

## **CRISIS SERVICES GUIDELINES**

### **December 08 Version**

#### **When to bill a Crisis Service code:**

1. The eligibility for crisis services is as follows:
  - a. All individuals 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. An individual in crisis may be represented by a family member or other collateral contact that has knowledge of the individual's capabilities and functioning. Individuals in crisis who require this service may be using substances during 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.

As a general rule, all the crisis service codes should be utilized if a person has psychiatric symptoms that are interfering with their functioning to the point that they cannot do daily life functions and without intervention would immediately be at risk for higher level of care such as hospitalization or other out of home placement. Members may also self-report that they are in an initial crisis. If the Member is new to the CMHC and the person to provide the crisis intervention is not a QMHP, direct crisis intervention may occur without a QMHP present if the provider has made a telephone contact with a QMHP who has determined a screen is not needed at that time. A QMHP must provide clinical supervision of the crisis services, but does not have to be present prior to initiating or during crisis service delivery.

2. Crisis Intervention Provided at the Basic Level:

Crisis Intervention-Basic Level is when a Member needs to have an Attendant Care worker with them because of an inability to regulate their behavior without the assistance of another person. The Attendant Care worker will assist with de-escalating the crisis and will provide support with maintaining the person in their home and community. This type of intervention may occur when assistance is needed to stabilize a person prior to an emergent screen, during a screen, or immediately following a screen.

3. Crisis Intervention Provided at the Intermediate Level:

Crisis Intervention at the Intermediate Level is the same as above, but it is determined that a person with more skills or higher training is needed to more effectively reduce symptoms rather than solely supportive services.

4. Crisis Intervention Provided at the Advanced Level:

Crisis Intervention at the Advanced Level is the same as above only if it is determined that a Clinician’s skills are needed in order to provide a higher level of clinical intervention. This is a face to face intervention. This would include a preliminary assessment of risk which may include a mental status and the need for further evaluation or other mental health services. This service also includes contact with the client, family members, or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level. This level of intervention includes a clinician utilizing specific treatment interventions such as cognitive behavioral therapeutic techniques or other techniques that only a clinician who has had a higher level of training can provide.

5. Crisis Services can be billed concurrently for the purpose of safety of the Member and staff when medically necessary.

6. All documentation in the chart must reflect the actual crisis, what interventions were used, the Member’s response to the interventions, family involvement, and when the crisis is resolved. (An outline for documentation of all levels of interventions for these codes can be found below).

**Crisis Intervention -**

<b>Basic Level</b>	<b>Intermediate Level</b>	<b>Advanced Level</b>
Crisis services provided at the Attendant Care level: <b>There is no daily limit.</b>	Crisis services provided at the case management level: <b>KHS will set a review report of occurrences for when more than 7 hours occur a day.</b>	Crisis services provided by a QMHP: <b>KHS will set a review report of occurrences greater than 3 hours a day.</b>

**Multiple providers may bill for Crisis Intervention services as long as it is medically necessary and documented in the Member’s record.**

**Re-evaluation for the need of crisis services needs to be done by a QMHP every 72 hours or more frequently as needed.**

## **GUIDELINES FOR DOCUMENTING INITIAL AND ONGOING CRISIS SERVICES**

- A. Date of Service \*
- A. Member Name \*
- A. Start Time & Duration \*
- A. Location of the service (Community or CMHC) \*
- A. List all participants during service (family, local law enforcement, or other staff) \*
- A. Goal of service, which may not coincide with a current treatment plan if Member is new to services or has a new problem. The goal could be assess or stabilize; working toward reducing symptoms that are causing the crisis. \*
- A. Brief Mental Status, including but not limited to affect, orientation, and thought content. (LMHP's only) \*\*
- I. Summary of the crisis and symptoms that indicate the person is in a crisis \*\*

Documentation demonstrates the staff person is assisting the Member with regaining or maintaining the ability to make independent choices and to take a proactive role in treatment including discussing questions or concerns about medications, diagnosis, or treatment with his or her clinician. \*

Documentation demonstrates the staff person is assisting the Member to identify and effectively respond to or avoid identified precursors or triggers that result in functional impairments. \*

- A. Summary of the intervention/service \*
- A. Response to intervention \*

A plan for what will be worked on with the Member. How will this be worked on for ongoing crisis intervention? Include a crisis plan in case things escalate. \*\*

List other services to be utilized to help the Member and when those services are to take place. \*\*

Resolution of the crisis must be clearly documented \*

- A. Signature of the person providing the service. Credentials if licensed. Electronic Signature & Title is acceptable. \*

### Key:

- A. Denotes Always Document
- I. Denotes Document Only for an Initial Crisis Service

Note: All listed that do not have an A- or an I- are to be documented when it is appropriate

\* Medicaid Requirement - KMAP General Benefits 8/1/2008; KMAP non-PAHP Manual 8/1/2008; KMAP SED 8/1/2008

\*\* KHS Requirement - Provider Manual 1/2008