Vaya Partners

Rapid Care Services

Children and Adults with Mental Health and/or Substance Use Diagnoses

S9480 U5-Rapid Care Low
S9480 HK U5-Rapid Care High

Service

Rapid Care Services provide time for extended assessment and treatment interventions to address crisis symptoms. Extended assessment may involve a clinical interview, assessment by clinicians, nurses, and/or psychiatric staff, and various screening tools. Rapid Care Services staff observe the member over a period of time to determine if symptoms increase or decrease and evaluate response to any administered medication or other treatment interventions to determine the ongoing treatment needs of the member. Observation occurs in a secure, medically staffed, and psychiatrically monitored setting (alternative to the community hospital/Emergency Department). This setting allows for prompt triage (within 15 minutes of presentation), and crisis assessment as soon as the member presents to the site, including assessment of any immediate life-threatening conditions such as danger to self or others or substance withdrawal. Once triage and crisis assessment are complete, further evaluation and stabilization, nursing assessment, psychiatric intervention, observation, and comprehensive disposition and discharge planning occur. These services provide a safe environment to obtain additional information about the individual's condition to refer and link to the most appropriate setting.

This service provides an alternative setting to Emergency Department and Inpatient Psychiatric Hospitalization for eligible individuals who have a mental health diagnosis and/or substance use disorder(s). Rapid Care Services may be provided to members in crisis who need short-term, multi-disciplinary, intensive evaluation provided by staff including clinicians, psychiatrists, nurses, and peer support specialists. Rapid Care Services also include treatment intervention or behavioral management such as one-to-one observation to redirect and/or de-escalate symptoms, coaching on strategies to manage acute anxiety (e.g., relaxation, controlled breathing exercises), strategies to reduce the triggers for behavior (e.g., source or conflict such as a family member that may be causing escalation) to stabilize acute or crisis situations. This model offers an array of services that begins with initial triage and may include crisis assessment, stabilization and intervention, nursing assessment and intervention, psychiatric intervention, peer support, observation, ongoing assessment, and disposition and discharge planning.

Treatment Program Elements

A. Therapeutic Relationship and Interventions

This service offers therapeutic interventions, that are provided under the direction of a physician, designed to support an individual remaining in the community and alleviate acute or crisis situations. These supportive interventions assist the individual with coping and functioning on a day-to-day basis to prevent hospitalization.

B. Structure of Daily Living

This service is an intense short-term, medically supervised service that is provided in a setting with staff coverage 24 hours a day/ 7 days a week/ 365 days a year. It includes access to a specialized team of behavioral health professionals upon entry to the site. The service is intended to last no longer than 23 consecutive hours.

The objectives of the service include:

- Assess and evaluate the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs;

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- Implement intensive treatment, behavioral management interventions, or detoxification protocols;
- Stabilize the immediate issues that have resulted in the need for crisis intervention or detoxification;
- Ensure the safety of the individual through close monitoring of the member's medical condition and response to the treatment protocol; and
- Arrange services that will provide further medically necessary treatment or rehabilitation upon discharge from Rapid Care Services.

C. Cognitive and Behavioral Skill Acquisition

Rapid Care Services is designed to provide support and treatment to prevent, overcome, or manage the identified crisis or acute situations. The service establishes a foundation to improve the individual's level of functioning in all documented domains, increasing coping abilities or skills, and sustaining the achieved level of functioning that will be further addressed via the service to which the member is referred.

D. Resiliency or Environmental Intervention

This service assists the individual with remaining in the community in a specialized behavioral health setting rather than an Emergency Department that may not have staff fully trained to meet the behavioral health needs of the members. This allows members to participate in intensive treatment interventions without the structure of an inpatient setting. This program assesses, monitors, and stabilizes acute symptoms 24/7/365.

Expected Outcomes

1. Rapid engagement and maintenance of the member's safety
2. Completion of a multidisciplinary, bio-psycho-social, trauma-informed, assessment conducted by a licensed clinician, including a substance use assessment if initial screening indicates
3. Health screening/nursing assessment conducted by an LPN/RN to differentiate medical versus behavioral health intervention
4. Medication evaluation and management
5. Intensive discharge planning with an emphasis on crisis intervention and referral for relapse prevention services developed under the direction of a physician (psychiatrist preferred) at admission, including:
    a. Engagement in recommended aftercare services
    b. Evidence of use of natural supports
    c. Use of person-centered strategies and processes
    d. Emphasis on voluntary admissions and consents, rather than the Involuntary Commitment process
    e. Provision of education and information regarding community services and resources
    f. Communication with Care Management as needed
    g. Communication with and referral to primary care
    h. Obtaining releases of information, making referrals, and coordinating exchange of information for optimal care
    i. Provision of safety and aftercare instructions
    j. Coordination of admissions to hospitals, Facility-Based Crisis or enhanced behavioral health services
    k. Assistance with housing and transportation
    l. Education and linkage to medication assistance and Medicaid eligibility
    m. Provision of Peer services to help transition and engage in follow up services
    n. Referral and linkage to services for general medical, dental, dietary, pastoral, recreation therapy, laboratory, and other diagnostic services as needed

Given the nature of the service, some members may need diversion to receive emergency medical attention or prevent them from leaving against medical advice (AMA). However, at least 75% of members served shall receive a full crisis assessment which includes, at a minimum, initial screening for health and safety, assessment by a nurse of any potential medical concerns, assessment by a licensed clinician and/or psychiatrist that includes assessment of safety to return to a

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community setting and the interventions detailed in this service definition.

Service Exclusions

• The primary problem is social, economic (i.e., housing, family conflict) or, one of physical health, or admission is being used as an alternative to incarceration (when there is not an identified clinical need). Members may have needs in those areas or be at risk of incarceration, but the sole purpose of the admission is not to meet those needs.
• The member may be safely maintained and effectively treated at a less restrictive level of care.
• Threat or assault toward others is not accompanied by a DSM or corresponding ICD diagnosis.
• Presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care.
• No other services may be billed at the same time as Rapid Care Services as this is an all-inclusive service. However, other services may be billed on the same day prior to presentation at the facility or after discharge.
• In Lieu Of services are not included in the Medicaid state plan and are provided only when they are expected to be a cost-effective alternative to state plan services which result in as good as or better outcomes than would the state plan service.
• In Lieu Of services may be provided to individuals who participate in NC Innovations or other home and community-based waiver programs, such as CAP/C and CAP/DA, as long as the alternative services are not duplicative of waiver services.

Targeted Length of Service

This level of care is provided for 23 hours and 59 minutes or less, with optimal utilization between 4-6 hours per episode.

Rapid Care Services may be provided up to 23 hours and 59 minutes per episode and performed in a facility that operates 24/7/365 days a year, under psychiatric supervision. This facility must be able to accept individuals who are currently under petition for involuntary commitment (IVC) first evaluations.

If a member presents and needs basic outpatient services and does not require Rapid Care Treatment and intervention, the provider will link the member to appropriate treatment services.

Service Frequency and Intensity

This is a 23-hour and 59 minutes service that is offered seven days a week, 365 days a year, with a staff to member ratio that ensures the health and safety of members served in the community and compliance with 10A NCAC 27E Seclusion, Restraint and Isolation Time Out. Based on a 12-chair model, staffing is minimally 1:4. Staffing ratios must be adjusted as necessary to accommodate the appropriate separation of children/adolescents and adults in different areas of the facility with sufficient staffing to meet their needs. At a minimum, the facility must have an onsite licensed clinician, nurse, peer support specialist/qualified professional and have access to additional clinicians, as necessary.

If determined that a member requires care beyond the 23 hours and 59 minutes, the provider arranges transport to a Facility Based Crisis or inpatient psychiatric facility. If necessary, due to an involuntary commitment order, the transportation may be provided by a Law Enforcement agency.

Provider Requirements

The provider delivering this service shall meet the following requirements:

1. Providers must meet qualifications for participation in the NC Medicaid program, as applicable, and be enrolled in NC Tracks.
2. Providers must be credentialed and enrolled as a network provider in Vaya Partners' Closed Provider Network, in good standing, and contracted to deliver the service.
3. For any member requiring nursing level assistance, N.C. Board of Nursing regulations and requirements must be followed for tasks that present health and safety risks to the member.

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4. Provider must verify employee/independent contractor qualifications when employee is hired/contracted. Providers must provide verification of staff qualifications on at least an annual basis.
5. Provider must comply with all terms and conditions of its contract with Vaya Partners, other applicable written agreements, and all applicable federal, state, and local laws, rules, and regulations.

Staffing Requirements:

1. A board-certified psychiatrist directly engaged with the program and available for consultation during all hours of operation. A variety of modalities are used for this which includes face-to-face during high volume periods, or through telemedicine.
2. A RN-C (Psychiatric Certification) or Fully Licensed Clinician must be available 24/7/365
3. Nursing staff are available on site 24/7, which can be provided by an LPN or higher-level nursing staff.
4. As an all-inclusive treatment program, a variety of expertise is represented on the team. The number of qualified therapists and peer support personnel must be adequate to provide comprehensive therapeutic activities consistent with each individual's active treatment program.

Staff Qualifications are further outlined below

Staff	Availability	Roles And Responsibilities	Supervision	Training
Licensed Clinicians (LCSW, LCMHC, LMFT, LPA, PhD/PsyD, RN-C)	During hours of operation	• Complete triage and assessments • Coordinate linkage to next assessed level of care as needed • Complete involuntary commitment and first commitment evaluations as needed per discipline • Provide direct care • Provide crisis de-escalation and crisis planning • Conduct brief therapy • Provide behavioral interventions	Per Designated Board Requirements	Service definition (2 hrs.) Crisis response (3 hrs.) Crisis and Safety Planning (2 hrs.) Evidence Based Treatment (3 hrs.) Special population training (SUD, IDD, geriatric, & child) (6 hrs.) Trauma Informed Care (3 hrs.) Triage and Assessment (4 hrs.) Management of Aggressive behavior (6 hrs.) Prevention strategies (3 hrs.) CPR/First Aid (6hrs. Each staff receive the above training with additional hours required based on experience, education, and prior training. ANNUAL refreshers and training as needed
Qualified Professionals	During hours of operation as needed to meet	• Provide and complete triage	Administrative and Clinical supervision	All the above

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Staff	Availability	Roles And Responsibilities	Supervision	Training
	the staff ratios with access to an onsite licensed professional and Medical Staff (Nursing/Psychiatric)	• Provide direct care such as assistance with activities of daily living as necessary, providing monitoring and/or observation, gathering information on the member's needs (e.g., housing, transportation, food assistance, community-based supports) • Coordinate linkage to appropriate level of care	provided by LP.	
Peer Support Specialists	During hours of operation with access to an onsite licensed professional	• Provide individualized services that promote self-determination and shared decision making • Provide coaching, mentoring, self- advocacy, and self-direction • Promote Wellness Management strategies • Assist in development of Wellness Recovery Action Plans (WRAP)	Administrative and Clinical supervision provided by LP.	All the above and Completion of Certified Peer Support Training
Registered Nurses (RN, APRN, LPN)	During hours of operation	• Administer initial Nursing Assessment, including health history • Manage medications in conjunction with the psychiatric prescriber • Screen and monitor for medical problems and side effects. • Manage and secure medication room • Administer medications • Coordinate services with other medical providers. • Educate team in monitoring psychiatric symptoms and medication side effects.	Per designated board requirements and under overall supervision of the program psychiatrist	All the above and Medication Management Administration (6 hrs.)
Physicians (MD, DO, psychiatrist; preferably board-certified psychiatrist)	Scheduled during hours of operation and on call 24.7.365	• Provide clinical supervision and oversight of services delivered in the setting • Complete psychiatric evaluations and follow up	Administrative oversight provided by Director or other	Training to be individualized based on work experience and years of practice in the field.

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Staff	Availability	Roles And Responsibilities	Supervision	Training
		as needed • Collaborate with nursing and other staff to develop and coordinate medication administration. • Oversee medical care • Approve and prescribe standing orders • Prescribe medications as needed • Provide Telehealth which may be used for afterhours or emergent psychiatric attention when access to an onsite MD is not available. (May not replace regular onsite physician involvement)	designated agency management.	
Nurse Practitioners or Physician Assistants (if utilized in the program but not required)	NP, PA	• Provide clinical intervention • Complete psychiatric evaluations and follow up as needed • Collaborate with nursing and other staff to develop and coordinate medication administration. • Oversee medical care • Prescribe medications as needed as allowed based on licensure	Supervision agreement with physician required per associated board. Administrative oversight provided by Program Manager or other designated agency management.	All the above (excluding the Peer Support specialist training)

Member Eligibility Requirements:

To be eligible for Rapid Care, the member must have NC Medicaid based on residence in a county located within Vaya Partners' region and be enrolled in the State of North Carolina MH/IDD/SAS Health Plan waiver authorized pursuant to section 1915(b) of the Social Security Act, and meet any of the following criteria:

1. The member presents with a behavioral health crisis that is likely to significantly reduce in acuity after crisis de-escalation, therapeutic intervention, and observation AND the individual's medical needs are stable and appropriate for this level of care; OR
2. The member does not meet all inpatient psychiatric criteria, but it is assessed that a period of observation may assist in the stabilization/prevention of symptom exacerbation; OR
3. The member presents with law enforcement under an Involuntary Commitment order requiring first evaluation services to determine the member's service needs; OR
4. Based on current information, there may be a lack of behavioral health diagnostic clarity and further psychiatric evaluation is necessary to determine the individual's service needs.

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Utilization Management

There is no prior authorization requirement for this service.

Unit of Service:

This service is billed as 1 unit = 1 event per day and utilizes a two-tiered billing system based on the amount of time spent at the site as outlined below. If the member receives less than 1.5 hours of intervention, the applicable outpatient, psychiatric, or other CPT codes should be utilized. The service is provided in two levels, with only one level provided within the 24-hr. period:

- **Rapid Care Services Low:** Minimum of at least 1.5 hours of treatment up to 6 hours
- **Rapid Care Services High**: 6-23 hours and 59 minutes

Anticipated Units of Service per Person:
It is estimated that a member uses 1-3 units per year with a max of 1 unit per event.

Documentation Requirements

These services shall be properly and contemporaneously documented in accordance with this section and the DMH/DD/SAS Records Management and Documentation Manual 45-2 (RMDM) prior to seeking reimbursement from Vaya Partners.

Regardless of the service type, significant events in an individual's life that require additional activities or interventions shall be documented over and above the minimum frequency requirements.

Providers shall make all documentation supporting claims for services reimbursed by Vaya Partners available to Vaya Partners, NCDHHS, and CMS upon request.

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, which includes all the following:

a. Individual's Name;
b. Medicaid Identification Number;
c. Date and time of arrival;
d. Reason for admission (Triage and Crisis Assessment Results)
e. Service Provided (for example, Rapid Care Services);
f. Type of Contact (face-to-face);
g. Purpose of Contact;
h. Description of Provider Intervention(s);
i. Amount of Time Spent Performing Interventions;
j. Description of Effectiveness of Interventions; and
k. Final Disposition of Rapid Care Service;
l. 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 NC Tracks Provider Claims and Billing Assistance Guide, applicable Medicaid bulletins issued by the NC Division of Health Benefits (DHB), applicable NC Medicaid Clinical Coverage Policies, this service definition, Vaya Partners' fee schedule and other requirements and any other relevant documents for specific coverage

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and reimbursement for NC 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):** 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.
3. **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.
4. **Billing Units:** Providers bill this service on a unit basis. 1unit = 1 event per day.
5. **Place of Service:** provider facility.
6. **Prior Authorization**: No prior authorization required for this service.
7. **NC Tracks 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 NCTracks in order to bill Vaya Partners and be reimbursed for this service.
8. **Coordination of Benefits:** Providers must file with primary payor(s) prior to submission of claims for payment to Vaya Partners, if applicable.
9. **Reimbursement:** Vaya Partners reimburses providers for clean claims for services rendered in accordance with this Service Definition.

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