

#	Category	Standard- Crisis Intervention	Notes/Comments
1	Service Definition/ Required Components	<p>This service provides crisis response on-site at the provider's office to provide an immediate evaluation, triage and access to acute behavioral health services including treatment and supports to effect symptom reduction, harm reduction or to safely transition persons in acute crises to appropriate least restrictive level of care.</p> <p>Kentucky Medicaid State Plan Amendment Definition:  <b>Crisis Intervention</b> shall be a therapeutic intervention provided for the purpose of immediately reducing or eliminating risk of physical or emotional harm to the client, or others. This service shall be provided as an immediate relief to the presenting problem or threat. It must be followed by non-crisis service referral as appropriate. It must be provided in a face-to-face, one-on-one encounter between the provider and the client. Crisis intervention may include further service prevention planning such as lethal means reduction for suicide risk and substance use relapse prevention.</p>	
2	Staffing Requirements	<p><u>Authorized Providers</u>  Rendering Practitioners practicing as an individual practitioner, a provider group, or as part of a licensed organization (all practitioners listed can practice within each of the three settings, unless otherwise indicated).</p> <ul style="list-style-type: none"> <li>• Licensed Psychologist (LP)</li> <li>• Licensed Psychological Associate (LPA)*</li> <li>• Licensed Psychological Practitioner (LPP)</li> <li>• Licensed Certified Drug and Alcohol Counselor (LCADC)</li> <li>• Licensed Certified Drug and Alcohol Counselor Associate (LCADCA)*</li> <li>• Licensed Clinical Social Worker (LCSW)</li> <li>• Certified Social Worker, Master Level (CSW)*</li> <li>• Licensed Professional Clinical Counselor (LPCC)</li> <li>• Licensed Professional Counselor Associate (LPCA)*</li> <li>• Licensed Professional Art Therapist (LPAT)</li> <li>• Licensed Professional Art Therapist Associate (LPATA)*</li> <li>• Licensed Marriage and Family Therapist (LMFT)</li> <li>• Marriage and Family Therapy Associate (MFTA)*</li> <li>• Physician</li> <li>• Psychiatrist</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Physician Assistant (PA) working under the supervision of a Physician*</li> <li>• Certified Alcohol and Drug Counselor (CADC) practicing within a licensed organization*</li> </ul>	

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		<p>*Billed through Supervisor</p> <p><u>Billing Providers</u></p> <ul style="list-style-type: none"> <li>• Individual Practitioners <ul style="list-style-type: none"> <li>○ LP</li> <li>○ LPP</li> <li>○ LCSW</li> <li>○ LPCC</li> <li>○ LPAT</li> <li>○ LMFT</li> <li>○ LCADC</li> <li>○ Physician</li> <li>○ Psychiatrist</li> <li>○ APRN</li> </ul> </li> <li>• Provider Groups <ul style="list-style-type: none"> <li>○ LP</li> <li>○ LPP</li> <li>○ LCSW</li> <li>○ LPCC</li> <li>○ LPAT</li> <li>○ LMFT</li> <li>○ LCADC</li> <li>○ Physician</li> <li>○ Psychiatrist</li> <li>○ APRN</li> </ul> </li> <li>• Licensed Organizations</li> </ul>	
3	Supervision Requirements	A supervising professional shall be available for consultation when non-licensed staff is providing services. Supervision shall be provided by a licensed professional.	Clinical supervision: <ul style="list-style-type: none"> <li>• May occur individually or in a small group; and</li> <li>• Shall be focused on the client's treatment and review of progress toward goals.</li> </ul>
4	Admission Criteria	The individual is eligible for this service when the following criteria are met: <ul style="list-style-type: none"> <li>A. The individual or family is experiencing an acute, immediate crisis; the individual or family has insufficient or severely limited resources or skills necessary to cope with the immediate crisis;</li> </ul>	

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		<p>B. The individual or family members evidence impairment of judgment, impulse control, cognitive or perceptual disabilities;</p> <p>C. The individual is intoxicated or in withdrawal, in need of substance use disorder treatment, and unable to access services without immediate assistance.</p> <p>Crisis intervention is available for individuals of all age groups to restore an individual to their previous level of functioning.</p>	
5	Program Planning and Documentation	<p>Crisis Intervention involves all supports and services necessary to provide integrated Crisis Assessment, Crisis Prevention Planning, Intervention, and Continuity of Care Recommendations.</p> <p>Crisis Intervention begins with a <u>crisis assessment</u>, which includes identification of presenting problem, current mental status, and a risk assessment that identifies the client's personal and environmental factors that may increase risk of suicide and/or violence.</p> <p>When a crisis assessment reveals potential medication issues that need to be addressed immediately, the provider shall assist with connecting the client with his or her prescriber or another community resource.</p> <p>Intervention primarily involves psychotherapy with an individual or family to restore an individual to his or her previous level of functioning and to minimize the potential for psychological trauma. It also includes mobilization of resources to defuse the crisis and restore safety, identification and development of a natural support system</p> <p>Crisis Intervention includes <u>crisis prevention planning</u> to reduce an individual's distress, the incidence of first-time crisis, and recurring crises. Crisis prevention supports and services should be specified in an individual's Crisis Prevention Plan. The Crisis Prevention Plan identifies resources and alternative coping strategies to assist individuals and families feel more in control and identify options that are compatible with their particular situation. Access to lethal means should be assessed, including firearms, prescription and over-the-counter medications, alcoholic beverages, poisons, and knives. Crisis Intervention providers must develop a Crisis Prevention Plan before discharge (unless the individual is transferred to a higher level of care). The Crisis Prevention Plan should be provided to the individual, caregivers (if appropriate), and any agencies that may provide ongoing treatment and supports after the crisis has been stabilized. For individuals who already have a Crisis Prevention Plan developed, the existing Crisis Prevention Plan components should be reviewed and revised as needed.</p> <p><u>Continuity of care recommendations</u> will be offered based on the person's treatment and support needs. Continuity of care recommendations are not limited to, but may include, the following:</p> <ul style="list-style-type: none"> <li>• Referral to outpatient assessment and treatment;</li> <li>• Referral to partial hospitalization program;</li> </ul>	<p>Crisis Interventions are provided that are appropriate for the client's phase of life and development, specifically considering what is appropriate for children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment. Specifically, when treating children and adolescents, practitioners shall provide evidenced-based services that are developmentally appropriate, youth guided, and family/caregiver driven with respect to children and adolescents. When treating adults, the individual client's desires and functioning are considered and appropriate evidence-based treatments are provided. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered and appropriate evidence-based treatments are provided. These treatments are delivered by staff with specific training in treating the segment of the population being served.</p> <p><u>Follow-Up Services</u> For individuals with any elevated suicide risk, best practice is to provide follow-up contact within 24 hours. Follow-up</p>

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		<ul style="list-style-type: none"> <li>• Referral for continued work with current Case Manager, and/or other treatment providers to address unmet needs;</li> <li>• Referral for medical and non-medical detoxification services;</li> <li>• Recommendations to individualized treatment plan;</li> <li>• Referral for evaluation for hospitalization;</li> <li>• Residential crisis stabilization;</li> <li>• Outpatient crisis stabilization support;</li> <li>• In-home supports;</li> <li>• Support and involvement by family members, peers, and other natural supports;</li> <li>• Referral to local peer services, support groups, warm lines, and other resources (e.g., NAMI Kentucky, Kentucky Partnership for Families and Children, People Advocating Recovery, AA, etc.) as appropriate.</li> <li>• Peer services that might be considered include: peer-run drop-in centers, peer crisis support services, peer bridge services to assist individuals transition between residential or inpatient settings to the community, peer trauma support, peer support for older adults or youth, and other peer recovery services.</li> </ul>	<p>services can be telephone call(s) or face-to-face contact(s) between crisis staff and the individual following crisis intervention to ensure the safety of the individual until treatment begins and/or the crisis is alleviated. Follow-up services can include crisis services staff contacting the individual only one time or can include several contacts per day for several days, as deemed appropriate by crisis staff. A follow-up appointment should be made.</p> <p>Clients with a history of recurring crises or at high risk of hospitalization or future crises should be educated about Advance Directives, KRS 202A.420 to 202A.432.</p>
6	Continued Stay Criteria	Client continues to meet admission criteria.	
7	Discharge Criteria	<p>Any of the following criteria are sufficient for discharge from this level of care.</p> <p>A. The client has regained their baseline level of functioning.</p> <p>B. A plan for continued services at a higher or lower level of care has been implemented.</p> <p>C. The individual/family concur that the crisis has subsided.</p>	
8	Service Setting	<p>The agency provides a safe, functional, clean, and welcoming environment for clients and staff, conducive to the provision of services.</p> <p>For Crisis Intervention services covered by the Kentucky Medicaid State Plan Amendment:</p> <ul style="list-style-type: none"> <li>• On-site at the provider's office; and</li> <li>• In a face-to-face, one-on-one encounter between the provider and the recipient.</li> </ul>	Documentation shall include site of service.
9	Service Limitations and Exclusion	<p>Per the Kentucky Medicaid State Plan Amendment, the following services will NOT be covered by Medicaid:</p> <ul style="list-style-type: none"> <li>• Services provided to residents of nursing facilities.</li> <li>• Services provided to inmates of local, state or federal jails, detention centers or prisons.</li> <li>• Services to those with developmental and intellectual disabilities, without documentation of a psychiatric diagnosis.</li> <li>• Telephone calls, emails, texts or other electronic contacts (exclusive of billable telehealth</li> </ul>	

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		<p>interventions authorized in Medicaid regulations).</p> <ul style="list-style-type: none"> <li>• Travel time.</li> <li>• Field trips, recreational, social, and physical exercise activity groups.</li> <li>• Provider performance of household tasks, chores, or related activities, such as laundering clothes, moving the recipient's household, housekeeping, and grocery shopping for the recipient.</li> <li>• Time spent "on call" and not delivering services to recipients.</li> <li>• Job specific skills services such as on the job training.</li> <li>• Outreach services to potential recipients.</li> <li>• Room and board.</li> <li>• Crisis response services by a hospital or residential facility to a recipient of that facility.</li> </ul>	
10	Unit of Service	<p>Crisis Intervention Service (Per 15 minutes)            Psychotherapy for Crisis (First 60 minutes)            Psychotherapy for Crisis (Add-on for each additional 30 minutes)</p>	
11	Service Codes	<p>HCPCS: H2011 – Crisis Intervention Service (Per 15 minutes)            DBHDID Service Code: 200            CPT: 90839 - Psychotherapy for Crisis (First 60 minutes)            CPT: 90840 - Psychotherapy for Crisis (Add-on for each additional 30 minutes)</p>	
12	Program Evaluation and Quality Improvement	<p>Providers shall evaluate on a regular basis their crisis intervention service's performance in safety, quality and effectiveness.</p>	<p>Best practice is to also review referral sources on a regular basis for safety, quality, and effectiveness of services provided.</p>
13	Program Principles	<p><u>Kentucky Emergency Services Guiding Principles</u></p> <ul style="list-style-type: none"> <li>• Respect: Emergency services programs and staff:             <ul style="list-style-type: none"> <li>○ Respect the needs and wishes of each person in crisis; and</li> <li>○ Value and protect the rights, privacy, and confidentiality of each person in crisis, unless the person presents an imminent risk and confidentiality would compromise the required intervention; and</li> <li>○ Consider the strengths and resources of the person in crisis, the family, and the community; and</li> <li>○ Collaborate with others involved with the person in crisis, whenever appropriate and possible.</li> </ul> </li> <li>• Timeliness: Quick response times are a critical feature of an effective behavioral health emergency system.</li> <li>• Least Restrictive Setting: Emergency services preserve community placement whenever possible</li> </ul>	

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