

# KDADS STANDARD POLICY

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|------------------------------------|---|---------------------------|-------------------|
| <b>Policy Name:</b>                | <b>Crisis Intervention</b>  | <b>Policy Number:</b>     | <b>E2017-058</b>  |
| <b>Commission:</b>                 | <b>Behavior Health Services</b>   | <b>Date Established:</b>  | <b>07/05/2016</b> |
| <b>Applicability:</b>              | Mental Health Services  | <b>Date Last Revised:</b> | 1/11/2017         |
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| <i>Revision History 01/11/2017</i> |   |                           |                   |

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## **Purpose**

This policy is intended to update the definition and requirements for the three levels of crisis intervention. Currently the Outpatient Mental Health KMAP manual requires revision. Once this policy is approved the aforementioned KMAP manual will be updated according to this policy.

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## **Summary**

There are three tiers of crisis intervention (CI) that are provided to individuals who are experiencing a psychiatric crisis and require assistance of another person to regulate their behavior. The three tiers are:

1. Basic Crisis Intervention
2. Intermediate Crisis Intervention
3. Advanced Crisis Intervention

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## **Entities/Individuals Impacted**

Managed Care Operations (MCO)  
Community Mental Health Centers (CMHC)  
Individuals served by a CMHC.

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## **Policy**

### **Eligibility Criteria**

- All individuals experiencing a serious psychological/emotional change that results in a marked increase in personal distress and exceeds the abilities and the resources of those involved to effectively resolve it are eligible for crisis intervention services. The intent of crisis intervention services is to give the level of intervention necessary to help stabilize the individual so a higher level of care is not necessary.
- An individual in crisis may be represented by a family member or other collateral contact who has knowledge of the individual's capabilities and functioning.

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- Individuals in crisis who require this service may be using substances, such as illegal substances or abusing medications. Substance use should be recognized and addressed in an integrated fashion as it may be contributing to the personal distress that exceeds the abilities and resources of the individual.

### Additional Service Criteria

- Services provided to children and youth must include coordination with family and significant others and, when feasible and appropriate with other systems of care such as education, juvenile justice, and child welfare. Coordination with other systems of care occurs mainly as a part of referral and follow-up after the crisis has been resolved. This coordination must be documented in the individual's chart.
- When the individual is unknown or new to the Community Mental Health Center (CMHC), the initial preliminary diagnostic and face to face assessment of risk, mental status, and medical stability must be completed by a Qualified Mental Health Profession (QMHP), or contractor(s) designated Licensed Mental Health Professional (LMHP) with experience regarding this specialized mental health service.
- The crisis plan developed from an assessment and all services delivered to the individual other than a QMHP or contractor(s) designated LMHP must be provided under the supervision of a QMHP or contractor(s) designated LMHP. In addition a QMHP/LMHP must be available at all times to provide back up, support, and/or consultation to non QMHP/LMHP staff providing crisis intervention services.

### Limitations/Exclusions

- MCOs shall be notified within 24 hours of admission if any of their assigned individuals receive crisis intervention services.
- Basic Crisis Intervention (H2011) – does not have a daily limit.
  - Re-evaluation for the need for crisis services is to be completed by a QMHP every 72 hours or more frequently as needed. Documentation of the re-evaluation shall be maintained in the medical record and shall be made available to the assigned MCO upon request.
- Intermediate Crisis Intervention (H2011 HK) – requires detailed documentation when more than 7 hours occur a day.
  - Re-evaluation for the need for crisis services is to be completed by a QMHP every 72 hours or more frequently as needed. Documentation of the re-evaluation shall be maintained in the medical record.

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- Advanced Crisis Intervention (H2011 HO) – requires detailed documentation when more than 3 hours occur a day.
  - Re-evaluation for the need for crisis services is to be completed by a QMHP every 72 hours or more frequently as needed. Documentation of the re-evaluation shall be maintained in the medical record.
- H2011 and H2011 HK are limited to a combined 72 continuous hours unless, through re-evaluation, a QMHP determines this level of care is further indicated. For individuals assigned to a MCO, after 72 continuous hours of crisis intervention services, if the current crisis is not anticipated to be resolved within 14 days, the MCO shall be notified and may require additional documentation to determine if additional services and continued services are justified.
- H2011 and H2011 HO are limited to a combined 72 hours, unless, through re-evaluation, a QMHP determines this level of care is further indicated. For individuals assigned to a MCO, after 72 continuous hours of crisis intervention services, if the current crisis is not anticipated to be resolved within 14 days, the MCO shall be notified and may require additional documentation to determine if additional services and continued services are justified.
- For the safety of the beneficiary and staff, H2011 may be billed concurrently with H2011 HK or H2011 HO within the first three hours (for a total of six hours). The need for this level of support must be documented in the beneficiary’s chart and be re-evaluated by a QMHP every 72 hours.
- The individual’s chart must document the cause for termination of the crisis services to either a restored level of functioning or a higher level of care.

**A. Basic Crisis Intervention H2011**

Basic Crisis Intervention (Basic CI) is a face-to-face intervention provided to an individual in crisis who requires assistance of another person for stabilization and support. Intervention activities include assistance with immediate crisis resolution and de-escalation, individual support and assistance with referral and linkage to appropriate community services to avoid more restrictive levels of treatment. All activities must occur within the context of a potential or actual psychiatric crisis. The goals of Basic CI are symptom reduction, stabilization, and restoration to a previous level of functioning.

**Components**

- Short-term crisis interventions including crisis resolution and de-briefing with and in support of the individual.
- Follow-up with the individual, and as necessary, with the individual’s caregiver and/or family members.

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### Provider Qualifications

- Must be at least 18 years old and at least three years older than an individual under the age of 18.
- Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training on the Kansas Train site. KDADS: Crisis Intervention (1065738).

### B. Intermediate Crisis Intervention H2011 HK

Intermediate Crisis Intervention (Intermediate CI) is a face-to-face intervention provided to an individual in crisis who requires the assistance of another person to regulate behavior and/or for stabilization. Intervention activities include a preliminary visual assessment to determine risk and ability to engage, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive or higher levels of care. All activities must occur within the context of a potential or actual psychiatric crisis. Intermediate CI may occur without the presence of a QMHP if the individual in crisis is engaged in services at a CMHC and has a crisis plan or if the individual is a frequent user of crisis services and methods for intervening have been identified in a crisis plan. The goals of Intermediate CI are symptom reduction, stabilization, and restoration to a previous level of functioning.

### Components

- A preliminary non-diagnostic assessment of risk, mental status, and medical stability, along with the need for further evaluation or other mental health services shall occur. This shall include contact with the individual, family members or other collateral contacts (e.g. caregiver, school personnel) with pertinent information for the purpose of determining the best possible interventions including effective supports.
- Short-term crisis interventions including crisis resolution and de-briefing with the individual.
- Follow-up with the individual, and as necessary, with the individual’s caregiver and/or family members.
- Consultation with a physician or with other providers to assist with the individual’s specific crisis or to assist with determining the need for a higher level of care.

### Provider Qualifications

- Have at least a Bachelor of Arts (BA) or Bachelor of Science (BS) degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education with one year of experience substituting for one year of education.

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- Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

### **C. Advanced Crisis Intervention H2011 HO**

Advanced Crisis Intervention (Advanced CI) is a face-to-face intervention provided to an individual in crisis who requires the assistance of another person to regulate behavior and/or for stabilization. This may be an individual who is an new client or existing client. Advanced CI may occur when assistance is needed to determine if a higher level of care is needed. Intervention activities include a preliminary diagnostic assessment including assessment of risk and mental status. The QMHP assessment and plan is to facilitate immediate crisis resolution and de-escalation. They will also determine if referral and linkage to appropriate community services to avoid more restrictive levels of treatment is the best intervention or if the individual needs a higher level of care. This service also includes contact with the individual, family member, or other collateral contacts (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. All activities must occur within the context of a potential or actual psychiatric crisis. The goals of Advanced CI are diagnosis, symptom reduction, stabilization, restoration to a previous level of functioning and when necessary triage to a higher level of care.

### **Components**

- A preliminary diagnostic assessment of risk, mental status, and medical stability, along with the need for further evaluation or other mental health services. Includes contact with the individual, family members or other collateral contacts (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.
- Short-term crisis goal interventions including crisis resolution and de-briefing with the individual.
- Follow-up with the individual, and as necessary, with the individual’s caregiver and/or family members.
- Consultation with a physician or with other providers to assist with the individuals’ specific crisis.

### **Provider Qualifications**

- Must be a QMHP as defined by the state plan or contractor(s) designated LMHP with experience regarding this specialized mental health service.

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- Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

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## II. Procedures

- Crisis Intervention is provided based on the assessed needs of the individual in crisis. The individual needs are assessed by a CMHC and identified in the individual’s chart.
- QMHP from a CMHC shall re-evaluate the need of crisis services for an individual every 72 hours or more frequently as needed.

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## III. Documentation

### B. Documentation

- The chart shall document the individual’s medical necessity for crisis intervention, crisis plan, treatment plan, re-evaluation for continued crisis intervention and coordination of services with the family and other system of care (i.e. education, juvenile justice, substance use provider, child welfare, etc.).
- Revaluation to justify continued need for crisis services shall document the specific needs to be addressed during a continuation of services and the specific services to be provided.

### C. Quality Assurance

- The MCO shall be responsible for ensuring quality assurance for crisis intervention. This may include reviewing charts, requesting additional information and monitoring services. The MCOs shall notify any CMHC of concerns related to crisis intervention and address any non-compliance issues as needed.

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## III. Definitions

**Collateral Contact** - A collateral contact is a source of information knowledgeable about individuals situation. The collateral contact typically either corroborates or supports information provided by household members. Collateral contacts provide a third-party validation of the individuals circumstances and help ensure correct eligibility determinations are made.

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**Licensed Mental Health Professional (LMHP)** – is an individual who is licensed in the State of Kansas to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license.

**Qualified Mental Health Profession (QMHP)** – a Master’s level clinician who is licensed by the Kansas Behavioral Sciences Regulatory Board and employed by a CMHC.

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**Authority**

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Kansas Medical Assistance Program Manual - Mental Health

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**Related Information**

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