



Title:	Behavioral Health Urgent Care (BHUC)	Code	T2016 U5
Type:	In Lieu of Service (ILOS)	Group Code	N/A
Effective Date:	7/01/2024	Units	Per Event, Average two hours per episode

Service Description		
Behavioral Health Urgent Care (BHUC) is a designated intervention/treatment location that is an alternative to any community hospital Emergency Department where consumers with urgent primary behavioral health needs will receive triage and referral. The behavioral health urgent care location must include the ability to initiate the Involuntary Commitment petition via first-level evaluations (Clinician Petition), medical screening, case management and referrals.		
Population	Projected Numbers	Characteristics
Ages 4 and older	450	Mental Health (MH), Substance Use Disorder (SUD), co-occurring MH and Intellectual/Developmental Disability (I/DD) and experiencing a behavioral health crisis that meets emergent or urgent triage standards.

Utilization Management
There is no prior authorization required for a pass-through amount of up to 3 admissions per month with a maximum of 6 admissions per year. Notification Service-Associated Requests (SARs) are required within 72 hours of admission for a pass-through. 1 unit = 1 event 1 event = 1 admission Up to 6 admissions per year

Entrance Process
Notification Service-Associated Requests (SARs) are required within 72 hours of admission for a pass-through. For managed (concurrent) admissions, an assessment and discharge/disposition plan are required. Rapid assessment of clinical presentation related to crisis situations.

Eligibility Criteria

A member with a Mental Health (MH), Substance Use Disorder (SUD), co-occurring MH and Intellectual/Developmental Disability (I/DD) and experiencing a behavioral health crisis that meets emergent or urgent triage standards.

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

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

Assessment: All individuals/members will be seen by a licensed professional. Rapid assessment of clinical presentation related to crisis. Assessment elements may be acquired through a variety of assessments completed by qualified professionals, licensed professionals, nursing staff and psychiatric prescribing professionals. The BHUC brief assessment will include the following elements (clinical components of assessment must be conducted by staff member with the appropriate clinical license):

- Behavioral health and medical treatment history (self-reported by consumer)
- Bio-psycho-social information
- Case management assessment, including:
- Identification of social determinants of health
- Current medical status and medical clearance determination
- Current medications
- Current mental status
- Demographic information
- Establishment of diagnoses or interim diagnoses
- Provisional determination of an appropriate level of care for referral
- Reason for visit/referral
- Urgency and Risk Status

Intervention: Interventions include strategies and actions to provide treatment and crisis de-escalation. The following is a list of interventions that will occur during an episode of BHUC:

- Brief case management and community resource information
- Brief intervention and treatment by a licensed professional
- Coordination and arrangement of follow-up referrals and appointments (primary care, ongoing behavioral health care)
- Crisis de-escalation support
- Determination of the most appropriate level of care
- If necessary, completion of first evaluations to initiate the IVC process

- Initiation or continuance of medication management
- Intake and brief assessment of behavioral health, medical and case management needs
- Safe and comfortable atmosphere

Disposition and Discharge Planning: Disposition and Discharge Planning is provided to ensure a person served through BHUC is linked to the least restrictive and most appropriate level of care. Disposition coordination and discharge planning from BHUC will require a discharge plan that includes the following:

- Communicate with LME/MCO Care Management as needed
- Communicate with and refer to primary care; obtain releases of information, make referrals and coordinate the exchange of information to support care
- Emphasize voluntary admissions and consents rather than using the IVC process
- Engage natural supports
- Provide education and information about community services and resources
- Provide safety and aftercare instructions
- Refer to and communicate with the treating or new provider, including sharing information about the urgent care visit
- Use person-centered strategies and processes

Expected Outcomes

Process Measures/Tracking

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

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

Clinical Support Functions

- Social determinants of health, referral to local resources when applicable
- Schedule follow-up appointment with existing provider or new referral to behavioral health services (internal and external)
 - Contact Partners to determine current provider and contact information, BHUC will contact current provider to schedule a follow-up appointment within 7 days
 - If Partners reports no current provider, BHUC will request that Access schedule an Intake Appointment within 7 days, review mode of transportation and transportation needs
 - Collaborate with tailored care manager, if applicable, for care transitions

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

High-Risk Categories

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

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

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

Note: Member’s SDOH will be assessed and referred/linked to community resource to meet their need.

Staffing Requirements

Role-Specific Requirements:

Triage Staff

- Qualified Professional (for the population served), Certified Peer Support Specialist (QP-eligible) or Registered Nurse (RN)
- Must demonstrate triage knowledge and competency (training required)
- Must have access to an LP or medical professional (MD, RN) for consultation

Assessment Staff

- Licensed or associate-level licensed professional
- Must demonstrate clinical assessment skills through scope of practice or training
- Must be eligible to complete IVC first evaluations

Intervention Staff

- Certified Peer Support Specialist, Associate Professional, Para-Professional, Qualified Professional, LPN or RN

- Must demonstrate crisis intervention skills
- Must have immediate access to a licensed professional

Disposition & Discharge Planning Staff

- Qualified Professional, Licensed Professional or RN
- Must demonstrate skills in assessment, disposition, care management and discharge planning

General Medical Services Staff

- Psychiatrist, Nurse Practitioner or Physician Assistant
- Must be qualified to provide general medical services to support integrated care

Staff Competencies:

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

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

Training Requirements:

All staff working in a BHUC setting must be trained in new employee orientation and all applicable core competencies as required by state, LME/MCO, or provider agency policies. BHUC staff must also complete additional education through an LME/MCO or provider-based curriculum within the first 90 days of employment, which includes:

- BHUC procedure and documentation training
- BHUC service definition or in lieu of service definition training
- Common signs, symptoms and behaviors associated with mood and thought disorders, especially as manifested during crisis episodes
- Common signs, symptoms and behaviors associated with substance use disorders, especially as manifested during crisis episodes, including withdrawal symptoms
- Common signs, symptoms and behaviors associated with the presentations of individuals from special populations during crisis episodes (e.g., children, elderly, deaf/hard of hearing, traumatic brain injury, intellectual/developmental disability, veterans, etc.)

- Crisis response and de-escalation techniques
- NCI A and B (core plus)
- Recognition of comorbid psychiatric and medical diagnoses
- Risk assessment related to identifying imminent danger and the use of standardized tools as indicated

Administrative and Clinical Supervision Requirements:

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

Administrative Supervision:

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

Clinical Supervision:

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

Targeted Length of Stay
Each event averages two hours and there are up to 6 events per year without prior authorization.