

Clinical Policy: Community Brief Crisis Support (CBCS)

Reference Number: LA.CP.BH.510c

Date of Last Revision: 04/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Community Brief Crisis Support (CBCS) services are an ongoing crisis intervention response intended to be rendered for up to fifteen (15) days and are designed to provide relief, resolution, and intervention through maintaining the member/enrollee 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/enrollee (and for minors, the member/enrollee's caregiver) who is experiencing a psychiatric crisis until the crisis is resolved and the member/enrollee can return to existing services or be linked to alternative behavioral health services.

Community Brief Crisis Support services follow referral from initial crisis intervention or crisis stabilization. CBCS services are available twenty-four (24) hours a day, seven (7) days a week. 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/enrollee (and for minors, the member's/enrollee's caregiver) to achieve symptom reduction by problem solving and developing useful safety plans that will assist with community tenure.

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. 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.

Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that Community Brief Crisis Support (CBCS) Outpatient Crisis service is **medically necessary** for the following indications:
 - A. 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/enrollee to their best age-appropriate functional level.
 - B. Referral has been made from MCR, BHCC, or CS provider
 - C. Members/enrollees 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

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D. All members/enrollees who self-identify as experiencing a seriously acute psychological/emotional change, which 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 ongoing crisis intervention services as long as medical necessity is met and the members/enrollees is not already linked to an existing MHR or ACT provider.

1. For minors under the age of 18, eligibility for crisis services based on “self-identification” that the member/enrollee is experiencing a crisis includes identification by the minors caregiver. CBCS can be requested by any caregiver and delivered in any setting as defined in the MCR section, above, as long as there is consent for treatment from an individual legally allowed to consent to treatment of the youth.

II. It is the policy of Louisiana Healthcare Connections that Continued Community Brief Crisis Support (CBCS) Outpatient Crisis service is **medically necessary** if the enrollee’s crisis has not been resolved or their crisis situation has not been stabilized, which may include placement in a facility-based crisis unit or other appropriate residential placement

III. It is the policy of Louisiana Healthcare Connection that the Enrollee meets the criteria for discharge if any of the following applies:

- A. The Enrollee’s crisis has been stabilized and their need for ongoing treatment or supports has been assessed
- B. The Enrollee has continuing treatment or support needs, a linkage to ongoing treatment or supports has been made

IV. Louisiana Healthcare Connections sets forth the following Document Requirements:

- A. beneficiary’s name;
- B. beneficiary’s Medicaid number;
- C. date of service;
- D. purpose of contact; /precipitating event
- E. description of the provider’s interventions;
- F. time spent performing the interventions;
- G. effectiveness of the intervention;
- H. referral source: (agency name and contact information);
- I. signature of the staff providing the service

Background

Components:

A determination of risk, mental status and medical stability and the need for further evaluation or other mental health services must be conducted, building on the assessments conducted by the MCR, BHCC, and/or CS service providers.

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/enrollee, family members or other

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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 collateral sources, it must be documented in the member record:

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 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:

- 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.

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;

Interventions include using person centered approaches, such as crisis resolution and debriefing with the member/enrollee experiencing the crisis for relief, resolution and problem solving of the crisis;

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;

Support, education, and consultation is provided to the member/enrollee, family, and collateral supports.

- Service Coordination and service planning include:
- Coordinating the transfer to alternate levels of care when warranted, including, but not limited to:
 - Primary medical care - when the member/enrollee requires primary medical care with an existing provider.
 - Community based behavioral health provider - when the member/enrollee requires ongoing support at a lower level of care with the member's/enrollees existing behavioral health provider. The member/enrollee should return to existing services as soon as indicated and accessible.

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- Behavioral Health Urgent Care (BHUC) – when the member/enrollee requires ongoing support and time outside of the home.
- Crisis Stabilization (CS) – when the member/enrollee may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent.
- Inpatient treatment – when the member/enrollee is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent.
- Residential substance use treatment – when the member/enrollee requires ongoing support outside of the home for a substance use disorder

Note: Crisis care should continue until the crisis is resolved, the member/enrollee has met with the accepting behavioral health treatment provider of ongoing care, or until the member/enrollee no longer needs crisis services.

Allowed Mode(s) of Delivery

- Individual,
- On-site, or
- Off-site.

Allowed Places of Service:

This is primarily a community-based service delivered in member's/enrollees natural setting with exceptions for office-based when desired or requested by the member/enrollee or some other exception as documented in the member/enrollee record. When preferred, office-based services are permitted but should not be the primary mode of service delivery. For minors under the age of 18, the member's natural setting will include, but is not limited to, a family or foster family home, school, or a group home where the minor currently resides.

Exclusions

- CBCS services cannot be rendered in emergency departments (EDs).
- CBCS services cannot be rendered in substance use residential facilities or inpatient facilities.
- CBCS services cannot be approved for incarcerated individuals.
- CBCS services are not to be utilized as step down services from other residential or inpatient psychiatric service settings.
- CBCS services must not duplicate already-approved and accessible behavioral health services with a member's/enrollees already-established Assertive Community Treatment, 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.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted

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2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Modifier	Description
H2011	HK	COMMUNITY BRIEF CRISIS SUPPORT

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	1/22	
Annual revision. Format changes. Changed member to member/enrollee in all instances. Added staffing requirements to description section. Added “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” to background section. Added “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” to background intervention section. Minor rewording to background without changes in clinical criteria. References reviewed and updated.	7/23	9/25/23
Updated description to include minors under the age of 18. Removed Member/enrollee is 21 years of age or older. Added I.D.1 to criteria. Updated Background and References. Changed policy number from LA.CP.MP.501c.	4/24	8/15/24

References

1. Louisiana Department of Health. Behavioral Health Services. Provider manual. Chapter Two of the Medicaid Services Manual Medicaid Program. Chapter 2: Behavioral Health Services. Section 2.3 Outpatient services-Crisis Services. Issued 02/05/24, Replaced 12/14/23

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing

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this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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