		<h2>Policy and Procedure</h2>
Name of Policy:	Crisis Intervention Services	
Policy Number:	CM-MS-025	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	02/28/03	
Last Revision Date:	03/25/25	
Last Review Date:	02/13/26	
OMHSAS Approval Date:	N/A	
Next Review Date:	02/01/27	

Policy: Crisis Intervention services are covered services through PerformCare under HealthChoices and can be provided via Telephone, Walk-in, and Mobile Individual and Team contacts. PerformCare will fund crisis services in accordance with DHS MH Regulations. PerformCare will reimburse for Crisis Intervention Services provided until the point that the contact is considered an Emergency Service, which is hereby defined as the point at which the doctor has signed the examination portion of the 201 voluntary or the 302 involuntary commitment paperwork.

Purpose: To establish a procedure for authorization of Crisis Intervention Services.

Definitions: None

Acronyms: **CI:** Crisis Intervention
CCM: Clinical Care Management
MSS: Member Services Specialist

Procedure:

1. Telephone, Walk-In and emergency/unscheduled Mobile contacts with Members do not require prior authorization.
2. If CCM or MSS is working with a Member who requires CI services, CCM or MSS will either transfer the Member's call to CI or contact CI and request CI contact Member.
3. If the situation is not life-threatening, CCM or MSS will get verbal approval from Member to contact CI on Member's behalf.
4. When CI staff has contact with a Member, CI staff must submit a claim for payment of services.

Related Policies: *CM-MS-026 Risk Assessment Process*

Related Reports: None

Source Documents

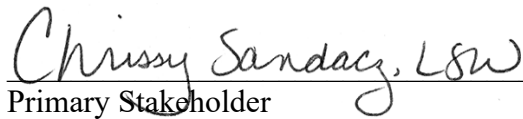
and References: *DPW Regulations Annex A Title 55, Part VII, Subpart D, Chapter 5240, Crisis Intervention Services.*
DPW Mental Health Crisis Intervention Services: Draft Implementation Guidelines.

Superseded Policies

and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder