Louisiana - Provider Quality Monitoring Behavioral Health Crisis Care Record Tool

Effective Date: October 14, 2024

These audit tools can be used for various types of audits that a provider may require. They ensure you are meeting state regulatory requirements.

Preliminary screening - Determination of risk

Question

1. There is evidence that the case records include preliminary screening.
2. There is evidence that the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis.
3. There is evidence that the preliminary screening included the grave disability.
4. There is evidence that the preliminary screening included the risks of suicidality.
5. There is evidence that the preliminary screening included the risk of self-harm.
6. There is evidence that the preliminary screening included the risk of danger to others.
7. There is evidence that the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or in coordination with other alternative behavioral health services at an appropriate level.
8. There is evidence that the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or in coordination with other alternative behavioral health services at an appropriate level.
9. There is evidence that a brief preliminary medical stability was conducted includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or in coordination with other alternative behavioral health services at an appropriate level.
10. There is evidence that the further evaluation for other mental health services include contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination in with other alternative behavioral health services at an appropriate level.
11. When the member is referred from another crisis provider, there is evidence that the provider requested records from the previous crisis service providers.

Medical screen

Question

12. There is evidence a registered nurse or licensed practical nurse practicing within the scope of his or her license performed a medical screen to evaluate for medical stability.

Assessment

Question

13. If further evaluation is needed, there is evidence that the assessment was conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service.
14. If further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level.
15. There is evidence, if a member is referred from another crisis provider and further evaluation is needed, the assessment builds on the screening or assessments conducted by the previous crisis service providers.

Documentation - Involvement of family/natural supports

Question	
16.	There is evidence that support, education, and/or consultation was provided to the member, family, and collateral supports.

Interventions

Question	
17.	There is evidence that the case records include notes on the interventions delivered after every encounter.
18.	There is evidence that the case records include documentation of successful and/or failed encounters and/or attempts.
19.	There is evidence that intervention strategies are built upon and/or updated by the mobile crisis response (MCR) or behavioral health crisis care (BHCC) service providers.
20.	There is evidence that the interventions are driven by the member.
21.	There is evidence that the intervention includes resolution focused treatment designed to de-escalate the crisis.
22.	There is evidence that the Interventions include resolution focused peer support designed to de-escalate the crisis.
23.	There is evidence that the interventions include resolution focused safety planning designed to de-escalate the crisis.
24.	There is evidence that the interventions include resolution focused service planning designed to de-escalate the crisis.
25.	There is evidence that the interventions include resolution focused care coordination designed to de-escalate the crisis.
26.	There is evidence that the strategies are developed for the member to use post current crisis.
27.	There is evidence that the strategies are developed to mitigate risk of future incidents until the member engages in alternative services.
28.	There is evidence that the short-term goals were set to stabilization.
29.	There is evidence that the short-term goals were set to ensure symptom reduction.
30.	There is evidence that the short-term goals were set to ensure restoration to a previous level of functioning.
31.	There is evidence that the interventions include using person centered approaches, such as resolution of the crisis resolution and problem solving of the crisis.

(continued)

Coordination and continuity of care

Question

32. The member’s treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider.
33. There is evidence that all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted.
34. There is evidence that providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider.
35. There is evidence that providers coordinated the transfer to 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.
36. There is evidence that providers coordinated the transfer to another crisis provider when the member requires ongoing support, if applicable.
37. There is evidence that providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent, if applicable.
38. There is evidence that providers coordinated the transfer to residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder, if applicable.
39. There is evidence that there was coordinated contact through a warm handoff with the member's managed care organization (MCO) to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated. There is evidence that any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral.

Follow-up requirements

Question

40. There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours either telephonically or face to face post crisis to ensure stability for those not accessing higher levels of care or another crisis service.
41. There is evidence that telephonic follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service when applicable.
42. There is evidence that the member and/or authorized member's caretaker/family desired no further communication post crisis within the record, if applicable.
43. There is evidence the discharge summary included communications with family.
44. There is evidence the discharge summary included communications with treating providers.