

Alternative or “in Lieu of” Service Description

1. Service Name and Description:

Service Name: Rapid Response Team

Procedure Code: H2011 U5 CR, H2011 U5 GT CR

Description:

Rapid Response Team (RRT) services are directed to children and adult individuals that are experiencing an acute behavioral health crisis that have presented in an Emergency Department and/or for step down from Inpatient. This service includes crisis intervention, stabilization, linkage to supports and treatment needed and next day follow up after discharge. Rapid Response Team are available at all times, 24-hours a day, 7 days a week, 365 days a year. This service provides an immediate evaluation, triage and access to acute mental health, intellectual developmental disabilities, and substance use services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports or services needed. These services include immediate telephonic response to assess the crisis and determine the risk, mental status, medical stability, appropriate response. Rapid Response Team includes the development of a crisis plan for individuals served, assessment and linkage to social determinant of health needs, follow up and monitoring after linkage, as well as basic case management to link individuals to services/resources that are needed. Specific supports and interventions are unique to each individual and spelled out in the crisis plan. This service is meant to serve as a bridge between ED or inpatient utilization and access to services available in the community. This service is not meant to duplicate or replace enhanced services, it should provide linkage to appropriate levels of care.

Rapid Response Team is billed in lieu of Mobile Crisis. This service does not replace the first responder responsibilities of other enhanced providers. This service is connected to the Emergency Department or Inpatient unit to rapidly respond to and transition members with mental health, intellectual or developmental disabilities or substance use disorders out of the ED or Inpatient care into a setting for stabilization. Rapid Response Team services are primarily delivered face-to-face with the individual served and the crisis assessment takes place in a centralized office location that is approved by the MCO. This service may not be delivered in an IMD. After the completion of the crisis assessment, service components can be provided in the community and can be rendered telephonically or using a HIPAA compliant telehealth platform. The results of this assessment include medically appropriate crisis stabilization intervention and discharge from the Emergency department or Inpatient unit.

Rapid Response Team services must be capable of addressing all psychiatric, substance use disorder, and intellectual and developmental disability crises for all ages to help restore (at a minimum) an individual's previous level of functioning. RRT services may be delivered by one or more individual practitioners on the team.

2. Information About Population to be Served:

Population	Age Ranges	Characteristics
Adults, adolescents, and children who are experiencing an acute, immediate crisis	5 - 64 years of age	Adults, adolescents, and children presenting in crisis, yet do not meet the imminent danger to self or others threshold and can be diverted from the hospital.

Treatment Program Philosophy, Goals and Objectives:

Philosophy:

Rapid Response Teams are supported by a crisis resolution delivery model that consists of 4 phases: intervention, stabilization, prevention, and follow up. This delivery model provides an opportunity for expeditious access to crisis services that would have ordinarily not been available.

The goals of RRT response will not exceed 2 hours to the Emergency Department to reduce unnecessary boarding, divert hospitalization or re-admission to the ED, prevent unnecessary incarceration, stabilize individuals in behavioral health crisis, and mobilize the resources of the community support system, family members, and others for ongoing maintenance rehabilitation, and recovery.

Expected Outcomes:

This service is expected to reduce Emergency Department boarding for people with mental health, intellectual or developmental disabilities or substance use disorders. This service includes a broad array of crisis prevention and intervention strategies which will assist the beneficiary in managing, stabilizing or minimizing clinical crisis or resolving situations that lead to crisis. This service is designed to rapidly assess crisis situations. This service will assess an individual's clinical condition, provide triage based on the severity of the crisis, and provide immediate, focused crisis intervention services that can be mobilized in the community or centralized in an office location to address the needs that have impacted the crisis situation. This service will manage the discharge for members from inpatient stay while not duplicating or replacing the hospital's discharge responsibilities.

3. Staffing Qualifications, Credentialing Process, and Levels of Supervision (Administrative and Clinical) Required:

RRT must be provided by a team of individuals that includes a QP according to 10A NCAC 27G .0104, and/or a nurse, clinical social worker or psychologist as defined in this administrative code. The nurse does not have to meet QP status, but must be appropriately licensed. One of the team members shall be a LCAS, CCS or a Certified Alcohol and Drug Counselor (CADC). Each organization providing crisis management

shall have 24-hours-a-day, 7-days-a-week, 365-days-a-year access, to a board certified or eligible psychiatrist. The psychiatrist shall be available for face to face or phone consultation to crisis staff. A QP or AP with experience in intellectual and developmental disabilities shall be available to the team as well. Paraprofessionals with competency in crisis management may also be members of the Rapid Response Team and are supervised by the QP. A supervising professional shall be available for consultation when a Paraprofessional is providing service.

Supervision and Training:

All staff providing Rapid Response Team services shall demonstrate competencies in crisis response and crisis prevention. At a minimum, these staff shall have:

- a. a minimum of one year’s experience in providing crisis management services in the following settings: assertive outreach, assertive community treatment, Emergency Department or other service providing 24-hours-a-day, 7-days-a-week, response in emergent or urgent situations AND
- b. 20 hours of training in appropriate crisis intervention strategies within the first 90 days of employment.

Professional staff shall have appropriate licenses, certification, training and experience and non-licensed staff shall have appropriate training and experience.

Unit of Service:

Services	Rate	Unit
Rapid Response Team	\$91/unit	15 minutes

Anticipated Units of Service per Person and Team Caseload:

As a result of crisis situations being unpredictable, the anticipated units of service per person and the team caseload cannot be determined. The service units will vary based upon the situational crisis. Units shall be billed in 15-minute increments.

Targeted Length of Service:

The length of service will depend upon the situational crisis and the identified needs. The first 16 units are unmanaged.

Utilization Management

There is no prior authorization (PA) for this service for the first 16 units. For beneficiaries enrolled with the LME/MCO based on the last known address of the beneficiary, the crisis provider shall contact the LME/MCO to determine if the beneficiary is enrolled with a provider that should and can provide or be involved with the response. Rapid Response Team will contact the first responder if the beneficiary is already engaged in treatment so the first responder can take the lead. Rapid Response team shall be used to reduce Emergency Department boarding and divert individuals

from inpatient and detoxification services as appropriate. These services can also be used as “step down” service from inpatient hospitalization. The provider must register the beneficiary with the LMEMCO call center 24-7-365 at the time the referral from the Emergency Department or Inpatient unit is accepted. The RRT must update the LMEMCO daily on the progress or discharge of beneficiaries.

Entrance Criteria

The individual served is eligible for this service when the following criteria are met:

- a. the individual is experiencing an acute, immediate crisis and has presented in an Emergency Department ; AND the individual or family has insufficient or severely limited resources or skills necessary to cope with the immediate crisis.
OR
- b. the individual or family members evidences impairment of judgment, impulse control, cognitive or perceptual disabilities; OR

- e. the individual is intoxicated or in withdrawal, in need of substance use disorder treatment and unable to access services without immediate assistance. OR

- f. the individual has an intellectual or developmental disability OR
- g. The member is discharging from an inpatient stay

Priority should be given to a beneficiary with a history of multiple crisis episodes or who are at substantial risk of future crises

Continued Stay Criteria

The individual is eligible to continue this service if the crisis has not been resolved or his or her crisis situation has not been stabilized, which may include a facility-based crisis unit or other appropriate residential or respite arrangement or bridge housing in a hotel.

Discharge Criteria

The beneficiary meets the criteria for discharge if any one of the following applies: The Beneficiary’s crisis has been stabilized and his or her need for ongoing treatment or supports has been assessed and met. If the beneficiary has continuing treatment or support needs, a linkage to ongoing treatment or supports has been made and confirmed.

Service Exclusions

This service is in lieu of Mobile Crisis. This service cannot be provided to a member that has received Mobile Crisis within the past 24 hours as Mobile Crisis should have already diverted the member if they were seen.. *This service does not replace the responsibility of Enhanced Service providers to be the first responder, it may only be utilized for members receiving an Enhanced Service with prior approval of the LMEMCO and coordination of care between the RRT and the existing Enhanced Service provider as it relates to COVID-19.*

Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.

The current Clinical Coverage Policy 8A specifies that Mobile Crisis Management Services must be mobile, community based and provided in a least restrictive setting. This ILOS targets individuals in or at high risk for accessing the Emergency Department of a hospital and will provide an additional service option for those who need to physically come to an identified location to receive crisis services that will include crisis intervention, stabilization, prevention, and follow up and avoid an unnecessary admission into an Emergency Department or inpatient stay. The RRT will respond to the ED and transport members to an office based location for service delivery. If a member enters the ED, they will first be triaged by hospital staff prior to referral.

Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Revenue Code	Unit Definition	Units of Service	Cost of Service
Mobile Crisis	H2011	Fee for service	15 min	Average=\$2,572/member/year for approximately 2,621 members Annual Cost \$6,7 million

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Rapid Response Team	H2011 U5 CR H2011 U5 GT CR	Fee For Service	15 min	Average=\$1,092/member/year for approximately 2,621 members

				Annual Cost \$ 2.9 million

- Annual amount uses the assumption of 12 months

Description of Monitoring Activities:

- This service will be monitoring using post payment reviews