

**NC Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services  
CAP-MR/DD Service**

**Title: Crisis Services (revised 5-09)**

**Service Definition:**

Crisis Services provide one additional staff person, who is trained in behavior techniques, the participant's person centered plan and the crisis plan, to provide services for the participant, as needed during an acute crisis situation so that the participant can continue to participate in his/her daily routine and/or residential setting without interruption.

Crisis Services is an immediate intervention available, 24 hours per day, 7 days per week to support other direct care staff, family members or primary caregivers. By providing this service, an imminent institutional admission may be avoided while protecting the person from harming themselves or others. Crisis Services staff will support the implementation of the crisis intervention component/crisis plan of the formal behavior intervention program developed by a professional who has expertise and experience in the development and monitoring of a behavior plan for individuals who are exhibiting challenging behaviors.

Crisis Services are to be rendered for periods up to **14 calendar day increments**. After any crisis event it is expected that recommendations and changes, as needed, be made to the intervention program and crisis plan/Person Centered Plan, within five business days. After the tenth (10<sup>th</sup>) day the team will reconvene to determine what additional steps need to be taken to de-escalate the crisis or prevent the crisis from reoccurring. In circumstances requiring Crisis Services beyond the 14 day authorization justification for the extended service must include the outcomes from the team to outline the additional steps needed to de-escalate the crisis or prevent the crisis from reoccurring. Submission of a revision must include this information. If the acute situation requires Crisis Services for more than 60 days a second level clinical review by designated DMH/DD/SAS staff in addition to statewide utilization vendor must occur.

**Service Limitation:**

This service may not duplicate Behavior Consultation, level 1-3. Services are to be provided in the participant's residence or other naturally occurring environment in the community.

Crisis Services may be authorized for periods of **up to 14 calendar day** increments. Authorization of this service will be valid for 60 days. In circumstances requiring Crisis Services beyond 60 days a second level clinical review by designated DMH/DD/SAS staff in addition to the statewide utilization review vendor is required for authorization. Crisis services can not exceed 2016 hours for the waiver year.

**Staff Qualifications:**

- Individuals providing Crisis Services must meet the following staffing requirements:
- Must meet the requirements of a para-professional in 10A NCAC 27G .0100-.0200
  - Have experience in the field of developmental disabilities of at least one year

## NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

### CAP-MR/DD Service

- Be supervised by a qualified professional at the bachelor level in 10A NCAC 27G .0100-.0200 who has completed a training course in crisis intervention with successful completion of a learning assessment at the conclusion of the course
- Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the plan of care.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training. Staff must have a high school diploma or GED.
- Direct care staff must have a criminal record check A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200.
- If providing transportation, have a North Carolina other valid driver's license and a safe driving record and has an acceptable level of automobile liability insurance.

### **Documentation:**

Documentation requirements as indicated in the *Records Management and Documentation Manual for Providers of Publicly-Funded MH/DD/SA services, CAP/MR-DD, and Local Management Entities*, which can be located at;

<http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/index.htm>

Specific documentation requirements are as outlined in, the *Records Management and Documentation Manual for Providers of Publicly-Funded MH/DD/SA services, CAP/MR-DD, and Local Management Entities; Contents of a Service Note*.

Crisis Services will be documented by a service note. Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

The completion of a service note to reflect services provided shall be documented within 24 working hours.

**Service Order Requirements:** Service must be ordered by the Targeted Case Manager (QP).

**Billing:** Service is to be billed per 15 minute unit.

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**Service Type:** Periodic

**Provider Qualifications:**

Crisis Services must be delivered by practitioners employed by, or under contract with mental health, developmental disabilities or substance abuse provider organizations that:

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation (11-09) or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.

**Additional Guidance:** Crisis is defined as a situation or period in which things are very uncertain, difficult, or painful, especially a time when action must be taken to avoid complete disaster or breakdown. Crisis services are used in this type of situation to give the planning team an opportunity to review the situation and develop strategies for de-escalating the crisis. Crisis services are not used in situations that are routine or normal for that participant and a second staff is needed to address the situations. Case Managers must submit the number of Crisis Service hours previously used in the current waiver year when requesting this service.