

**Crisis Services: Crisis Intervention & Stabilization Supports-H2011;
Crisis Consultation-T2025-U3; Out of Home Crisis-T2034**

Crisis Supports provide intervention and stabilization for individuals experiencing a crisis. Crisis Supports are for individuals who experience acute crises and who present a threat to the person's health and safety or the health and safety of others. These behaviors may result in the person losing his or her home, job, or access to activities and community involvement. Crisis Supports promote prevention of crises as well as assistance in stabilizing the individual when a behavioral crisis occurs. Crisis Supports are an immediate intervention available 24 hours per day, 7 days per week, to support the individual. Service authorization can be granted verbally or planned through the ISP to meet the needs of the individual. Following service authorization, any needed modifications to the ISP and individual budget will occur within five (5) working days of the date of verbal service authorization.

The Comprehensive Crisis Plan must be updated as warranted in collaboration with the team within 14 days of a crisis, in an effort to ensure it meets the individual's needs and is reflective of anything learned from the crisis.

Crisis Intervention & Stabilization Supports

Staff trained in Crisis Services Competencies is available to provide "first response" crisis services to individuals they support, in the event of a crisis. These activities are :

- a. Assess the nature of the crisis to determine whether the situation can be stabilized in the current location or if a higher-level intervention is needed
- b. Determine and contact agencies needed to secure higher level intervention or out-of-home services
- c. Provide direction to staff present at the crisis or provide direct intervention to de-escalate behavior or protect others living with the individual during behavioral or medical episodes.
- d. Contact the care coordinator within 48 hours following the intervention to arrange for a treatment team meeting for the individual and/or provide direction to service providers who may be supporting the individual in day programming and community settings, such as direct intervention to de-escalate behavior or protect others during behavioral episodes. This may consist of enhanced staffing provided by a QP to provide one additional staff person in settings where the participant may be receiving other services.

Out-of-Home Crisis Supports

- a. a.Out-of-home crisis is a short-term service for an individual experiencing a crisis and requiring a period of structured support and/or programming. The service takes place in a licensed facility. Out of-home crisis may be used when an individual cannot be safely supported in the home, due to his/her behavior, and implementation of formal behavior interventions have failed to stabilize the behaviors, and all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who have heightened behavioral needs.
- b. Out-of-Home Crisis services are authorized in increments of up to 30 calendar days
- c. Crisis Consultation
- d. Crisis consultation is for individuals that have significant, intensive, or challenging behaviors that have resulted or have the potential to result in a crisis situation. Consultation is provided by staff that meets the minimum staffing requirements of a Qualified Professional, who have crisis experience. Non-licensed staff must meet the core competency requirements outlined in the Waiver and the activities performed by non-licensed staff must be overseen by licensed staff with experience serving individuals with IDD and behavioral health needs.

- e. Crisis consultation may be used to:
1. Facilitate up to monthly treatment team meetings with other members of the treatment team to:
 - A. Discuss clinical findings / situations and recent crises regarding the individual;
 - B. Evaluate and refinement of the Comprehensive Crisis Plan after a crisis in collaboration with the beneficiary’s team to include unplanned and preplanned crisis management approaches to address crises before, during and after the crisis;
 - C. Communicate any changes that should occur to the Comprehensive Crisis Plan with the Care Coordinator
 2. Train, educate, and provide ongoing technical assistance to the natural supports and direct support professional on crisis interventions and strategies to mitigate issues that resulted in the crisis, and on implementation of the crisis plan;
 3. Develop and implement strategies to aid the person in returning home after an out of home crisis stay or hospitalization; and
 4. Referral for medication evaluation if appropriate.

Exclusions

This service may not duplicate services provided under Specialized Consultation Services.

Limits on amount, frequency, or duration

Crisis Intervention & Stabilization Supports may be authorized for periods of up to 14 calendar day increments per event.

Out-of-Home Crisis services may be authorized in increments of up to 30 calendar days

Service Delivery Method

- Provider Directed**
 Individual/Family Directed

Specify whether the service may be provided by (check all that apply):

- Legally Responsible Person**
 Relative
 Legal Guardian

Provider Type

Provider Agencies (Primary Crisis Response Services) Approved as a provider in the PIHP provider network

License

Certification

Other Standard

Agency staff that work with beneficiaries:

- a. Are at least 18 years old
- b. Provided by a qualified professional in the field of developmental disabilities, who meets competencies established by the PIHP
- c. If providing transportation, have a valid North Carolina or other valid driver’s license, a safe driving record and an acceptable level of automobile liability insurance
- d. Criminal background check presents no health or safety risk to beneficiary
- e. Not listed in the North Carolina Health Care Abuse Registry

- f. Must be qualified in CPR, First Aid and NCI
- g. Must be qualified in the customized needs of the participant as described in the ISP

Professional Competency

By 11/1/2018, Support Professionals have competency in the following areas:

- a. Communication - The Support Professional builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication.
- b. Person-Centered Practices-The Support Professional uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.
- c. Evaluation and Observation-The Support Professional closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services.
- d. Crisis Prevention and Intervention-The Support Professional identifies risk and behaviors that can lead to a crisis, and uses effective strategies to prevent or intervene in the crisis in collaboration with others.
- e. Professionalism and Ethics-The Support Professional works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.
- f. Health and Wellness-The Support Professional plays a vital role in helping individuals' to achieve and maintain good physical and emotional health essential to their well-being.
- g. Community Inclusion and Networking-The Support Professional helps individuals to be a part of the community through valued roles and relationships, and assists individuals with major transitions that occur in community life.
- h. Cultural Competency-The Support Professional respects cultural differences, and provides services and supports that fit with an individual's preferences.
- i. Education, Training and Self-Development-The Support Professional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Upon enrollment with the PIHP, 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 PIHP. This includes national accreditation within the prescribed timeframe

Staff providing Crisis Services, including first response activities, shall demonstrate strong clinical skills, professional qualifications, experience, and competency. Staff must meet all applicable competency requirements including crisis prevention, intervention and resolution techniques and trauma-informed care.

Crisis Services staff must have access to a board-eligible or board certified psychiatrist OR psychiatric nurse practitioner with a minimum of one year of experience serving individuals with IDD and mental health needs OR a physician assistant with a minimum of one year of experience serving individuals with IDD and mental health needs.

In addition, all Crisis Services staff must have access to a licensed practicing psychologist with a minimum of one year of experience in working with individuals with IDD.

Provider Type

Independent Practitioners or Provider Agencies (Crisis Behavioral Consultation)

License

Licensure specific to discipline as

Certification

Other Standards

Approved by the PIHP as an Independent Practitioner or as a provider in the PIHP provider network

Staff that work with beneficiaries:

- a. Are at least 18 years old
- b. Criminal background check presents no health and safety risk to beneficiary
- c. Not listed in the North Carolina Health Care Abuse Registry
- d. Staff holds NC license for psychologist or psychological associate
- e. Meets Crisis Services Competencies specified by NC Medicaid.
- f. Qualified in customized needs of the beneficiary as described in the ISP

Professional Competency

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- i. Education, Training and Self-Development-The Support Professional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accreditation agencies.

If a provider agency the organization must be established as a legally constituted entity, capable of meeting all the requirements of the PIHP

Staff providing Crisis Services, including first response activities, shall demonstrate strong clinical skills, professional qualifications, experience, and competency. Staff must meet all applicable competency requirements including crisis prevention, intervention and resolution techniques and trauma-informed care.

Crisis Services staff must have access to a board-eligible or board certified psychiatrist OR psychiatric nurse practitioner with a minimum of one year of experience serving individuals with IDD and mental health needs OR a physician assistant with a minimum of one year of experience serving individuals with IDD and mental health needs.

Provider Type

Provider Agencies who operate licensed facilities approved as a provider in the PIHP provider network

License

NC G.S, 122C

10 NCAC 27G.5100 or waiver licensure granted by licensing agency

Certification

Other Standards

Agency staff that work with beneficiaries:

- a. Are at least 18 years old
- b. If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance
- c. Criminal background checks present no health and safety risk to beneficiary
- d. Not listed in the North Carolina Health Care Abuse Registry
- e. Qualified in CPR and First Aid
- f. Qualified in the customized needs of the beneficiary as described in the ISP
- g. High school diploma or high school equivalency (GED)
- h. Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline.

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- i. Education, Training and Self-Development-The Support Professional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.
- j. Upon enrollment with the PIHP, 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 PIHP.

Staff providing Crisis Services, including first response activities, shall demonstrate strong clinical skills, professional qualifications, experience, and competency. Staff shall must meet all applicable competency requirements including crisis prevention, intervention and resolution techniques and trauma-informed care.

Crisis Services staff must have access to a board-eligible or board certified psychiatrist OR psychiatric nurse practitioner with a minimum of one year of experience serving individuals with IDD and mental health needs OR a physician assistant with a minimum of one year of experience serving individuals with IDD and mental health needs.

In addition, all Crisis Services staff must have access to a licensed practicing psychologist with a minimum of one year of experience in working with individuals with IDD.

Day Supports Individual-T2021; Group-T2021HQ; Developmental Day-T2027

Day Supports is a group, facility-based service that provides assistance to the individual with acquisition, retention, or improvement in socialization and daily living skills and is one option for a meaningful day.

“Facility-Based” means that individuals who receive this service are often in a licensed Day Supports provider facility that serves individuals with Intellectual and Developmental Disabilities. Individuals who receive Day Supports only have to attend the Day Supports Facility once per week and therefore are often in the community with individuals without intellectual and developmental disabilities. Developmental Day is provided in day care settings with children who do not function with an intellectual or developmental disability.

For individuals who are aging, Day Supports can provide a structured day program of service and support with nursing supervision in an Adult Day Care Program. Additionally, Adult Day Health services similar to adult day care programs in that they provide an organized program of services during the day in a community group setting to support the personal independence of older adults and promote their social, physical, and emotional well-being.

Day Supports emphasizes inclusion and independence with a focus on enabling the individual to attain or maintain his/her maximum self-sufficiency, increase self-determination and enhance the person’s opportunity to have a meaningful day. To ensure informed choice among a variety of options for a meaningful day, individuals new to the service and 16 years of age and older, will receive education on available options during the planning meeting. Education must include exposure to the same day activities as others in the community and the structure of Day Supports must provide the opportunity to discover his or her skills, interests, and talents in his or her community. Grouping of individuals must be appropriate to the age and preferences of the person.

For school-aged or younger children, Developmental Day is a service which provides individual habilitative programming in a licensed child care center. It is designed to meet the developmental needs of the child in an inclusive setting to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate their functioning in a less restrictive environment. For individuals who are eligible for educational services under the Individuals with Disability Educational Act, Day Supports will be the payer of last resort for Developmental Day.

Day Supports may include prevocational activities. The following criteria differentiate between prevocational and vocational services:

- a. Prevocational services are provided to individuals who are not expected to join the general work force or participate in transitional sheltered workshops within one year of service initiation.
- b. Prevocational services include activities that are not directed at teaching job-specific tasks but at underlying skills that may support the individual to increase his/her ability to be able to pursue employment (e.g. attention span, attendance, and task completion.)

Individual Day Supports are available to meet specific and well documented needs of the person. These circumstances may include the provision of individual supports due to behavioral or psychiatric destabilization, medical concerns/necessity, or other infrequent and exceptional circumstances. Individual Day Supports related to medical / behavioral / physical support needs shall require supporting medical or behavioral records and accompanying documentation in the ISP supporting the need for individual services as the most appropriate option.