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4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)  
Description of Services

(k) Professional Treatment Services in Facility-Based Crisis Program – Children and Adolescents

Professional Treatment Services in a Facility-Based Crisis Program – Children and Adolescents is a service for children and adolescents up to age 21 who meet the medical necessity criteria for crisis stabilization services furnished in a 24-hour residential facility, licensed under 10A NCAC 27G .5000, with 16 beds or less (the 16 bed limit is inclusive of Facility-Based Crisis -- Adult and Facility-Based Crisis -- Child). A Facility-Based Crisis provider shall be designated as an involuntary treatment facility. The Facility-Based Crisis Program is under the clinical oversight of a psychiatrist. This is a short term service that provides disability-specific care and treatment in a non-hospital setting for individuals requiring acute crisis stabilization. The goals of this service include:

- reduction of acute psychiatric symptoms that precipitated the need for this service,
- reduction of acute negative effects of substance related disorders with enhanced motivation for treatment and/or relapse prevention,
- stabilizing or managing the crisis situation,
- preventing hospitalization or other institutionalization,
- accessing services as indicated in the comprehensive clinical assessment, and
- reduction of behaviors that led to the crisis.

A comprehensive clinical assessment is an intensive clinical and functional face-to-face evaluation of an individual's presenting mental health, developmental disability, and/or substance abuse condition that result in the issuance of a written report, providing the clinical basis for the development of the Person Centered Plan. The comprehensive clinical assessment is provided by a directly enrolled licensed professional as outlined in the Division of Medical Assistance Clinical Coverage Policy 8C.

This crisis stabilization service includes a comprehensive clinical assessment, treatment intervention (which may include the development and implementation of a behavior management or support plan), and aftercare planning.

Treatment interventions include:

- intensive treatment, behavior management support and interventions, detoxification protocols as addressed in the recipient's service plan;
- active engagement of the family, caregiver and/or legally responsible person in crisis stabilization and treatment interventions as appropriate;
- stabilization of the immediate presenting issues, behaviors or symptoms that have resulted in the need for crisis intervention or detoxification; and
- monitoring of his/her medical condition and response to the treatment protocol to ensure the safety of the individual.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)  
Description of Services

(k) Professional Treatment Services in Facility-Based Crisis Program – Children and Adolescents  
(continued)

The staff member responsible for furnishing the above treatment interventions shall be selected from the list of qualified providers on pages 7c.9b, 7c.9c and 7c.9d, based on their qualifications and scope of practice, and will be specified in the Person Centered Plan. Each facility shall have staff ratios, trained staff, and protocols and procedures in conformance with State policies and rules.

Aftercare planning includes: (aftercare planning is the responsibility of the Qualified Professional)

Discharge planning which begins at admission, including:

- arranging for linkage to new or existing services that will provide further treatment, habilitation and/or rehabilitation upon discharge from the Facility-Based Crisis service;
- arranging for linkage to a higher level of care as medically necessary;
- identifying, linking to, and collaborating with informal and natural supports in the community; and
- developing or revising the crisis plan to assist the recipient and his or her supports in preventing and managing future crisis events.

This is a short-term service that is not reimbursable for more than 30 days in a calendar year. This service is designed as a time-limited alternative to hospitalization for an individual in crisis.

Providers are required to staff programs according to population designation above. Staff eligible to provide this service include: Board-eligible or board certified child psychiatrist or a general psychiatrist with a minimum of two years experience in the treatment of children and adolescents, Licensed Practicing Psychologists, Licensed Professionals (Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Clinical Addiction Specialists, Licensed Marriage and Family Therapists, Registered Nurses, Licensed Practical Nurse, Qualified Professionals, Associate Professional and/or Paraprofessionals with disability-specific knowledge, skills, and abilities required by the population and age to be served. Associate Professionals and Paraprofessionals will be supervised according to 10A NCAC 27G .0203 - .0204. The program shall be under the supervision of a psychiatrist, the licensed professional provides clinical supervision to the program, and the program shall have the capacity to provide more intensive supervision in response to the needs of individual clients.

Associate Professional (AP) within the mental health, developmental disabilities and substance abuse services (MH/DD/SAS) system of care means an individual who is a: