CRISIS RESPONSE SERVICES FOR ADULTS

General Crisis Response

There is evidence in the record of a new or unforeseen documented crisis not otherwise addressed in the member's existing crisis plan.

There is evidence in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services, if appropriate.

There is evidence in the record that crisis services were not used as step down services

Pre-Screening and Assessments

There is evidence that the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis.

There is evidence that the preliminary screening included the member's chief complaint

There is evidence that the preliminary screening included the grave disability

There is evidence that the preliminary screening included the risks of suicidality

There is evidence that the preliminary screening included the risk of self-harm

There is evidence that the preliminary screening included the risk of danger to others

There is evidence of a brief preliminary person-centered screening of risk

There is evidence that the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level

There is evidence of a brief preliminary mental status

There is evidence that the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level

There is evidence that a brief preliminary medical stability was conducted

There is evidence that the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level

There is evidence that further evaluation for other mental health services was conducted

There is evidence that the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level

If further evaluation is needed, there is evidence that the assessment was conducted by an licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service.

If further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level

There is evidence that member expressly refuses to include family or other collaterals sources

There is evidence the assessment included a current behavioral health history

There is evidence the assessment included the current behavioral health provider

Interventions

There is evidence that interventions are provided under the supervision of an LMHP.

There is evidence that intervention strategies are built upon and/or updated by the MCR or BHCC service providers.

There is evidence that the interventions are driven by the member

There is evidence that the intervention was developed with input from the family and/or other collateral sources

There is evidence that the Interventions include resolution focused peer support designed to de-escalate the crisis

There is evidence that the interventions include resolution focused safety planning designed to de-escalate the crisis

There is evidence that the interventions include resolution focused service planning designed to de-escalate the crisis

There is evidence that the interventions include resolution focused care coordination designed to de-escalate the crisis

There is evidence that the strategies are developed for the member to use post current crisis.

There is evidence that the strategies are developed to mitigate risk of future incidents until the member engages in alternative services.

There is evidence that the short-term goals were set to ensure symptom reduction

There is evidence that the short-term goals were set to ensure restoration to a previous level of functioning

There is evidence that the interventions include using person centered approaches, such as resolution of the crisis or problem solving of the crisis

There is evidence, if applicable, that substance use was addressed by providing engagement in care to the member, family, and collateral supports.

There is evidence, if applicable, that substance use was addressed by providing support to the member, family, and collateral supports.

There is evidence, if applicable, that substance use was addressed by providing education to the member, family, and collateral supports.

There is evidence, if applicable, that substance use was addressed by providing consultation to the member, family, and collateral supports.

There is evidence that services delivered are documented after every encounter with member

Coordination and Continuity of Care

There is evidence that all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted

There is evidence that providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider

There is evidence that providers coordinated the transfer to Community based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider

There is evidence that providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home, if applicable

There is evidence that providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community, if applicable

There is evidence that providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent, if applicable

There is evidence that providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent, if applicable

There is evidence that providers coordinated the transfer to Residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder, if applicable

There is evidence that there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider, if applicable

There is evidence that there was coordinated contact through a warm handoff with the member's MCO to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated.

There is evidence that any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral

There is evidence that there was member involvement throughout the planning and delivery of services

There is evidence that services were appropriate for age of member

There is evidence that services were appropriate to the developmental abilities of member

There is evidence that services were appropriate to the education level of member

Supervision of Non-Licensed Staff

There is evidence that non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs)

There is evidence that staff received a minimum of four (4) hours of clinical supervision per month for full time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which shall consist of no less than one (1) hour of individual supervision.

There is evidence that supervision with the LMHP has intervention notes that were discussed in supervision

There is evidence that supervision notes with the LMHP has the LMHP supervisor's signature

There is evidence that supervision notes have documentation reflecting the content of the training and/or clinical guidance

There is evidence that the documentation included the date of supervision

There is evidence that the documentation included the duration of supervision

There is evidence that the documentation included the identification of supervision type as individual or group supervision

There is evidence that the documentation included the name of the LMHP supervisor;

There is evidence that the documentation included the licensure credentials of the LMHP supervisor;

There is evidence that the documentation included the name of the supervisees

There is evidence that the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees

There is evidence that the documentation included the the focus of the session with the supervisee

There is evidence that the documentation included subsequent actions that the supervisee must take, if applicable

There is evidence that the documentation included the signed date of the LMHP supervisor;

There is evidence that the documentation included the signature of the LMHP supervisor;

There is evidence that the documentation included the signature of the supervisees

There is evidence that the documentation included the signed date of the supervisees

There is evidence that the documentation included the start time of each supervision session.

There is evidence that the documentation included the end time of each supervision session.

Record Keeping (Documentation) Requirements

There is evidence that case records include the member's name

There is evidence that the case records include dates of service

There is evidence that the case records include time of service

There is evidence that the case records include preliminary Screening

There is evidence that the case records include assessments, if applicable

There is evidence that the case records include notes on the interventions delivered after every encounter.

There is evidence that the case records include documentation of successful and/or failed encounters and/or attempts.

There is evidence that the case records include discharge summary

There is evidence that the case records include consent for treatment

There is evidence the member's record reflected relief of the identified crisis and/or referral to an alternate provider.

There is evidence the member's record reflected resolution of the identified crisis and/or referral to an alternate provider.

There is evidence the member's record reflected problem solving of the identified crisis and/or referral to an alternate provider.

There is evidence that attempts to communicate with treating providers and family were documented

There is evidence the discharge summary included communications with treating providers.

There is evidence the discharge summary included communications with family.

Mobile Crisis Response (MCR) Specific Requirements

There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service.

There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or face to face post crisis to ensure stability for those not accessing higher levels of care or another crisis service.

There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service when applicable.

There is evidence that the member desired no further communication post crisis within the record, if applicable.

Behavioral Health Crisis Care (BHCC) Specific Requirements

There is evidence that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability.

There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service.

There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or face to face post crisis to ensure stability for those not accessing higher levels of care or another crisis service.

There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service when applicable.

There is evidence that the member desired no further communication post crisis within the record, if applicable.

Community Brief Crisis Support (CBCS) Specific Requirements

There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care.

There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or face to face post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.

There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.

There is evidence that the member desired no further communication post crisis within the record, if applicable.

Met	Not Met
Documentation in the record of a new or unforeseen unforeseen documented crisis not otherwise addressed in the member's existing crisis plan. (e.g. psychotic episode first occurance) or documentation of refusal and/or rationale why not.	No documentation in the record of a new or unforeseen unforeseen documented crisis not otherwise addressed in the member's existing crisis plan or no documentation of refusal and/or rationale why not. .
Documentation in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services or documentation of refusal and/or rationale why not. .	No documentation in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services or no documentation of refusal and/or rationale why not. .
No documentation in the record member was referred only to crisis services as a discharge plan from a higher level of care.	Documentation in the record member was referred only to crisis services as a discharge plan from a higher level of care.
Documentation the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis or documentation of refusal and/or rationale why not. .	No documentation the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis or no documentation of refusal and/or rationale why not. .
Documentation the preliminary screening included the member's chief complaint or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the member's chief complaint or no documentation of refusal and/or rationale why not.
Documentation the preliminary screening included the grave disability or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the grave disability or no documentation of refusal and/or rationale why not.
Documentation the preliminary screening included the risks of suicidality or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the risks of suicidality or no documentation of refusal and/or rationale why not.
Documentation the preliminary screening included the risk of self-harm or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the risk of self-harm or no documentation of refusal and/or rationale why not.

Documentation the preliminary screening included the risk of danger to others or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the risk of danger to others or no documentation of refusal and/or rationale why not.
Documentation of a brief preliminary person-centered screening of risk or documentation of refusal and/or rationale why not.	No documentation of a brief preliminary person-centered screening of risk or no documentation of refusal and/or rationale why not.
Documentation the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.
Documentation of a brief preliminary mental status or documentation of refusal and/or rationale why not.	No documentation of a brief preliminary mental status or no documentation of refusal and/or rationale why not.
Documentation the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.
Documentation a brief preliminary medical stability was conducted(e.g. An individual experiencing a crisis and is detoxing from Heroine which may need medical detox) or documentation of refusal and/or rationale why not.	No documentation a brief preliminary medical stability was conducted(e.g. An individual experiencing a crisis and is detoxing from Heroine which may need medical detox) or no documentation of refusal and/or rationale why not. .

Documentation the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.
Documentation further evaluation for other mental health services was conducted or documentation of refusal and/or rationale why not.	No documentation further evaluation for other mental health services was conducted or no documentation of refusal and/or rationale why not.
Documentation the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.
Documentation, if further evaluation is needed, there is evidence that the assessment was conducted by a licensed mental health professional (LMHP) or documentation of refusal and/or rationale why not.	No documentation, if further evaluation is needed, there is evidence that the assessment was conducted by a licensed mental health professional (LMHP) or no documentation of refusal and/or rationale why not.

Documentation, if further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation, if further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.
Documentation that member expressly refuses to include family or other collaterals sources or documentation of refusal and/or rationale why not.	N/A
Documentation the assessment included a current behavioral health history or documentation of refusal and/or rationale why not.	No documentation the assessment included a current behavioral health history or no documentation of refusal and/or rationale why not.
Documentation the assessment included the current behavioral health provider or documentation of refusal and/or rationale why not.	N/A
Documentation interventions are provided under the supervision of an LMHP or documentation of refusal and/or rationale why not. .	No documentation interventions are provided under the supervision of an LMHP or no documentation of refusal and/or rationale why not. .
Documentation that intervention strategies are built upon and/or updated by the MCR or BHCC service providers OR documentation as to why not.	NO documentation that intervention strategies are built upon and/or updated by the MCR or BHCC service providers OR documentation as to why not.
Documentation interventions are driven by the member (e.g. direct member quotations) or documentation of refusal and/or rationale why not.	No documentation interventions are driven by the member (e.g. direct member quotations) or no documentation of refusal and/or rationale why not.

Documentation the intervention was developed with input from the family and/or other collateral sources (e.g. statements from other sources) or documentation of refusal and/or rationale why not.	No documentation the intervention was developed with input from the family and/or other collateral sources (e.g. statements from other sources) or no documentation of refusal and/or rationale why not.
Documentation at least one intervention is focused on resolution focused peer support designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused peer support designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.
Documentation at least one intervention is focused on resolution focused safety planning designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused safety planning designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.
Documentation at least one intervention is focused on resolution focused service planning designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused service planning designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.
Documentation at least one intervention is focused on resolution focused care coordination designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused care coordination designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.
Documentation at least one strategy was developed for the member to use post current crisis or documentation of refusal and/or rationale why not. .	No documentation at least one strategy was developed for the member to use post current crisis or no documentation of refusal and/or rationale why not. .
Documentation at least one strategy was developed to mitigate risk of future incidents until the member engages in alternative services or documentation of refusal and/or rationale why not. .	No documentation at least one strategy was developed to mitigate risk of future incidents until the member engages in alternative services or no documentation of refusal and/or rationale why not. .
Documentation the short-term goals were set to ensure symptom reduction or documentation of refusal and/or rationale why not.	No documentation the short-term goals were set to ensure symptom reduction or no documentation of refusal and/or rationale why not.

Documentation the short-term goals were set to ensure restoration to a previous level of functioning or documentation of refusal and/or rationale why not.	No documentation the short-term goals were set to ensure restoration to a previous level of functioning or no documentation of refusal and/or rationale why not.
Documentation at least one intervention includes using person centered approaches, such as resolution of the crisis or problem solving of the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention includes using person centered approaches, such as resolution of the crisis or problem solving of the crisis or no documentation of refusal and/or rationale why not.
Documentation substance use was addressed by providing engagement in care to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing engagement in care to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .
Documentation substance use was addressed by providing support to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing support to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .
Documentation substance use was addressed by providing education to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing education to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .
Documentation substance use was addressed by providing consultation to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing consultation to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .
Documentation services delivered are documented after every encounter with member or documentation of refusal and/or rationale why not.	No documentation services delivered are documented after every encounter with member or no documentation of refusal and/or rationale why not.
Documentation all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted or documentation of refusal and/or rationale why not.	No documentation all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted or no documentation of refusal and/or rationale why not.

Documentation providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider or no documentation of refusal and/or rationale why not.
Documentation providers coordinated the transfer to Community based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Community based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider or no documentation of refusal and/or rationale why not.
Documentation providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home or no documentation of refusal and/or rationale why not.
Documentation providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community or no documentation of refusal and/or rationale why not.
Documentation providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent or no documentation of refusal and/or rationale why not.

Documentation providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent or no documentation of refusal and/or rationale why not.
Documentation providers coordinated the transfer to Residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder or no documentation of refusal and/or rationale why not.
Documentation there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider or documentation of refusal and/or rationale why not.	No documentation there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider or no documentation of refusal and/or rationale why not.
Documentation there was coordinated contact through a warm handoff with the member's MCO to link them with BH/PH provider OR documentation of refusal and/or rationale why not.	No documentation there was coordinated contact through a warm handoff with the member's MCO to link them with BH/PH provider AND no documentation of refusal and/or rationale of why not.
Documentation any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral or documentation of refusal and/or rationale why not.	No documentation any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral or no documentation of refusal and/or rationale why not.
Documentation there was member involvement throughout the planning and delivery of services (e.g. member signatures) or documentation of refusal and/or rationale why not.	No documentation there was member involvement throughout the planning and delivery of services (e.g. member signatures) or no documentation of refusal and/or rationale why not.
Documentation services were appropriate for age of member or documentation of refusal and/or rationale why not.	No documentation services were appropriate for age of member or no documentation of refusal and/or rationale why not.

Documentation services were appropriate to the developmental abilities of member, including documenation of any developmental delays or documentation of refusal and/or rationale why not.	No documentation services were appropriate to the developmental abilities of member, including documenation of any developmental delays or no documentation of refusal and/or rationale why not.
Documentation services were appropriate to the education level of member, including documentation of any educational delays or documentation of refusal and/or rationale why not. .	No documentation services were appropriate to the education level of member, including documentation of any educational delays or no documentation of refusal and/or rationale why not. .
Documentation non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs) or documentation of refusal and/or rationale why not.	No documentation non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs) or no documentation of refusal and/or rationale why not.
Documentation staff received a minimum of four (4) hours of clinical supervision per month for full time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which shall consist of no less than one (1) hour of individual supervision or documentation of refusal and/or rationale why not.	No documentation staff received a minimum of four (4) hours of clinical supervision per month for full time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which shall consist of no less than one (1) hour of individual supervision or no documentation of refusal and/or rationale why not.
Documentation supervision with the LMHP has intervention notes and/or progress notes that were discussed in supervision in the record or documentation of refusal and/or rationale why not.	No documentation supervision with the LMHP has intervention notes and/or progress notes that were discussed in supervision in the record or no documentation of refusal and/or rationale why not.
Documentation that supervision notes with the LMHP has the LMHP supervisor's signature or documentation of refusal and/or rationale why not.	No documentation that supervision notes with the LMHP has the LMHP supervisor's signature or no documentation of refusal and/or rationale why not.

Documentation that supervision notes have documentation reflecting the content of the training and/or clinical guidance or documentation of refusal and/or rationale why not.	No documentation that supervision notes have documentation reflecting the content of the training and/or clinical guidance or no documentation of refusal and/or rationale why not.
Documentation that the documentation included the date of supervision or documentation of refusal and/or rationale why not.	No documentation that the documentation included the date of supervision or no documentation of refusal and/or rationale why not.
Documentation the documentation included the duration of supervision or documentation of refusal and/or rationale why not.	No documentation the documentation included the duration of supervision or no documentation of refusal and/or rationale why not.
Documentation the documentation included the identification of supervision type as individual or group supervision or documentation of refusal and/or rationale why not.	No documentation the documentation included the identification of supervision type as individual or group supervision or no documentation of refusal and/or rationale why not.
Documentation the documentation included the name of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the name of the LMHP supervisor or no documentation of refusal and/or rationale why not.
Documentation the documentation included the licensure credentials of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the licensure credentials of the LMHP supervisor or no documentation of refusal and/or rationale why not.
Documentation the documentation included the name of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the name of the supervisees or no documentation of refusal and/or rationale why not.
Documentation the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees or no documentation of refusal and/or rationale why not.
Documentation the documentation included the the focus of the session with the supervisee or documentation of refusal and/or rationale why not.	No documentation the documentation included the the focus of the session with the supervisee or no documentation of refusal and/or rationale why not.

Documentation the documentation included subsequent actions that the supervisee must take or documentation of refusal and/or rationale why not.	No documentation the documentation included subsequent actions that the supervisee must take or no documentation of refusal and/or rationale why not.
Documentation the documentation included the signed date of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the signed date of the LMHP supervisor or no documentation of refusal and/or rationale why not.
Documentation the documentation included the signature of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the signature of the LMHP supervisor or no documentation of refusal and/or rationale why not.
Documentation the documentation included the signature of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the signature of the supervisees or no documentation of refusal and/or rationale why not.
Documentation the documentation included the signed date of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the signed date of the supervisees or no documentation of refusal and/or rationale why not.
Documentation the documentation included the start time of each supervision session or documentation of refusal and/or rationale why not.	No documentation the documentation included the start time of each supervision session or no documentation of refusal and/or rationale why not.
Documentation the documentation included the end time of each supervision session or documentation of refusal and/or rationale why not.	No documentation the documentation included the end time of each supervision session or no documentation of refusal and/or rationale why not.
Documentation case records include the member's name or documentation of refusal and/or rationale why not.	No documentation case records include the member's name or no documentation of refusal and/or rationale why not.
Documentation the case records include dates of service or documentation of refusal and/or rationale why not.	No documentation the case records include dates of service or no documentation of refusal and/or rationale why not.

Documentation the case records include time of service or documentation of refusal and/or rationale why not.	No documentation the case records include time of service or no documentation of refusal and/or rationale why not.
Documentation the case records include preliminary Screening or documentation of refusal and/or rationale why not.	No documentation the case records include preliminary Screening or no documentation of refusal and/or rationale why not.
Documentation the case records include assessments or documentation of refusal and/or rationale why not.	No documentation the case records include assessments or no documentation of refusal and/or rationale why not.
Documentation the case records include notes on the interventions delivered after every encounter or documentation of refusal and/or rationale why not.	No documentation the case records include notes on the interventions delivered after every encounter or no documentation of refusal and/or rationale why not.
Documentation the case records include documentation of successful and/or failed encounters and/or attempts or documentation of refusal and/or rationale why not.	No documentation the case records include documentation of successful and/or failed encounters and/or attempts or no documentation of refusal and/or rationale why not.
Documentation the case records include discharge summary or documentation of refusal and/or rationale why not.	No documentation the case records include discharge summary or no documentation of refusal and/or rationale why not.
Documentation the case records include consent for treatment or documentation of refusal and/or rationale why not.	No documentation the case records include consent for treatment or no documentation of refusal and/or rationale why not.
Documentation reflected relief of the identified crisis and/or referral to an alternate provider or documentation of refusal and/or rationale why not.	No documentation reflected relief of the identified crisis and/or referral to an alternate provider or no documentation of refusal and/or rationale why not.
Documentation reflected resolution of the identified crisis and/or referral to an alternate provider or documentation of refusal and/or rationale why not.	No documentation reflected resolution of the identified crisis and/or referral to an alternate provider or no documentation of refusal and/or rationale why not.
Documentation reflected problem solving of the identified crisis and/or referral to an alternate provider or documentation of refusal and/or rationale why not.	No documentation reflected problem solving of the identified crisis and/or referral to an alternate provider or no documentation of refusal and/or rationale why not.

Documentation attempts to communicate with treating providers and family or documentation of refusal and/or rationale why not.	No documentation attempts to communicate with treating providers and family or no documentation of refusal and/or rationale why not.
Documentation the discharge summary included communications with treating providers or documentation of refusal and/or rationale why not.	No documentation the discharge summary included communications with treating providers or no documentation of refusal and/or rationale why not.
Documentation the discharge summary included communications with family or documentation of refusal and/or rationale why not.	No documentation the discharge summary included communications with family or no documentation of refusal and/or rationale why not.
Documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.
Documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.
Documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.
Documentation member desired no further communication post crisis within record when applicable.	NO documentation member desired no further communication post crisis within record when applicable.
Documentation that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability.	NO documentation that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability.

Documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.
Documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.
Documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.
Documentation member desired no further communication post crisis within record when applicable.	NO documentation member desired no further communication post crisis within record when applicable.
Documentation that follow-up to member/caregiver occurred within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care.	NO documentation that follow-up to member/caregiver occurred within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care.
Documentation that follow-up to member/caregiver were completed either telephonically or face to face post post discharge from MCR and/or BHCC provider noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those discharge from MCR and/or BHCC provider who are not accessing higher level of care or other crisis services.

Documentation that member required AND received follow-up to member/caregiver occurred beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.	NO documentation that member required AND received follow-up to member/caregiver occurred beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.
Documentation member desired no further communication post crisis within record when applicable.	NO documentation member desired no further communication post crisis within record when applicable.

Not Applicable

No new or unforseen documented crisis.

No new or unforseen documented crisis.

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No further evaluation was needed.

No further evaluation was needed.

No evidence that member expressly refuses to include family or other collaterals sources

No N/A

Member does not have currently behavioral health provider.

No N/A

Provider does not provide MCR or BHCC services.

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

Documentation of no indication of substance use.

Documentation of no indication of substance use.

Documentation of no indication of substance use.

Documentation of no indication of substance use.

No N/A

No N/A

Documentation the member didn't require primary care services.

Documentation the member didn't require community based behavioral health care or doesn't have an existing behavioral health provider.

Documentation the member doesn't require ongoing support and time outside of the home.

Documentation the member doesn't require ongoing support at home or in the community.

Documentation the member doesn't require additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent.

Documentation the member is not in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent.

Documentation the member does not require ongoing support and treatment outside of the home for a substance use disorder or no substance use is indicated.

Documentation the member does not have a behavioral health provider.

Documentation that there was not need for link via MCO.

Documentation there are no previous records.

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

Provider is an LMHP and no supervision is required.

Provider is an LMHP and no supervision is required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No subsequent actions were identified that the supervisee must take or no supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No supervision required.

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

No N/A

Member not accessing mobile crisis response services.

Member not accessing mobile crisis response services.

Member not accessing mobile crisis response services. Member did not require follow-up beyond 72 hours post crisis.

Member not accessing mobile crisis response services. No evidence that member did NOT desire further communication.

Member not accessing BHCC.

Member not accessing BHCC.

Member not accessing BHCC.

Member not accessing BHCC.
Member did not require follow-up beyond 72 hours post crisis.

Member not accessing BHCC.
No evidence that member did NOT desire further communication.

Member not accessing CBCS.

Member not accessing CBCS.

Member not accessing CBCS. Member did not require follow-up beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.

Member not accessing CBCS. No evidence that member did NOT desire further communication.