

Crisis Response Services

Provider Manual



**Iowa Department
of Human Services**



Iowa
Department
of Human
Services

Provider
Crisis Response Services

Page
1

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TABLE OF CONTENTS

[Chapter I. General Program Policies](#)

[Chapter II. Member Eligibility](#)

[Chapter III. Provider-Specific Policies](#)

[Chapter IV. Billing Iowa Medicaid](#)

[Appendix](#)

III. Provider-Specific Policies



Iowa Department
of Human Services



TABLE OF CONTENTS

	<u>Page</u>
CHAPTER III. PROVIDER-SPECIFIC POLICIES	1
A. PROVIDERS ELIGIBLE TO PARTICIPATE.....	1
1. Enrollment	1
2. Provider Requirements	2
3. Staff Education and Experience.....	2
B. COVERED SERVICES	3
1. Crisis Evaluation	4
a. Crisis Screening.....	4
b. Crisis Assessment.....	4
2. Mobile Response	5
3. Twenty-Three-Hour Crisis Observation and Holding.....	5
a. Admission Criteria.....	6
b. Treatment Summary.....	7
4. Crisis Stabilization Community-Based Services (CSCBS)	7
a. Admission Criteria for CSCBS	8
b. Continued Stay Criteria for CSCBS	8
c. Stabilization Plan	9
d. Treatment Summary.....	9
5. Crisis Stabilization Residential Services (CSRS)	10
a. Eligibility Criteria	10
b. Admission or Continued Stay Criteria for CSRS	11
c. Assessment	11
d. Stabilization Plan	12
e. Treatment Summary.....	12
C. REQUIREMENTS FOR SERVICE COVERAGE AND PAYMENT.....	13
1. Documentation.....	13
2. Medical Record	13
3. Progress Notes	13
D. BASIS OF PAYMENT.....	14
E. PROCEDURE CODES AND NOMENCLATURE	14
F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS	14
G. DEFINITIONS	17
H. FREQUENTLY ASKED QUESTIONS.....	20



CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. PROVIDERS ELIGIBLE TO PARTICIPATE

Organizations which are accredited under the mental health service provider standards established by the Mental Health and Disability Services Commission, set forth in 441—Chapter 24, Division II, are eligible to enroll and provide short-term individualized crisis stabilization services which follow a crisis screening or assessment and which are designed to restore the individual to a prior functional level. Services may include:

- ◆ Crisis response services,
- ◆ Crisis stabilization community-based services, and
- ◆ Crisis stabilization residential services.

Accreditation standards are located at [441 IAC 24.20\(225C\) through 24.39\(225C\)](#).

Medicaid provider qualifications are located at [441 IAC 77.55\(249A\)](#).

1. Enrollment

Providers eligible to participate must be enrolled with the Iowa Medicaid Enterprise (IME) in order to credential and contract with the managed care organizations and to bill the Iowa Medicaid Enterprise for services provided to Fee-For-Service (FFS) members.

Each provider shall provide the IME Provider Services Unit with the current address of the provider's primary location and any satellite locations. It is the responsibility of the provider to contact the IME Provider Services Unit and provide an update whenever:

- ◆ There is a change of address.
- ◆ Other changes occur that affect the accuracy of the provider enrollment information.



2. Provider Requirements

As a condition of enrollment, providers of crisis response services must:

- ◆ Request criminal history record information, child abuse, and adult abuse background checks on all employees and applicants to whom an offer of employment is made, as required by Iowa Code section 135C.33(5).
- ◆ Follow standards in 441 IAC 79.3(249A) for maintenance of records. These standards pertain to all Medicaid providers. See [Documentation](#).
- ◆ Assure that any services delivered by an individual or agency, either through employment by or a contract with the enrolled provider, shall comply with the requirements that are applicable to the enrolled provider.

3. Staff Education and Experience

Staff providing crisis response services must meet one or more of the following qualifications:

- ◆ A mental health professional as defined in Iowa Code section 228.1.
- ◆ A bachelor's degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, nursing, education) and a minimum of one year of experience in behavioral or mental health services.
- ◆ A law enforcement officer with a minimum of two years of experience in the law enforcement officer's field.
- ◆ An emergency medical technician (EMT) with a minimum of two years of experience in the EMT's field.
- ◆ A peer support specialist with a minimum of one year of experience in behavioral or mental health services.
- ◆ A family support peer specialist with a minimum of one year of experience in behavioral or mental health services.
- ◆ A registered nurse with a minimum of one year of experience in behavioral or mental health services.
- ◆ A bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral or mental health services, and 30 hours of crisis and mental health in-service training (in addition to the required 30 hours of Department-approved training).



Staff providing crisis response services must complete:

- ◆ A minimum of 30 hours of Department-approved crisis intervention training.
- ◆ A post-training assessment of competency.

B. COVERED SERVICES

Crisis response services are an array of services provided to individuals experiencing a mental health crisis aimed at assessment and intervention to stabilize the member's level of functioning. A mental health crisis is defined as a "behavioral, emotional, or psychiatric situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual and which cannot be resolved without intervention."

Payment will be approved for services as authorized by state law and within the scope of the providers Chapter 24 accreditation. Services can be provided if an eligible recipient is an individual experiencing a mental health crisis or emergency where a mental health crisis screening is needed to determine the appropriate level of care.

Payment will be approved for services provided by qualified crisis response staff in the member's home, community or any location where the member is experiencing a mental health crisis or emergency.

Payment shall be made only for time spent in face-to-face services with the member.

Crisis response services provided to children and youth include coordination with:

- ◆ Parents,
- ◆ Guardians,
- ◆ Family members,
- ◆ Natural supports,
- ◆ Service providers, and
- ◆ With other systems such as education, juvenile justice, and child welfare.

Crisis response services for individuals who have co-occurring or multi-occurring diagnoses focus on the integration and coordination of treatment services, and supports necessary to stabilize the individual, without regard to which condition is primary.



Crisis response services are not to be denied due to the presence of a co-occurring substance abuse condition or developmental or neurodevelopmental disability.

Medicaid service requirements are located at [441 IAC 78.61\(249A\)](#).

Medicaid reimbursement methodology is located at [441 IAC 79.1\(2\)](#).

1. Crisis Evaluation

Legal reference: [441 IAC 24.32\(225C\)](#)

Crisis evaluation includes crisis screening and crisis assessment.

a. Crisis Screening

Crisis screening includes a brief assessment of suicide lethality, substance use, alcohol use, and safety needs.

Crisis screening can be provided through contact with crisis response staff and through communication with the individual.

b. Crisis Assessment

Crisis assessment includes:

- ◆ A comprehensive assessment of the factors that led to the crisis,
- ◆ The needs of the member and their family,
- ◆ The diagnosis if the member has one, and
- ◆ To initiate the stabilization and discharge plan.

Individuals receive a comprehensive assessment by a mental health professional. The crisis assessment includes:

- ◆ An action plan.
- ◆ Active symptoms of psychosis.
- ◆ Alcohol use.
- ◆ Coping ability.
- ◆ History of trauma.
- ◆ Impulsivity or absence of protective factors.
- ◆ Intensity and duration of depression.
- ◆ Lethality assessment.
- ◆ Level of external support available to the individual.
- ◆ Medical history.
- ◆ Physical health.



- ◆ Prescription medication.
- ◆ Crisis details.
- ◆ Stress indicators and level of stress.
- ◆ Substance use.

2. Mobile Response

Legal reference: [441 IAC 24.36\(225C\)](#)

Mobile crisis response services are on-site, in-person interventions for individuals experiencing a mental health crisis.

Mobile crisis response services are provided in the individual's home or at any other location where the individual lives, works, attends school or socializes.

Mobile response staff are dispatched immediately after crisis screening has determined the appropriate level of care.

Admission criteria for mobile response services:

- ◆ The member is presenting active symptomology consistent with a mental health crisis, *AND*
- ◆ The mental health crisis is interfering with the member's activities of daily living, *AND*
- ◆ The factors leading to admission and/or the member's history of treatment suggest that the symptoms can be stabilized with crisis stabilization services within the community, *AND*
- ◆ A crisis screening indicates that mobile response service is appropriate to be provided where the crisis is occurring.

3. Twenty-Three-Hour Crisis Observation and Holding

Legal reference: [441 IAC 24.37\(225C\)](#)

Twenty-three-hour crisis observation and holding services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization.

The twenty-three-hour crisis observation and holding is primarily used as a diversion from hospital level of care.



This level of service is appropriate for individuals who require protection or when an individual's ability to cope in the community is severely compromised and it is expected the crisis can be resolved in 23 hours.

Twenty-three-hour crisis observation and holding services include, but are not limited to:

- ◆ Treatment
- ◆ Medication administration
- ◆ Meeting with extended family or significant others
- ◆ Referral to appropriate services

Twenty-three-hour crisis observation and holding chairs can be used.

a. Admission Criteria

Payment will be made for twenty-three-hour crisis observation and holding services when the following admission criteria are met:

- ◆ There are indications the symptoms can be stabilized and an alternative treatment can be initiated within a 23-hour period.
- ◆ The presenting crisis cannot be safely evaluated or managed in a less restrictive setting, or no such setting is available.
- ◆ The individual does not meet inpatient criteria, and it is determined a period of observation assists in the stabilization and prevention of symptom exacerbation.
- ◆ Further evaluation is necessary to determine the individual's service needs.
- ◆ There is an indication of actual or potential danger to self or others as evidenced by a current threat or ideation.
- ◆ There is a loss of impulse control leading to life-threatening behavior and other psychiatric symptoms requiring stabilization in a structured, monitored setting.
- ◆ The individual is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event or severe stressor.



b. Treatment Summary

A treatment summary is provided to the individual and the individual's treatment team when applicable. The treatment summary includes:

- ◆ An action plan.
- ◆ Crisis assessment, including challenges and strengths.
- ◆ Course and progress of the individual with regard to each identified challenge.
- ◆ Evaluation of the individual's mental status to inform ongoing placement and support decisions.
- ◆ Recommendations and arrangements for further service needs.
- ◆ Signature of the mental health professional.
- ◆ Treatment interventions.

4. Crisis Stabilization Community-Based Services (CSCBS)

Crisis stabilization community-based services are short-term services designed to de-escalate a crisis situation and stabilize an individual experiencing a mental health crisis, provided where the individual lives, works or recreates.

CSCBS is a voluntary service for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital. The goal of CSCBS is to stabilize the individual within the community

Individuals receive CSCBS services including, but not limited to:

- ◆ Psychiatric services,
- ◆ Medication,
- ◆ Counseling,
- ◆ Referrals,
- ◆ Peer support, and
- ◆ Linkage to ongoing services.

The duration for CSCBS is expected to be less than five days.



Contact between the individual and a mental health professional occurs at least one time a day. Additional services are provided by crisis response staff at a minimum of one hour per day, including, but not limited to, skill building, peer support or family support peer services.

Crisis response staff must be awake and attentive 24 hours a day.

a. Admission Criteria for CSCBS

- ◆ The member is presenting active symptomology consistent with a mental health crisis, *AND*
- ◆ The mental health crisis is interfering with the member's activities of daily living, *AND*
- ◆ The factors leading to admission or the member's history of treatment suggest that the symptoms can be stabilized with crisis stabilization services within the community, *AND*
- ◆ The member does not require inpatient hospitalization but requires crisis stabilization services that may include medication, counseling, referral, peer support, and linkage to ongoing services, not expected to exceed five days.

b. Continued Stay Criteria for CSCBS

- ◆ The individual's condition continues to meet admission criteria for crisis stabilization, *AND*
- ◆ The individual's treatment does not require a more intensive level of care, and a less intensive level of care would not be sufficient to meet the individual's needs, *AND*
- ◆ There is a written stabilization plan that identifies the short-term strategy to stabilize the crisis developed by the provider in collaboration with crisis staff and the member, *AND*
- ◆ This is evidence the stabilization plan has been activated with interventions that are appropriate to stabilize the member's crisis.
- ◆ There is documented evidence of active discharge planning.



c. Stabilization Plan

A written short-term stabilization plan is developed, with the involvement and consent of the individual within 24 hours of the individual's admittance.

The stabilization plan is reviewed frequently to assess the need for the individual's continued placement in CSCBS.

At a minimum, this plan includes:

- ◆ Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems.
- ◆ Description of any physical disability and any accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals.
- ◆ Evidence of input by the individual, including the individual's signature.
- ◆ Goals are consistent with the individual's needs and projected duration of service delivery and include objectives which build on strengths and are stated in terms allowing measurement of progress.
- ◆ Rights restrictions.
- ◆ Names of all other persons participating in the development of the plan.
- ◆ Specification of treatment responsibilities and methods.

d. Treatment Summary

Before the individual's discharge from CSCBS, a treatment summary is completed. A copy of the summary is provided to the individual and shared with the individual's treatment team of providers, if applicable.

At a minimum, the treatment summary includes:

- ◆ Course and progress of the individual with regard to each identified problem.
- ◆ Documented note of a mental health professional contact one time daily.



- ◆ Evolution of the mental status to inform ongoing placement and support decisions.
- ◆ Final assessment, including general observations and significant findings of the individual's condition initially while services were being provided and at discharge.
- ◆ Recommendations and arrangements for further service needs.
- ◆ Signature of the mental health professional.
- ◆ Stabilization plan.
- ◆ Reasons for termination of service.
- ◆ Treatment interventions.

5. Crisis Stabilization Residential Services (CSRS)

Crisis stabilization residential services (CSRS) are short-term services designed to de-escalate a crisis situation and stabilize an individual experiencing a mental health crisis.

CSRS is provided in facility-based settings of no more than 16 beds.

CSRS are designed for voluntary individuals who are in need of a safe, secure environment less intensive and restrictive than an inpatient hospital. The goal of CSRS is to stabilize and reintegrate the individual back into the community.

Crisis stabilization residential services can be for youth aged 18 and younger or adults aged 18 and older. Youth and adults cannot be housed in the same facility setting.

a. Eligibility Criteria

To be eligible for CSRS, an individual must:

- ◆ Be an adult aged 18 or older or a youth aged 18 or under,
- ◆ Be determined appropriate for the service by a mental health assessment, and
- ◆ Be determined to not need inpatient acute hospital psychiatric services.



b. Admission or Continued Stay Criteria for CSRS

An individual must:

- ◆ Meet all criteria for crisis stabilization community-based admission or continued stay criteria, *AND*
- ◆ Stabilization of the member's mental health crisis can be better addressed in an organization-arranged crisis stabilization setting, rather than the member's home.

c. Assessment

A comprehensive mental health assessment is completed within 24 hours of admission. The assessment includes:

- ◆ An action plan.
- ◆ Active symptoms of psychosis.
- ◆ Alcohol use.
- ◆ Coping ability.
- ◆ History of trauma.
- ◆ Impulsivity or absence of protective factors.
- ◆ Intensity and duration of depression.
- ◆ Lethality assessment.
- ◆ Level of external support available to the individual.
- ◆ Medical history.
- ◆ Physical health.
- ◆ Prescription medication.
- ◆ Crisis details.
- ◆ Stress indicators and level of stress.
- ◆ Substance use.

The length of stay is expected to be less than five days.

Contact between the individual and a mental health professional occurs at least one time a day.

Additional services are provided by crisis response staff at a minimum of one hour per day, including, but not limited to, skill building, peer support or family support peer services.

Crisis response staff must be awake and attentive 24 hours a day.



d. Stabilization Plan

A written short-term stabilization plan is developed, with the involvement and consent of the individual within 24 hours of the individual's admittance.

The stabilization plan is reviewed frequently to assess the need for the individual's continued placement in CSCBS.

At a minimum, this plan includes:

- ◆ Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems.
- ◆ Description of any physical disability and accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals.
- ◆ Evidence of input by the individual, including the individual's signature.
- ◆ Goal statement.
- ◆ Goals consistent with needs and projected length of stay.
- ◆ Objectives that are built on strengths and allow measurement of progress.
- ◆ Rights restrictions.
- ◆ Signatures of all participating in the development of the plan.
- ◆ Specification of treatment responsibilities and methods.

e. Treatment Summary

Before discharge, a treatment summary is provided and a copy shared with the individual and treatment team as appropriate. The treatment summary includes:

- ◆ Course and progress regarding each identified problem.
- ◆ Documentation of daily contact with a mental health professional.
- ◆ Impact on placement and support decisions.
- ◆ Assessment.
- ◆ Action plan.
- ◆ Stabilization plan.
- ◆ Treatment interventions.
- ◆ Reasons for termination of service.
- ◆ Signature of the mental health professional.



C. REQUIREMENTS FOR SERVICE COVERAGE AND PAYMENT

1. Documentation

Providers must maintain medical records for five years from the date of service as evidence that the services provided were:

- ◆ Medically necessary,
- ◆ Consistent with the diagnosis of the member's condition, and
- ◆ Consistent with evidence-based practice.

2. Medical Record

The medical record shall indicate the member's progress in response to the services rendered, including any changes in treatment, alteration of the plan of care, or revision of the diagnosis.

At the conclusion of services, the member's record shall include a discharge summary that identifies the:

- ◆ Reason for discharge.
- ◆ Date of discharge.
- ◆ Recommended action or referrals upon discharge.
- ◆ Treatment progress and outcomes.

The discharge summary shall be included in the member's record within 72 hours of discharge.

3. Progress Notes

The provider's file for each Medicaid member must include progress notes for each date of service that details specific services rendered related to the covered crisis response service for which a claim is submitted.

The following items must be included in each progress note entry, for each Medicaid member, and for each date of service:

- ◆ The date and amount of time services were delivered, including the beginning and ending time of service delivery, including AM or PM.
- ◆ The full name of the provider agency.
- ◆ The first and last name and title of provider staff actually rendering service, as well as that person's signature.



- ◆ A description of the specific components of the Medicaid-payable behavioral health intervention service being provided (using service description terminology from this manual).
- ◆ The nature of contact, relative to the Medicaid-payable service that was rendered. The progress note must describe what specifically was done, relative to both:
 - The goal as stated in the member's treatment plan or implementation plan, and
 - How the behavioral health intervention service provided addressed the symptoms or behaviors resulting from the member's psychological disorder.
- ◆ The place or location where service was actually rendered.
- ◆ The nature, extent, and number of units billed.
- ◆ Progress notes shall include the progress and barriers to achieving:
 - The goals stated in the treatment plan, and
 - The objectives stated in the implementation plan.

D. BASIS OF PAYMENT

See [PROCEDURE CODES AND NOMENCLATURE](#) for details on the basis of payment for crisis response services.

E. PROCEDURE CODES AND NOMENCLATURE

The Crisis Response Fee Schedule is located at:

https://dhs.iowa.gov/sites/default/files/Crisis_Response_and_Subacute_Mental%20Health_Services_Fee_Schedule.pdf

F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for crisis response services are billed on federal form CMS-1500 or UB-04, *Health Insurance Claim Form*.



The chart below indicates which claim form must be used for each service.

Billing FFS Medicaid

Chapter 24 Service Title	Procedure Code	Specialty Modifiers	Location of Service Modifier	Certified Crisis Response Services Modifier	Unit of Service	Revenue Code	Claim Type
Crisis Evaluation	90791	AF HO HP SA TD U1 U2		U3	Encounter		CMS 1500
24 Hour Access to Crisis Response	90839	AF HO HP SA TD U1 U2		U3	60 minutes		CMS 1500
24 Hour Access to Crisis Response Add 30 Minutes	90840	AF HO HP SA TD U1 U2		U3	30 minutes		CMS 1500
Mobile Response Per Hour	99510	HO HP SA TD U1 HN HM		U3	60 minutes		CMS 1500
23 Hour Crisis Observation and Holding	S0201			U3	Per diem 8 to 23 hours	762	UB-04
Crisis Stabilization Per Hour Community or Residential	S9484	HP HO TD U1 HN HM	TG TF	U3	60 minutes		CMS 1500
Crisis Stabilization Per Diem, Community or Residential	S9485		TG TF	U3	Per diem 8 to 24 hours	761	UB-04



Specialty Modifier Description	Professional Modifier	Location Modifier	Chapter 24 Certified Service
Specialty Physician	AF		
Physician's Assistant	U2		
Master's degree level/LMHC	HO		
Doctoral level/Psychologist	HP		
ARNP	SA		
RN	TD		
ACADC/CADC	U1		
Bachelor's level	HN		
Paraprofessional/Peer	HM		
Community		TF	
Residential		TG	
Certified Crisis Response Service			U3

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500.

Click [here](#) to view a sample of the UB-04

Click [here](#) to view billing instructions for the UB-04

Refer to *Chapter IV. Billing Iowa Medicaid* for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The billing manual can be located online at:
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>

Each Managed Care Organization (MCO) uses their own claims payment system and may have billing procedures which vary from FFS policy. It is important that providers review the MCO's claims instructions and submit claims for payment in accordance with the MCO's policies.

NOTE: The beginning and ending time recorded in the progress notes must match the units billed on the claim for that date of service.



When billing the IME for crisis response:

- ◆ A valid ICD-10 mental health diagnosis code must be entered on the claim form in addition to the procedure and revenue code. Claims billed without a valid mental health diagnosis code will be denied.
- ◆ The appropriate specialty modifier (AF, HO, HP, SA, TD, U1, U2, HN or HM) must be entered in the first modifier position in addition to the procedure code and revenue code on the CMS 1500 and UB-04 claim form to reflect which specialty is providing the services. Claims billed without a credentialing modifier entered on the claim will be denied.
- ◆ The appropriate location modifier (TG or TF) must be entered in the second modifier position in addition to the procedure and revenue code on the CMS 1500 and UB-04 claim form to reflect that the service was rendered in the community or in a residential program. Claims billed without the location modifier entered on the claim will be denied.
- ◆ The appropriate service modifier (U3) must be entered in the third modifier position in addition to the procedure and revenue code on the CMS 1500 and UB-04 claim form to reflect that the service was rendered by a certified crisis response service provider. Claims billed without the service modifier entered on the claim will be denied.

G. DEFINITIONS

"Action plan" means a written plan developed for discharge in collaboration with the individual receiving crisis response services to identify the problem, prevention strategies, and management tools for future crises.

"Crisis assessment" means a face-to-face clinical interview to determine an individual's:

- ◆ Current and previous level of functioning,
- ◆ Potential for dangerousness,
- ◆ Physical health, and
- ◆ Psychiatric and medical condition.

The crisis assessment becomes part of the individual's action plan.



"Crisis response services" means short-term individualized crisis stabilization services which follow a crisis screening or assessment and which are designed to restore the individual to a previous functional level.

"Crisis response staff" means a person trained to provide crisis response services that meets one or more of the following qualifications:

- ◆ A mental health professional as defined in Iowa Code section 228.1.
- ◆ A bachelor's degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, nursing, education) and a minimum of one year of experience in behavioral or mental health services.
- ◆ A law enforcement officer with a minimum of two years of experience in the law enforcement officer's field.
- ◆ An emergency medical technician (EMT) with a minimum of two years of experience in the EMT's field.
- ◆ A peer support specialist with a minimum of one year of experience in behavioral or mental health services.
- ◆ A family support peer specialist with a minimum of one year of experience in behavioral or mental health services.
- ◆ A registered nurse with a minimum of one year of experience in behavioral or mental health services.
- ◆ A bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral or mental health services, and 30 hours of crisis and mental health in-service training (in addition to the required 30 hours of Department-approved training).

"Crisis screening" means a process to determine what crisis response service is appropriate to effectively resolve the presenting crisis.

"Crisis stabilization community-based services" or *"CSCBS"* means short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.



"Crisis stabilization residential services" or *"CSRS"* means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.

"Face-to-face" means services provided in person or using telehealth in conformance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

"Informed consent" refers to time-limited, voluntary consent. The individual using the service or the individual's legal guardian may withdraw consent at any time without risk of punitive action. *"Informed consent"* includes:

- ◆ A description of the treatment and specific procedures to be followed,
- ◆ The intended outcome or anticipated benefits,
- ◆ The rationale for use,
- ◆ The risks of use and nonuse, and
- ◆ The less restrictive alternatives considered.

The individual using the service or the legal guardian has the opportunity to ask questions and have them satisfactorily answered.

"Mental health crisis" means a behavioral, emotional, or psychiatric situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual and which cannot be resolved without intervention.

"Mental health professional" means an individual who has either of the following qualifications:

- ◆ The individual meets all of the following requirements:
 - The individual holds at least a master's degree in a mental health field, including but not limited to, psychology, counseling and guidance, nursing, and social work, or is an advanced registered nurse practitioner, a physician assistant, or a physician and surgeon or an osteopathic physician and surgeon.
 - The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law.
 - The individual has at least two years of post-degree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services.



- ◆ The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law and is:
 - A psychiatrist,
 - An advanced registered nurse practitioner who holds a national certification in psychiatric mental health care and is licensed by the board of nursing,
 - A physician assistant practicing under the supervision of a psychiatrist, or
 - An individual who holds a doctorate degree in psychology and is licensed by the board of psychology.

"Mobile response" means a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response has the capacity to intervene wherever the crisis is occurring, including but not limited to:

- ◆ The individual's place of residence,
- ◆ An emergency room,
- ◆ Police station,
- ◆ Outpatient mental health setting,
- ◆ School,
- ◆ Recovery center, or
- ◆ Any other location where the individual lives, works, attends school, or socializes.

"Stabilization plan" means a written short-term strategy used to stabilize a crisis and developed by a mental health professional, in collaboration with the crisis response staff and with the involvement and consent of the individual or the individual's representative.

H. FREQUENTLY ASKED QUESTIONS

Click [here](#) to view the Crisis Response and Subacute Mental Health Facility Services Frequently Asked Question.