

Kansas Medicaid Utilization Management Guidelines

Subject: Advanced Crisis Intervention

Current Effective Date: 01/26/2011

Status: Active

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Description

Advanced Crisis Intervention (CI) is provided to an individual who is experiencing a psychiatric crisis and are 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. All activities must occur within the context of a potential or actual psychiatric crisis

Activities include a preliminary assessment of risk, 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, and/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:

1. A preliminary assessment of risk, mental status, and 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, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health or substance use disorder services at an appropriate level.
2. Short-term crisis interventions including crisis resolution and de-briefing with the identified Medicaid eligible Member.
3. Follow-up with the individual, and as necessary, with the individual's caretaker and/or family members.
4. Consultation with a physician or with other providers to assist with the individuals' specific crisis.

Clinical Indications

Eligibility Criteria:

- All individuals experiencing a serious psychological/emotional change that results in a marked increase in personal distress and exceeds the abilities and resources of those involved to effectively resolve it are eligible for CI services. The intent of CI 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 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 since it may be contributing to the personal distress that exceeds the abilities and resources of the individual.

State of Kansas Definition of Medical Necessity:

- Medical Necessity means that a clinical intervention for an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:
 - Authority
 - Purpose
 - Scope
 - Evidence
 - Value

Additional Service Criteria:

1. 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. This coordination must be documented in the individual's chart.
2. When the individual is unknown or new to the CMHC, the initial preliminary diagnostic and face-to-face assessment of risk, mental status, and medical stability must be completed by a QMHP or contractor-designated LMHP with experience regarding this specialized mental health service.
3. The crisis plan developed from the assessment and all the services delivered to the individual by anyone other than a QMHP or contractor-designated LMHP must be provided under the supervision of a QMHP or contractor-designated LMHP. In addition, a QMHP or LMHP must be available at all times to provide back up, support, and/or consultation to the supporting staff member who is not a QMHP or LMHP and is providing CI services.
4. Crisis services cannot be denied based upon substance use. Substance use should be recognized and addressed in an integrated fashion with the statewide substance abuse contractor. This coordination must be documented in the individual's treatment plan.

Coding

- H2011 HO

Discussion/General Information

Allowed Modes(s) of Delivery:

- Individual
- On-site
- Off-site

Limitations/Exclusions:

- The appropriate MCO(s) shall be notified for any of their assigned individuals after 72 hours of crisis stabilization services have been provided and it has been determined additional crisis services are required in order to resolve the current crisis. CI services include residential stabilization services as well as placement in facilities offering short-term crisis stabilization beds.

Advanced Crisis Intervention (H2011HO) requires detailed documentation when it is provided more than 3 hours a day.

- H2011 and H2011HO 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 an 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 Member and staff, H2011 can be billed concurrently with H2011(HK) and H2011(HO) for up to three hours. Medical necessity for this level of support must be documented in the individual's chart.
- 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.

Provider qualifications:

- Must be a QMHP as defined by the state plan or designated LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license.
- 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.

Definitions

Outpatient treatment: A mental health professional licensed to practice independently provide care to members in an outpatient setting, usually an office. Services may be provided individually, as family therapy, or to a group of people. A wide range of behavioral health disorders of varying severity and chronicity can respond to outpatient treatment.

References

Kansas Medicaid Assistance Program (KMAP) Manual: Mental Health Services pg. 8-12 through 8-16.
KDADS Policy E2017-058 Crisis Intervention

Websites for Additional Information

https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Mental_Health_11302017_17196.pdf

https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/policies_regulations/e2017-058---crisis-intervention.pdf?sfvrsn=0

History

Status	Date	Action
Approved	5/24/18	Approved by MOC