Arkansas Medicaid RSPMI Crisis Services

March 9, 2016
Presented by Shelly Rhodes
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SERVICE: Crisis Intervention

**DEFINITION:** Unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services are designed to stabilize the person in crisis, prevent further deterioration, and provide immediate indicated treatment in the least restrictive setting. (These activities include evaluating a Medicaid-eligible beneficiary to determine if the need for crisis services is present.)

**DAILY MAXIMUM OF UNITS THAT MAY BE BILLED:** 12

**YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED without extension:** 72

**ALLOWABLE PLACES OF SERVICE:** Office (11); Beneficiary's Home (12); Nursing Facility (32); Skilled Nursing Facility (31); School (03); Homeless Shelter (04); Assisted Living Facility (13); Group Home (14); ICF/MR (54); Other Locations (99)

**AGE GROUP(S):** Ages 21 and over; U21
DOCUMENTATION REQUIREMENTS (See Section 226.200 for additional requirements):

- Date of Service
- Start and stop time of actual encounter with beneficiary and possible collateral contacts with caregivers or informed persons
- Place of service (If 99 is used, specific location and rationale for location must be included)
- Specific persons providing pertinent information in relationship to beneficiary
- Diagnosis and synopsis of events leading up to crisis situation
- Brief mental status and observations
- Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation, OR rationale for crisis intervention activities utilized
- Beneficiary's response to the intervention that includes current progress or regression and prognosis
- Clear resolution of the current crisis and/or plans for further services
- Development of a clearly defined crisis plan or revision to existing plan
- Staff signature/credentials/date of signature(s)
NOTES and COMMENTS: A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm or in which to prevent significant deterioration of the beneficiary’s functioning.
Crisis Stabilization Intervention
SERVICE: Crisis Stabilization Intervention, Mental Health Professional

DEFINITION: Scheduled face-to-face treatment activities provided to a beneficiary who has recently experienced a psychiatric or behavioral crisis that are expected to further stabilize, prevent deterioration and serve as an alternative to 24-hour inpatient care. Services are to be congruent with the age, strengths, needed accommodation for any disability and cultural framework of the beneficiary and his/her family.

DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 12

YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED without extension: 72

ALLOWABLE PLACES OF SERVICE: Office (11); Beneficiary’s Home (12); School (03); Homeless Shelter (04); Assisted Living Facility (13); Group Home (14); Other Locations (99)

AGE GROUP(S): U21
252.110 Outpatient Procedure Codes (Continued)

DOCUMENTATION REQUIREMENTS (See Section 226.200 for additional requirements):

- Date of service
- Start and stop time of actual encounter with beneficiary
- Place of service (When 99 is used, specific location and rationale for location must be included)
- Diagnosis and pertinent interval history
- Brief mental status and observations
- Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation, OR rationale for crisis intervention activities utilized
- Beneficiary’s response to intervention that includes current progress or regression and prognosis
- Any changes indicated for the master treatment plan, diagnosis or medication(s)
- Plan for next session, including any homework assignments
- Staff signature/credentials/date of signature(s)
NOTES and COMMENTS: A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm or in which to prevent significant deterioration of the beneficiary’s functioning.
SERVICE: Crisis Stabilization Intervention, Mental Health Paraprofessional

DEFINITION: Scheduled face-to-face treatment activities provided to a beneficiary who has recently experienced a psychiatric or behavioral crisis that are expected to further stabilize, prevent deterioration and serve as an alternative to 24-hour inpatient care. Services are to be congruent with the age, strengths, needed accommodation for any disability and cultural framework of the beneficiary and his/her family.

DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 12

YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED without extension: 72

ALLOWABLE PLACES OF SERVICE: Office (11); Beneficiary’s Home (12); School (03); Homeless Shelter (04); Assisted Living Facility (13); Group Home (14); Other Locations (99)

AGE GROUP(S): U21
DOCUMENTATION REQUIREMENTS (See Section 226.200 for additional requirements):

• Date of service

• Start and stop time of actual encounter with beneficiary

• Place of service (When 99 is used, specific location and rationale for location must be included)

• Diagnosis and pertinent interval history

• Behavioral observations

• Consult with MHP or physician regarding events that necessitated this service and the review of the outcome of the intervention

• Intervention used must coincide with the master treatment plan, psychiatric advance directive or crisis plan which must be documented and communicated to the supervising MHP

• Beneficiary’s response to intervention that includes current progress or regression

• Plan for next session, including any homework assignments

• Staff signature/credentials/date of signature(s)
NOTES and COMMENTS: A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm or in which to prevent significant deterioration of the beneficiary’s functioning.

Supervision by a Mental Health Professional must be documented and addressed in personnel files in accordance with the agency’s policies, quality assurance procedures, personnel performance evaluations, reports of supervisors or other equivalent documented method of supervision.
### Crisis Intervention vs. Crisis Stabilization Intervention

<table>
<thead>
<tr>
<th>Crisis Intervention</th>
<th>Crisis Stabilization Intervention</th>
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<tbody>
<tr>
<td>Unscheduled</td>
<td>Scheduled</td>
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<td></td>
<td>Must have been a recent psychiatric or behavioral crisis</td>
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<td>Immediate short-term</td>
<td>Expected to further stabilize, prevent deterioration, and serve as an alternative to 24-hour inpatient care</td>
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<tr>
<td>Treatment activities due to psychiatric or behavioral crisis</td>
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<tr>
<td>Can only be provided by MHP</td>
<td>May be provided by MHP or MHPP, depending on medical necessity</td>
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A Crisis Intervention service must be performed before any Crisis Stabilization Intervention Service may be ordered or billed.
## Crisis Service Limitation

<table>
<thead>
<tr>
<th>Service</th>
<th>Daily Limit</th>
<th>Annual Limit</th>
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<tbody>
<tr>
<td>Crisis Intervention</td>
<td>12 Units</td>
<td>72 Units</td>
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<tr>
<td>Crisis Stabilization Intervention by MHP</td>
<td>12 Units</td>
<td>72 Units</td>
</tr>
<tr>
<td>Crisis Stabilization Intervention by MHPP</td>
<td>12 Units</td>
<td>72 Units</td>
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Extension of Benefits (EOB) may be requested.
Medicaid Beneficiaries will be limited to a maximum of eight hours per 24 hour day of outpatient services with the exception of Crisis Intervention, Crisis Stabilization Intervention by Mental Health Professional and Crisis Stabilization Intervention by Mental Health Paraprofessional. Beneficiaries will be eligible for an extension of the daily maximum amount of services based on a medical necessity review by the contracted utilization management entity (See Section 231.100 for details regarding extension of benefits).
Prior Authorization is required for certain services provided to Medicaid-eligible individuals. Extension of benefits is required for all other services when the maximum benefit for the service is exhausted. Yearly service benefits are based on the state fiscal year running from July 1 to June 30. Extension of Benefits is also required whenever a beneficiary exceeds eight hours of outpatient services in one 24-hour day, with the exception of crisis intervention, crisis stabilization intervention by a mental health professional, and crisis stabilization intervention by paraprofessional.
What is a Crisis?
What defines a crisis?

“A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm or in which to prevent significant deterioration of the beneficiary’s functioning.”
Crisis-based interactions are, by default, unplanned or unpredictable contacts outside the established treatment plan.

In addition, to meet the criteria of “crisis”, the individual will require assistance that cannot be delayed or diverted.

Many direct service providers erroneously label predicted or expected behaviors as a crisis.

Most crisis events are actually predictable events that are not addressed in the treatment planning process. In addition, if a behavior occurs frequently (more than two or three times), it is by default, not a crisis, but rather a predictable behavior that requires an intervention.

Most of these mislabeled events will probably fall under the activity of treatment plan development (e.g., need to revise plan to address ongoing behavior) or service delivery (e.g., relapse prevention or planned assertive outreach due to a relapse).
What is not a crisis?

- Running out of cigarettes, drugs, and/or alcohol
- Having electricity, water, or gas shut off due to non-payment of bill
- Nervous during tornado warning
- Being homeless
- Wanting medication changed
- Getting in a fight at school
- Parents need a break from child
A crisis must occur

Actual encounter with beneficiary by a MHP must occur (Crisis Intervention)

MHP develops a clearly defined crisis plan or revision to an existing plan

If medically necessary, MHP adds specific, time-limited Crisis Stabilization Intervention Services to the crisis plan, MTP addendum, or revised MTP as per agency policy. Crisis Stabilization Intervention Services must be ordered as indicated by physician dated signature.
# 217.111 Procedure Codes Not Requiring Referral for Beneficiaries Under Age 21

Services designated by the following procedure codes and modifiers do not require PCP referral:

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<tbody>
<tr>
<td>A</td>
<td>90801</td>
<td>Mental Health Evaluation/Diagnosis</td>
</tr>
<tr>
<td>B</td>
<td>90885</td>
<td>Master Treatment Plan</td>
</tr>
<tr>
<td>D</td>
<td>H2011</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>E</td>
<td>T1023</td>
<td>Psychiatric Diagnostic Assessment-Initial</td>
</tr>
<tr>
<td>G</td>
<td>T1023</td>
<td>Psychiatric Diagnostic Assessment – Continuing Care</td>
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SERVICE: Mental Health Evaluation/Diagnosis (Formerly known only as Diagnosis)

DEFINITION: The cultural, developmental, age and disability - relevant clinical evaluation and determination of a beneficiary's mental status; functioning in various life domains; and an axis five DSM diagnostic formulation for the purpose of developing a plan of care. **This service is required prior to provision of all other mental health services with the exception of crisis interventions.** Services are to be congruent with the age, strengths, necessary, accommodations for disability, and cultural framework of the beneficiary and his/her family.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Should we put crisis services in our treatment plans or 90-day reviews, just in case we need them?</td>
<td>Crisis Services should only be included in the Master Treatment Plan or Periodic Review of Master Treatment Plan if there is documented medical necessity for this/these services in the individual beneficiary’s clinical record.</td>
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<td>Question</td>
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<td>Does the MHP always have to document when a crisis occurs?</td>
<td>Yes. Documentation of crisis services shows medical necessity for increased service provision including Crisis Stabilization intervention services. It also can provide clinical documentation of ongoing medical necessity for continued RSPMI services.</td>
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### Frequently Asked Questions?

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<thead>
<tr>
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<th>Answer</th>
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<tbody>
<tr>
<td>Does the MHP always have to do a crisis plan when a crisis occurs?</td>
<td>Yes, if further treatment in the form of Crisis Stabilization Intervention is medically necessary. No, if the crisis has been resolved by the MHP or if Crisis Stabilization Services are not medically necessary?</td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>Do we have to change the treatment plan when a crisis occurs?</td>
<td>Only if the nature of the crisis is going to result in a change in treatment modality, intensity, or approach.</td>
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<tr>
<td>Question</td>
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<td>Do we have to have a separate form to document crisis services?</td>
<td>No. However, all the elements required by the service definitions for Crisis Intervention and Crisis Stabilization Intervention Services must be contained in the progress note or form used to document the service. Documentation should clearly support the service provided.</td>
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Thank you