Person-Centered Thinking – 6 hours ○ Trauma-Informed Care – 2 hours ○ Urgency Determination – 1 hour *
Qualified Professionals (QP)	Meets the requirements specified for Qualified status according to 10A NCAC 27G.0104	Provider responsibility to ensure staff meet minimum standards	Administrative and Clinical Supervision provided by Licensed Professional	Administrative and Clinical Supervision provided by Licensed Professional	Same as above

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Title	Qualifications	Credentialing Process	Clinical Supervision Requirements	Administrative Supervision Requirements	Training
Certified Peer Support Specialists (CPSS)	Peer must be certified by North Carolina's Peer Support Specialist Program, and have the knowledge, skills, and abilities required by the population to be served/ supported	Provider responsibility to ensure staff meet minimum standards	Administrative and Clinical Supervision provided by Licensed Professional	Administrative and Clinical Supervision provided by Licensed Professional	Same as above
Registered Nurses (RN, APRN)	Meets the requirements as outlined in N.C. Gen. Stat. § 93B-8.1(b1).	Provider responsibility to ensure staff meet minimum standards	NA	Administrative supervision provided by program manager	Same as above
Licensed Professional Nurses (LPN)	Meets the requirements as outlined in N.C. Gen. Stat. § 93B-8.1(b1).	Provider responsibility to ensure staff meet minimum standards	Supervision agreement with RN required	Administrative supervision provided by RN or Program Manager	Same as above

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Title	Qualifications	Credentialing Process	Clinical Supervision Requirements	Administrative Supervision Requirements	Training
Licensed Professionals	Licensed clinician: *LCSW(A), *LCMHC(A), LPA, PhD/PsyD, *LCAS with broad knowledge, skills, and abilities required by the populations and ages to be served *Staff eligibility to perform evaluations as described in G.S. 122C-263.1	Provider to ensure that all licensed staff complete the required LME/MCO credentialing process and maintain their licensure.	Per designated board requirements	Administrative supervision provided by Program Manager	Same as above, plus IVC First Evaluation Training per eligible discipline* (13.5 hours) – State required
Physicians (MD, DO), psychiatrist (board certified or board eligible)	Meets the requirements as outlined in N.C. Gen. Stat. § 93B-8.1(b1)	Provider to ensure that all licensed staff complete the required LME/MCO credentialing process and maintain their licensure.	N/A	Administrative oversight provided by Director or another designated agency management	BHUC service definition (3 hours) Involuntary Commitment Training (1 hour)
Nurse Practitioners (NP)/ Physician Assistants (PA) Under supervision of psychiatrist for consultation as needed	Meets the requirements as outlined in N.C. Gen. Stat. § 93B-8.1(b1)	Provider to ensure that all licensed staff complete the required LME/MCO credentialing process and maintain their licensure.	Supervision agreement with physician required by associated board	Administrative oversight provided by Program Manager or another designated agency management	BHUC service definition (3 hours) Involuntary Commitment Training (1 hour)

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Member Eligibility Requirements

To be eligible for BHUC-CAI, the member must have NC Medicaid based on residence in a county located within Vaya Partners' region and be enrolled in Vaya Partners' Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan and meet the following criteria:

- Age 4 or older
- Be experiencing a behavioral health crisis meeting emergent or urgent triage standards.

Documentation Requirements

A full service note for each contact or intervention is required for each date of service, written, and signed by the person(s) who provided the service, that includes all the following:

- Individual's Name;
- Medicaid Identification Number;
- Social Security Number (if State funded);
- Date and time of arrival;
- Reason for admission (Triage and Crisis Assessment Results);
- Service provided (for example, Rapid Care Services);
- Type of contact (face-to-face);
- Purpose of contact;
- Description of provider intervention(s);
- Amount of time spent performing interventions;
- Description of effectiveness of interventions;
- Final disposition of Rapid Care Service; and
- Signature and credentials of staff providing the service (for paraprofessionals; position is required in lieu of credentials with staff signature).

Claims-Related Information

Providers shall comply with the NCTracks Provider Claims and Billing Assistance Guide, Medicaid bulletins issued by the NC Division of Health Benefits (DHB), NC Medicaid/NCHC Clinical Coverage Policies, this service definition, Vaya Partners' fee schedule and other requirements and any other relevant documents for specific coverage and reimbursement for Medicaid.

1. Claim Type: Professional (CMS-1500/837P transaction) billed through Vaya Partners.
2. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)
3. Provider(s) shall report the ICD-10-CM and Procedural Coding to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description.
4. Codes and Modifiers: Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.
5. Billing Units: Providers bill this service on a unit basis. One unit per event.
6. Place of Service: The BHUC service is provided in a Tier III or Tier IV BHUC setting.
7. Prior Authorization: No prior authorization required.
8. NCTracks Enrollment: Providers must be enrolled through NCTracks and ensure valid NPIs, taxonomies, sites, zip code (+4) and all other provider demographic information provided to Vaya Partners matches the information in

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NCTracks to bill Vaya Partners and be reimbursed for this service.

9. Coordination of Benefits: Providers must file with primary payor(s) prior to submission of claims for payment to Vaya Partners, if applicable.
10. Reimbursement: Vaya Partners reimburses providers for clean claims for services rendered in accordance with this Service Definition.

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