## <u>Behavioral health crisis intervention provided by unlicensed practitioners.</u>

- (A) For the purpose of medicaid reimbursement, behavioral health crisis intervention is a timely face to face intervention with medicaid recipients who are experiencing a life threatening or complex emergent situation related to mental illness or a substance use disorder.
  - (1) The goals of crisis intervention are to ease the crisis, re-establish safety and institute interventions to minimize psychological trauma.
  - (2) Activities may include but are not limited to: emergent care, assessment, immediate stabilization, de-escalation, counseling, care planning and resolution.
- (B) In order to provide behavioral health crisis intervention, practitioners must meet the requirements in paragraph (A)(6) of rule 5160-27-01 of the Administrative Code.
  - (1) For the purposes of this rule, the following unlicensed practitioners are excluded: care management specialist and peer recovery supporter
  - (2) Practitioners may only provide crisis intervention if they have previously met and provided services to the recipient.
  - (3) Practitioners of crisis intervention shall have current certification in first aid and cardio-pulmonary resuscitation (CPR).
- (C) Limitations: crisis intervention will not be reimbursed when a recipient is enrolled in assertive community treatment (ACT), intensive home based treatment (IHBT) or receiving services in a substance use disorder (SUD) residential treatment facility.
- (D) Providers shall adhere to documentation requirements set forth in rules 5160-1-27 and 5160-8-05 of the Administrative Code.
- (E) Crisis psychotherapy rendered by licensed practitioners is authorized in rule 5160-8-05 of the Administrative Code and as defined by the american medical association's current procedural terminology book.

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