**Kansas Guidelines**

**Advanced Crisis Intervention**

### Definition

Advanced Crisis Intervention is provided to an individual who is experiencing a psychiatric crisis and is designed to interrupt and/or ameliorate a crisis experience. Advanced Crisis Intervention is provided to individuals who require the assistance of another person to regulate behavior. The goals of Advanced Crisis Intervention are symptom reduction, stabilization and restoration to a previous level of functioning. Activities include a preliminary assessment of risk (which may include an assessment of mental status and the need for further evaluation or other mental health services), immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. This service also includes contact with the client, family member, 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. All activities must occur within the context of a potential or actual psychiatric crisis. Advanced Crisis Intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the individual lives, works, attends school or socializes. Advanced Crisis Intervention may occur when assistance is needed to stabilize a person prior to an emergent screen, during a screen or immediately following a screen. This level of intervention includes a clinician utilizing specific treatment interventions such as cognitive behavioral therapeutic techniques that only a clinician can provide.

### Components

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<td>1.</td>
<td>A preliminary assessment of risk, mental status, medical stability, and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g., caregiver or 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.</td>
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<td>2.</td>
<td>Short-term crisis interventions, including crisis resolution and debriefing with the identified Medicaid-eligible member</td>
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<td>3.</td>
<td>Follow-up with the individual, and as necessary, with the individual’s caretaker and/or family members</td>
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<td>4.</td>
<td>Consultation with a physician or with other providers to assist with the individuals’ specific crisis</td>
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### Provider Qualifications

- Be a Qualified Mental Health Professional (QMHP) as defined by the state plan or Licensed Mental Health Practitioner (LMHP) with experience regarding this specialized mental health service and practicing within the scope of their professional license
- Be certified in the state of Kansas to provide the service, which includes criminal, abuse/neglect registry, professional background checks and completion of a state-approved standardized basic training program

### Eligibility Criteria

- 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 resources of those involved to effectively resolve it are eligible.

All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations, benefits and formularies.

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Kansas Guidelines
Advanced Crisis Intervention

- 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.
- 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 and increase the need for engagement in care.

**Limitations/Exclusions**

- For the safety of the member and staff, H2011 can be billed concurrently with H2011(HK) and H2011(HO). Medical necessity for this level of support must be documented in the member’s medical chart.
- Advanced Crisis Intervention requires detailed documentation when more than three hours occur a day.
- Re-evaluation for the need of crisis services is to be completed by a QMHP every 72 hours or more frequently as needed. Documentation of the re-evaluation should be maintained in the medical record.

**Allowed Modes(s) of Delivery**

- Individual
- Onsite
- Offsite

**Additional Service Criteria**

1. Services provided to children and youth must include coordination with family and significant others and with other systems of care such as education, juvenile justice and child welfare. This coordination must be documented in the youth’s medical record.
2. The initial preliminary assessment of risk, mental status and medical stability must be completed by a QMHP or LMHP with experience regarding this specialized mental health service and practicing within the scope of his or her professional license. The crisis plan developed from this assessment and all services delivered during a crisis must be provided under the supervision of a QMHP or LMHP with experience regarding this specialized mental health service. A QMHP or LMHP must be available at all times to provide backup, support and/or consultation.
3. Crisis services cannot be denied based on substance use. Substance use should be recognized and addressed in an integrated fashion with the member’s KanCare health plan. This coordination must be documented in the individual’s treatment plan.
4. The Crisis Intervention provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a QMHP or LMHP with experience regarding this specialized mental health service.

To bill for Crisis Intervention — Advanced, submit the following procedure code:

- H2011 HO

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