

[Crisis \(pdf\)](#)

1. When a consumer is placed at our Crisis Residential site to deflect a psychiatric hospitalization and they go into a crisis at our Crisis Residential site and crisis intervention was provided. Is Crisis Intervention a billable service while the client is in Crisis Residential? If not, what about using CSI?

Answer: Assuming this is not SASS related and the consumer is having a psychiatric crisis, then yes, Crisis Intervention Services would be billable.

2. If you render service to someone in a crisis situation what information is needed in order to get paid for that service? Sometimes it is hard to get a lot of information so what is the minimum information that will be accepted?

Answer: Please see Rule 132 for specific requirements for crisis services.

3. Many of our adolescent clients are seen at their schools. If an agency clinician is asked to speak with a child in crisis and the clinician provides crisis intervention services to the client, however the client then transfers from the school or is not available/willing to complete a mental health assessment or tx plan, can the clinician still bill for the crisis intervention services provided to that client?

Answer: Crisis intervention services may be provided without a mental health assessment or treatment plan. Crisis services are defined by Rule 132 as: "interventions to stabilize a client in a psychiatric crisis to avoid more restrictive levels of treatment and that have the goal of immediate symptom reduction, stabilization and restoration to a previous level of role functioning. A crisis is defined as a deterioration in the level of role functioning of the client within the past 7 days or an increase in acute symptomatology."

4. This question really pertains more to our children's services. Many times during a crisis, the child will be working with one case worker and the parent may be working with another staff at the exact same time. For SASS, this would be the Family Resource Staff that is required for SASS. So, there would be billing occurring for the child, but 2 different services at the same time. How would this be in terms of double billing?

Answer: There may be two services provided at the same time. It must be clearly documented that they are provided by different staff and that both are for the benefit of the client.

5. If we bill crisis intervention services for a dually-diagnosed MH/DD client who resides in one of our DD residential CILAs and attends DT, must the client's file meet all the same guidelines in terms of the required elements in the MHA, ITP, and the link between them, etc., even though crisis intervention is not required to be in the ITP?

Answer: First, it is important to note that Rule 132 crisis services are for psychiatric crises only. Second, if someone regularly experiences crises, it would be good clinical practice to do a mental health assessment and develop an individual treatment plan to provide services which will reduce such episodes and assist the client in recovery. Therefore, while an MHA and ITP are not required to bill for an instance of crisis intervention, this should not become common practice for someone who is regularly in crisis.

6. We are trying to figure out what to bill for SASS staffings done prior to the mental health assessment. Our Rule 132 guru has said that only case management-mental health, crisis intervention, and pre-hospitalization screenings can be billed prior to mental health assessments. However, there was some thinking that other services may be billable prior to the MHA for SASS clients.

Answer: Only the services you list are billable prior to completion of the mental health assessment.

7. I have a new client for whom I have not completed mental health assessment or treatment planning. His mother came in on a Monday upset about a situation that happened on Saturday. She explained that her son had tried to break up with his girlfriend and she threatened suicide

and jumped out of the car. She was upset about her son having to deal with this and feeling like he can't break up with her or she will kill herself. She was asking what liability he would have in that situation if she were to get hurt and how he could handle this situation in the future. I encouraged her to tell him to call the crisis line at the time so that we can get her the help that she needs. The girlfriend has contacted us for services but is not following through. This is the second time this has happened with her (spending at least 30 minutes each time talking with her) and I am not sure if this is a billable service or to what it could be billed as.

Answer: If the service is provided to the girlfriend and it seems that she has an MI diagnosis and is having a psychiatric crisis, then service is and can be claimed as crisis. However, discussing possible ways of handling someone else's crisis with the mother of your client is not billable.

8. Will administration of the identified child tool/CAFAS be billable when finalized? Clients aged 18-20 yrs old who present for hospitalization must be assessed by SASS in order to be hospitalized - will SASS get paid?

Answer: The provider can bill for CAFAS as part of a mental health assessment. SASS providers will be reimbursed through HFS for all assessments approved by CARES.

9. As crisis supervisor, may I bill the consultation to a non-QMHP who runs a crisis with me? Can it be billed separately?

Answer: Only one person can bill for the provision of a direct service at the same time. CM - client centered consultation may only be billed if it is on the ITP and then only by one staff person.

10. Most counseling services may only be delivered at pre-scheduled times, so how do you bill staff intervention for anger management, to defuse a potentially aggressive client, in a community setting?

Answer: The service can be billed as crisis intervention or community support.

11. One staff is actively engaged in de-escalation with a client in psychiatric crisis, keeping them from harming themselves/others, while at the same time another staff who assessed the client is completing a petition, contacting the client's psychiatrist & making arrangements for potential hospitalization, all occurring on-site, at the same time. This is different from two staff off-site simultaneously trying to de-escalate/contain a client in crisis, which is what the service definition talks about for IA, as we understand it. Can both staff bill for individual Crisis Intervention services provided to the client?

Answer: The staff person interacting with the consumer in crisis can bill for Crisis Intervention Services. The staff person contacting the psychiatrist or making arrangements for hospitalization can bill for Case Management- mental health service.

12. Can two staff bill Crisis Intervention at the same time, for the same client? For example, one staff person provides brief crisis counseling while a second staff member links with the police department.

Answer: No. The first staff person can bill for Crisis Intervention Services and the second staff can bill for Case Management Services.

13. We have a 6-bed Crisis Center and would like to know if we can bill Crisis Intervention Services; e.g. therapy, counseling, while client is actively in crisis, during their stay at the Crisis Center, with average length of stay 3-5 days? Per DHS "Service Definition and Reimbursement Guide", it states services provide, "brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning". We will ensure that documentation reflects the definition of activities provided. We also understand that once client is not actively in crisis we would not bill for Crisis Intervention.

Answer: Billing for Crisis Intervention Services per Rule 132 and the Service Definition and Reimbursement Guide is for the purpose of resolving a psychiatric crisis. The location of the crisis service is not of key importance. By that we mean that being in a psychiatric residential placement neither means that there is an active crisis or that one has been resolved.

14. I assume that the only billable time for crisis intervention is when staff are providing the service, and that time spent waiting for phone calls is not billable. Also, I believe that time spent doing paperwork is not billable. Is this correct?

Answer: You are correct. (9/1/11)

15. We have a crisis pager system for after hours crisis situations. When a clinician provides crisis intervention services via telephone (from their own home), we would bill that as off-site as the clinician is not providing the services from a certified provider site, correct?

Answer: No. All services provided by telephone are considered on-site. (12/1/11)

16. Is an LPHA required to sign off on crisis intervention assessments?

Answer: Because this is done as part of crisis intervention services, is not a separate service, and is not a completed mental health assessment report, the LPHA does not have to sign it. Crisis intervention service may be done by an MHP with immediate access to a QMHP. Rule 132 doesn't mention involvement of an LPHA. If or when services continue after the crisis is resolved and a mental health assessment is completed, then the L must sign the MHA report. (9/1/12)

17. I seem to recall that, when billing crisis codes (for adults), the crisis ends if the client is hospitalized. Services provided after hospitalization are no longer crisis, but other services. If a staff goes with a client who is experiencing a psychiatric crisis to an ER, stayed and worked with the client as they waited, assessing their symptoms and attempting to help the client regain stability until seen by hospital staff, would this be billable as crisis?

Answer: This makes sense as crisis. The client hasn't been admitted, is still experiencing crisis symptoms and the staff person is working with them through this. (9/1/13)

18. I want to verify about how to bill for two staff providing crisis intervention services per the following scenario. Two staff are with a consumer off-site and not at a hospital. The consumer is experiencing a crisis and needs crisis intervention service. The staff are working together to provide the service. Does each staff person bill crisis intervention separately? Do both document separately?

Answer: Billing must be done using the multi staff code. This provides for a higher rate that recognizes that there was more than one staff providing the service. The note that describes the service may be written, signed and dated by one staff person, but must indicate who the other staff person was and what was done by both staff. The billing should be done only once for one unit of service. (12/1/13)

19. A client returns to SASS services after the file has been closed. The file contains an active MHA that was completed within the past year. Upon reopening the case, the worker feels that it will be acceptable to add an addendum to the MHA to update it. Since the case is being re-opened, a new initial Treatment Plan is opened and the previous plan is closed out. Sometimes the gap in SASS services is only weeks or months and as in a lot of cases treatment goals have not changed significantly. Since they may still be working off the same MHA with updated information, would it be possible to continue to use the last ITP, assuming it is less than a year old? If the worker adds an addendum to the MHA to update it, does the worker get 45 days to complete the new ITP?

Answer: Rule 132 (132.150(b)) defines the requirements for the provision of Crisis Services. Specifically, in 132.150(b)(1) it speaks to the need for the SASS screen. We accept that screen as the preliminary assessment required in 132.150(b)(3). For anyone with a current MHA (completed within the last year), the screening information must be incorporated into it. For anyone with a current ITP (completed within the past 6 months), the screening information must be incorporated in it. If the MHA and the ITP are both still current, no new MHA or ITP must be

completed. If there is no current MHA or ITP, both are required per the timeframes required in Rule 132 (6/1/14)

20. Rule 132 states, "Crisis intervention services may also include, if appropriate, brief and immediate mental health services or referral, linkage and consultation with other mental health services." Would **all** treatment services as defined in 132.150 be considered covered under this clause as "mental health services" or are there specific ones that are excluded?

Answer: Crisis services, which do include whatever 132 services are needed, are immediate and brief services provided to stabilize a crisis. After that period of immediate and brief crisis service, a mental health assessment and treatment plan must be developed to continue services. (9/1/14)