OUTPATIENT CRISIS INTERVENTION SERVICES

I. **Definition of Service:**
Services are provided in response to a mental health crisis resulting in acute destabilization of the client’s functioning in the community and are focused on rapid restoration to baseline functioning. Crisis Intervention Services provide assessment and short-term treatment in an outpatient setting. Such services are typically provided more than twice per week or more than one hour per day over a period of a month or less. Services may include: assessment and re-evaluation of mental status, crisis intervention counseling, on-going risk assessment, and frequent case management contact to help the client employ effective coping skills toward crisis stabilization; assistance finding and utilizing community resources; rapid referral for traditional mental health services, including psychiatric medication evaluation, or; any additional service intended to support and promote adequate coping.

Additional notation on services for members who are eligible for EPSDT services:
Medical necessity has an expanded definition under the Early and Periodic Screening, Diagnostic and Treatment Program, a special health care program for children and youth aged 20 and younger. This definition supersedes the usual definition of medical necessity, which applies to non-EPSDT eligible members. The term “medical necessity” means that a covered service shall be deemed a medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it:

1. Is found to be an equally effective treatment among other less conservative or more costly treatment options, and
2. Meets at least one of the following criteria:
   - The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability.
   - The service will, or is reasonably expected to cure, correct, reduce, or ameliorate the physical, mental, cognitive, or developmental effects of an illness, injury, or disability.
   - The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury, or disability.
   - The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living.
   - Medical necessity may also be a course of treatment that includes observation or no treatment at all.
3. For additional information on EPSDT definitions and requirements, please refer to COS_EC Policy 248L.

II. **Admission Criteria:**
*All of the following criteria are necessary for admission:*
A. The individual/family presents in crisis with symptoms consistent with a covered behavioral health diagnosis.
B. There are acute and significant symptoms that are likely to result in a decreased level of functioning that jeopardizes the ability of the individual/family to function in the community or to remain in their home.
C. If the client exhibits suicidal or homicidal ideation, s/he is able to agree to be safe in an outpatient environment and have a plan to obtain assistance, if necessary.

III. Exclusion Criteria:
Any of the following criteria are sufficient for exclusion from this level of care.
A. Client meets criteria for a higher or lower level of care.
B. Client has a condition requiring acute inpatient medical care.
C. A pattern of repeated crises that have not responded favorably to this type of intervention.

IV. Continued Stay Criteria:
A. Continues to meet admission criteria.

V. Discharge Criteria
Any of the following criteria are sufficient for discharge from this level of care.
A. The client has regained their baseline level of functioning.
B. A plan for continued services at a higher or lower level of care has been implemented.
C. The individual/family concur that the crisis has subsided.

VI. Frequency of Review:
A. Determined on a case-by-case basis, but typically after the first 10 sessions or two weeks, whichever occurs first, and every 5 days thereafter.