

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 10.15 Crisis Triage, Walk-ins and Mobile Crisis Services

10.15.1	Introduction
10.15.2	References
10.15.3	Scope
10.15.4	Did you know...?
10.15.5	Definitions
10.15.6	Procedures
10.15.6-A	Triage
10.15.6-B	Disposition
10.15.6-C	Service Response Date and Time
10.15.6-D	Enrollment, Documentation and Coding

10.15.1 Introduction

NARBHA has developed a standardized Crisis Triage Form ([PM Form 10.15.1](#)) in order to provide for uniform screenings. Crisis Triage occurs when a behavioral health crisis is screened in order to identify the potential risk of harm to self or to others, urgency of need for behavioral health services, and type/level of services needed to resolve the crisis. Crisis Triage typically occurs by telephone; however Face to Face Crisis Triage may occur as a result of a “walk-in” to a Service Area Agency or at any point during treatment when potential risk factors become known or apparent to members of the treatment team.

During the process of conducting either a Telephone or Face to Face Crisis Triage, persons are typically able to receive the support and assurance that they need to be referred back to their treatment team for follow-up. When a non-enrolled person calls or walks in for crisis services, Crisis Triage is an effective tool for connecting with and engaging this person.

Service Area Agencies (SAAs) provide both Telephone and Face to Face Crisis Triage during business hours. ProtoCall staff provides Telephone Crisis Triage after business hours for SAAs and determines whether the person’s needs are Immediate, Urgent or Low/Routine.

ProtoCall is required to contact SAA staff when the acuity is immediate or urgent. They are not required to immediately contact staff at Service Area Agencies regarding members with Low/Routine acuity whose immediate needs have been handled during the Telephone Crisis Triage; however reports are forwarded to the Service Area Agencies by the next morning. Data from these reports are added to the Crisis Log ([PM Form 10.15.2](#)) by SAA staff. All persons with Immediate or Urgent acuity are referred immediately by ProtoCall to on-call staff at the Service Area Agencies for Crisis Services.

For all requests for Crisis Services, whether during or after normal business hours or whether called into and handled by ProtoCall, crisis staff, will complete the identifying information Section I Triage, Section II Disposition and Section III SAA Crisis Triage Billing.

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

NARBHA Edition

Requests for 24-hour Response to Child Protective Services Removals are handled by calling a special toll free number by day or night and are handled in accordance with Section [3.2 Appointment Standards and Timeliness of Service](#) and Section [3.3 Referral Process](#). Crisis Triage Forms ([PM Form 10.15.1](#)) are not required to be completed for these calls.

10.15.2 References

The following citations can serve as additional resources for this content area:

- [AHCCCS/ADHS Contract](#)
- [ADHS/T/RBHA Contract](#)
- [ADHS/DBHS Behavioral Health Covered Services Guide](#)
- [A.R.S. §36-520](#)
- [42 CFR 489.24\(b\) Definitions](#)
- [Section 3.21 Service Prioritization for Non-Title XIX/ XXI Funding](#)
- http://www.azsos.gov/public_services/Title_09/9-20.htm

10.15.3 Scope

To whom does this apply?

As per ADHS/NARBHA Policy [3.2 Appointment Standards and Timeliness of Service](#)

- All Title XIX and Title XXI eligible persons;
- All persons determined to have a serious mental illness; and
- All other persons based on available funding as per ADHS/NARBHA Policy [3.21 Service Prioritization for NonTXIX/TXXI Funding](#). Please note that at the time it is determined that an immediate response is needed, a person's eligibility and enrollment status may not be known. Behavioral health providers must respond to all persons in immediate need until the situation is clarified that the behavioral health provider is not financially responsible. Persons who are determined ineligible for covered services may be referred to applicable community resources.

10.15.4 Did you know...?

NARBHA maintains a toll free telephone number (1-877-756-4090), which is listed in telephone directories throughout NARBHA's General Service Area. This toll free line will be answered 24 hours a day, seven days a week.

Both Behavioral Health Professionals (BHPs) and Behavioral Health Technicians (BHTs), when supervised by a BHP, can conduct Crisis Triage. Those staff providing Mobile Crisis Services is trained in first aid, CPR and non-violent crisis resolution.

10.15.5 Definitions

Crisis Triage

The process by which the required level of care is determined. Triage is used to identify the potential risk of harm to self or others, urgency of need for behavioral health service and type/level of services needed to resolve the situation. Triage normally occurs by telephone; however, the need for face to face crisis triage may occur as a result of a "walk in" to a Service Area Agency at any point during treatment. Use NARBHA's Crisis Triage Form

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

NARBHA Edition

Crisis Services

Crisis Services are those provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated or potentially harmful behavioral health condition, episode or behavior. Crisis services include: risk analysis, assessment, crisis counseling, critical incident debriefing and consultation.

Immediate Acuity

When the danger to the person or to others is judged to be high enough that services need to be provided within two hours or less from the time of identification of need. Exception to the length of time to delivery may be made when a response within the two hour time frame is not geographically possible.

Urgent Acuity

When the danger to the person or others is judged to be serious enough that services need to be delivered within 2 to 24 hours of the determination of need. Time frame is determined by clinical need but may not exceed 24 hours.

Low/Routine Acuity

When the level of danger to the person or others is such that the situation may be handled over the phone. For those persons not enrolled in the "system" an appointment for initial assessment will be provided within 7 days of referral or request for behavioral health services.

Emergency Medical Condition (42 CFR 489.24(b) Definitions)

A medical condition manifesting itself by acute symptoms (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in: Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or in serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Examples of Emergency Medical Conditions:

- Fluctuating consciousness
- History of delirium tremors or withdrawal seizures
- Confusion and disorientation
- Fever
- Head injury
- Severe agitation
- Loss of consciousness
- Impending severe alcohol or drug withdrawal
- Severe tremors
- Cardiac conditions, such as chest pain with severe anxiety
- Acute mental status changes
- Pulmonary condition which results in shortness of breath
- Persistent vomiting
- Hypo- or hyperglycemia

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Possible indicators an Emergency Medical Condition:

- Person is unable (versus unwilling) to give history.
- Person reports a current medical condition (see Examples of EMC above).
- Confusion, exposure to the elements, wandering, dementia, developmental disability, extreme impulsivity/agitation.
- Pregnancies, seizures, shortness of breath, recent head injuries, recent loss of consciousness, diabetes.
- Types of medications the person is taking, prescribed and not prescribed, what dosages, and last use
- Other substances the person is using, chronicity of use, and last use
- A concurrent medical condition that may complicate or be significantly exacerbated by alcohol withdrawal or its treatment.

Medical services “means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.”

Mobile Crisis Services

Mobile Crisis services are those delivered by a qualified person who travels to the place where the person is having the crisis, such as, place of residence, emergency room, hospital or community setting.

10.15.6 Procedures

10.15.6-A: Triage

NARBHA requires that Crisis Triage be conducted on all persons who present in crisis by telephone, or face to face, during business hours and after hours, 24 hours a day, seven days a week.

- Initial crisis calls are answered directly by a non-recorded voice. The crisis phone response service shall be answered within three (3) telephone rings, with a call abandonment rate less than three percent (3%). Crisis phone response shall include triage, referral and dispatch of service providers and patch capabilities to and from 911 and other crisis providers as applicable.
- Back-up systems are developed and implemented in the event of human or technical failure in the primary system by which crisis service staff receive or are notified of crisis calls.
- SAAs are responsible for keeping ProtoCall current on its contact numbers and procedures for accessing the SAA after-hours crisis system.
- Reception staff answering telephones must be trained by the SAA in identification and triage of individuals in distress.

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

- The SAA will ensure sufficient availability of walk-in and/or drop-off crisis triage capacity to meet community needs. Walk-in and drop-off capability includes nursing or other medical staff capable of recording and evaluating vital signs and assessing medical need, as well as professional staff for preparation of petitions for court-ordered evaluations. If an SAA determines that the person receiving services may need court-ordered evaluation pursuant to A.R.S. §36-520 et seq., a pre-petition screening shall be performed for court ordered evaluations.
- The SAA crisis telephone number is available in all areas on a 24-hour, seven day a week basis and is publicized to the communities served by the number.
- Immediate back-up consultation is provided by medical practitioners with psychiatric experience available 24 hours per day who are privileged by the SAA to perform those functions.

When completing Crisis Triage, the SAA and/or ProtoCall, must take into consideration what has worked well for the person in past situations. This consideration includes but is not limited to:

- WRAP (Wellness Recovery Action Plans)
- Safety or Crisis Plans that the person may have developed in advance with his/her clinical team
- The person's Behavioral Health Service Plan
- Advance Directives

Acuity is determined upon the information that is obtained from the referral source and the presenting problem (s) or request for assistance. The type of information gathered will be in accordance with clinical practices that are effective in evaluating the level of risk to both staff and individuals in crisis. Following the Triage determination as to whether the person is in Immediate, Urgent or Low/Routine Level of Acuity, staff will complete the Disposition Section.

Routine referrals by the behavioral health crisis system to emergency rooms in order to conduct crisis evaluations, or for "medical clearance" prior to admission to an inpatient psychiatric facility, is not done. Referrals to emergency rooms are reserved for the emergency medical evaluation of Emergency Medical Conditions. Psychiatric inpatient facilities are capable of providing medical services, as per licensure.

Are Substance Intoxication or Withdrawal syndromes considered Emergency Medical Conditions that always warrant referral to an emergency room (ER) prior to admission to an inpatient facility or prior to a crisis triage?

- No, not routinely, but at times, yes. For example, if the person presents as intoxicated, with confusion, disorientation, and severe un-coordination, a referral may be indicated. Using an ER just to determine a blood alcohol level (BAL) in an intoxicated person or to get a urine

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

drug screen (UDS) in a person with suspected drug use is not an EMC that warrants an emergency medical evaluation at an ER. For example, a person's response to a particular BAL is dependent on his/her age, weight, sex, liver functioning, other medical conditions, etc. The BAL or results of a UDS are usually the least important factor in determining the need for medical evaluation. The symptoms of intoxication (with high BAL) as is found in alcohol poisoning, unconsciousness, falls, etc. or withdrawal (a low or zero BAL) as is found with seizures, severely elevated vital signs, etc. may be EMCs, but the presence of an EMC can usually be initially determined through observation and history as part of the crisis triage without the need to know the actual BAL or UDS. Consult with a medical practitioner prior to routinely referring to an ER.

10.15.6-B: Disposition

Immediate or Urgent Level of Acuity:

The following options must be considered in determining a disposition on a person in Immediate or Urgent need:

- Call 911; for an immediate emergency response by first responders (medical and law enforcement) capable of assessing and administering medical/legal services at the person's location; this may or may not result in transfer by ambulance to an emergency room for further medical services;
 - Refer to an emergency room for evaluation of a possible Emergency Medical Condition. SAA Medical Practitioner must be consulted prior to any referral to ER by the crisis system in order to clarify/ identify the reason for the referral;
 - Consult with SAA Medical Behavioral Health Practitioner (MBHP), primary care practitioner (PCP), Nurse;
 - Refer for admission to a psychiatric inpatient facility or subacute facility (an SAA MBHP does *not* have to approve the admission if an SAA/TAA BHP makes the recommendation for admission, but admission to one of the SAA inpatient or subacute facilities requires contact with the inpatient/subacute facility's MBHP to write admission orders to that facility);
 - Provide Mobile (Face to Face) Crisis Assessment;
 - Provide On-site (SAA) Crisis Assessment (walk-ins only);
 - Other (must be backed up by detailed information).
- When Crisis Triage indicates an Immediate or Urgent level of acuity, and the safety of others (including Mobile Crisis responders) may be an issue, law enforcement may be called to assist crisis services staff with the Mobile Crisis. This type of Mobile Crisis occurs typically in either a person's home or in the community (school, public area, etc).

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition

- Services provided in response to Immediate or Urgent response needs shall be provided in order to intervene and offer resolutions, not merely triage and transfer, and shall be provided in the least restrictive setting possible, consistent with individual and family needs and the safety of the community at large.
- Each SAA must have the capacity to communicate with individuals who do not speak or understand English. Interpreter services resources are available at www.narbha.org.
- One or two person Mobile Crisis Teams are utilized to respond to persons in their homes or in the community.
- All staff providing Mobile Crisis Services must have a cellular phone, a pager or a radio for dispatch. They must also carry resource and other key contact numbers for the purposes of collaboration with other providers and community agencies.
- On-call Behavioral Health Professionals must be available 24 hours a day for direct consultation and must review and co-sign all Crisis Triage Forms completed by BHTs.
- Emergency behavioral health services shall not require prior authorization and shall be delivered in compliance with the ADHS/DBHS Provider Manual Section, [3.14 Securing Services and Prior Authorization](#).
- SAAs shall initiate and maintain a collaborative effort with fire, police, emergency medical services, hospital emergency departments, AHCCCS Health Plans and other providers of public health and safety services to inform them of how to use the crisis response system. SAAs shall meet regularly with representatives of fire, law enforcement, emergency medical services and hospital emergency departments to coordinate services and to assess and improve their crisis response services.
- SAAs are responsible for psychiatric and/or psychological consultations provided to Title XIX and Title XXI enrolled behavioral health recipients in emergency room settings. If a Title XIX or Title XXI person is not enrolled with NARBHA, the AHCCCS Health Plan is responsible for psychiatric and/or psychological evaluations in emergency room settings. The person's AHCCCS acute care health plan is financially responsible for all other medical services including triage, physician assessment and diagnostic tests for services delivered in an emergency room setting. (See Section [4.3 Coordination of Care with AHCCCS Health Plans and Primary Care Providers](#).)
- When staff transports persons in a crisis, the requirements specified in A.A.C. R9-20 are met.
- SAAs ensure that personnel are trained to respond to and manage behavioral health crises; are familiar with resources available from the SAA and its subcontracted providers; and have a process for rapid response to persons in need of crisis services. All individuals

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

providing crisis services must be trained in the key clinical elements of effective Crisis Triage, first aid, CPR and non-violent crisis resolution.

- Crisis services are provided in a variety of settings, including but not limited to, a person's place of residence, or other community sites. In the event that a Mobile Crisis assessment is necessary, all efforts are made to see the person in their natural setting or to arrange transportation to an assessment site for individuals whose transportation barriers to assessment and intervention would otherwise preclude access to necessary services. In situations where the provision of assessment and intervention services might place staff at risk of harm, assistance from law enforcement may be sought and/or staff may arrange to meet the individual at a safe public location.

Low/Routine Level of Acuity:

Most of the time, Telephone and walk-in Crisis Services can be very effective in helping a person work through issues, which may have otherwise resulted in the need for some other type of crisis response. When this occurs, the staff person conducting the Crisis Triage will identify on the Crisis Triage form the follow-up services that will be provided to the person and any other information which will be important to his/her treatment team.

10.15.6-C Service Response Date and Time

SAA staff complete this item with the date and time that they performed the checked box (service activity) under Section I (Immediate or Urgent Services section of the Triage) If (Low/Routine) is the final disposition, then the Date and Time of Referral (located at the top of the Crisis Triage Form [PM Form 10.15.1](#)) is equal to the Date and Time of the Service Response Date and Time.

**10.15.6-D Enrollment, Documentation and Coding
Crisis Triage**

- When telephone or walk-in Crisis Triage (**only**) is delivered to a non-enrolled person, NARBHA does not require that the person be enrolled.
- NARBHA's Crisis Triage Form must be completed for SAA telephone and walk-in triage and on all calls forwarded to the SAA from ProtoCall. If there are multiple interventions for one specific crisis event, only one Crisis Triage Form will be required to be completed unless the level of acuity or disposition has changed during the course of the intervention.
- For all Crisis Triage events, SAAs are required that follow-up services be identified on the Crisis Triage Form which describes who, how and when such follow-up services will be provided to the individual in crisis. SAA staff will ensure that all information is correct and accurately reflects what occurred during the crisis event. All Crisis Triage Forms must be signed and include the credentials of both the BHT/BHP. A copy of the Crisis Triage Form must be filed in the person's clinical record.

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

NARBHA Edition

- Crisis Triage may also occur during the provision of a behavioral health service (individual therapy, group therapy, medication review, etc.). Providers are required to use NARBHA's Crisis Triage form [PM Form 10.15.1](#) during these types of events,

Mobile Crisis Assessments and Walk-ins

NARBHA SAAs provide Mobile Crisis Services during and after business hours.

- All non-enrolled persons determined to be eligible for crisis services (See 10.15.3 Scope) and who receive a Crisis Assessment service must be enrolled in the behavioral health system; the effective date of enrollment must correspond with the date on which the first service was received (see Section [7.5. Enrollment, Disenrollment and Other Data Submission](#))

Documentation of Mobile Crisis Assessments:

- For persons who become enrolled with the SAA as a result of the Mobile Crisis Assessment, all SAAs are required to document the results of a Mobile Crisis Assessment by completing as much of the ADHS/DBHS Core Assessment and Addendums as are appropriate to the crisis situation. A detailed completion of the "Next Steps" section of the ADHS/DBHS Core Assessment is essential to document necessary follow-up services. This service is coded with a **MOBILE CRISIS CODE** (H2011 Single or H2011 HT – 2 person).
- For persons who are already enrolled with the SAA and require a Mobile Crisis Assessment, this service is coded with a **MOBILE CRISIS CODE** (H2011 Single or H2011 HT – 2 person). Documentation must be in compliance with OBHL regulations for Crisis Assessments.
- Mobile Crisis Assessments performed in jails are not Title XIX/XXI reimbursable.

Documentation of Persons in Crisis who "Walk-in:"

- For persons who become enrolled with the SAA as a result of a walk-in Crisis Assessment, all SAAs are required to document the results of a walk-in Crisis Assessment by completing as much of the ADHS/DBHS Core Assessment and Addendums as are appropriate to the crisis situation. A detailed completion of the "Next Steps" section of the ADHS/DBHS Core Assessment is essential to document necessary follow-up services. This service is coded with a "regular" assessment code.
- For persons who are already enrolled with the SAA and present to the clinic as being in need of walk-in crisis services, this service is coded with whatever Covered Service is delivered to the client. Documentation must be in compliance with OBHL regulations, which correspond to the service which is delivered.

Documentation on the Crisis Log

SAAs must utilize NARBHA's Crisis Log ([PM Form 10.15.2](#)) as a method of tracking all crisis calls of members and non-members and is made available to NARBHA reviewers for the purpose of:

- Providing a crisis call count

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

- Ensuring that crisis calls were responded to within appropriate time frames
- Ensuring that crisis calls were effectively triaged and that they were responded to with the appropriate level and intensity of intervention.
- Collecting aggregate data available from the data entered for crisis calls that do (do not) result in enrollments
- Collecting information on calls made to ProtoCall that result in a Low Acuity Disposition (“In-house ProtoCall calls”).