

Clinical Policy: Community Brief Crisis Support (CBCS)

Reference Number: LA.CP.MP.510

Date of Last Revision: 01/2022

[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 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 who is experiencing a psychiatric crisis until the crisis is resolved and the member can return to existing services or be linked to alternative behavioral health services.

All activities must occur within the context of a potential or actual psychiatric crisis, providing intensive supportive interventions and follow up subsequent to the initial crisis mitigation, ensuring ongoing stability for those individuals who had received services through a MCI, a BHUCC, or a CS provider. This service is intended for a member with urgent mental health distress only.

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.

The service must be provided under the supervision of an LMHP with experience regarding this specialized behavioral health service. The LMHP or physician must be available at all times to provide back up, support and/or consultation from assessment of risk and through all services delivered during a crisis.

The time spent by the LMHP during face-to-face time with the member is billed separately. This would include the assessment of risk; mental status and medical stability must be completed by the LMHP, choosing the code that best describes the care provided.

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. Member is 21 years of age or older
 - B. 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 to their best age-appropriate functional level.
 - C. Referral has been made from MCI, BHUC, or CS
 - D. Members in crisis who require this service may be using substances during the crisis, and this will not, in and of itself, disqualify them for eligibility for the service
 - E. All members 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

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crisis intervention services as long as medical necessity is met and the members is not already linked to an existing MHR or ACT provider

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 MCI, BHUC, and/or CS service providers.

If further evaluation is needed, the psychiatric diagnostic evaluation must be conducted by an LMHP or physician with experience regarding this specialized mental health service. This evaluation should include contact with the member, family members or other collateral sources with pertinent information for the purpose of the evaluation and/or referral to and coordination with other alternative behavioral health services at an appropriate level.

The intervention is driven by the member and is developed by the LMHP or non-licensed staff, in collaboration with the LMHP, building on and updating the strategies developed by the Mobile Crisis Intervention (MCI), Behavioral Health Urgent Care (BHUC), and/or Crisis Stabilization (CS) service providers. Through this process, set short-term goals which are intended 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. 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.

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Interventions include using person centered approaches, such as crisis resolution and debriefing with the member 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, 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 requires primary medical care with an existing provider.
 - Community based behavioral health provider - when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider. The member should return to existing services as soon as indicated and accessible.
 - Behavioral Health Urgent Care (BHUC) - when the member requires ongoing support and time outside of the home.
 - Crisis Stabilization (CS) – when the member 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 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 requires ongoing support outside of the home for a substance use disorder

Note: Crisis care should continue until the crisis is resolved, the member has met with the accepting behavioral health treatment provider of ongoing care, or until the member 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 natural setting with exceptions for office-based when desired or requested by the member or some other exception as documented in the member record. When preferred, office-based services are permitted but should not be the primary mode of service delivery.

Exclusions

- CBCS services cannot be rendered in emergency departments (EDs).
- CBCS services cannot be rendered in substance use residential facilities or inpatient facilities.

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- 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 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

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CPT® Codes	Description
None	

HCPCS Codes	Modifier	Description
H2011	HK	COMMUNITY BRIEF CRISIS SUPPORT

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	1/22	

References

1. LDH Behavioral Health Provider Manual.

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

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

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