

Crisis Intervention H2011

Provider:			Member ID:					
Review Date:			Reviewer Name:					
1. Does the documentation demonstrate that the member met medical necessity? (Note: If Question #1 scores 0, all remaining questions score 0.)				1	0			
2.	Does the do Signa Start Date Loca Code (Note: If the	cumentation include: ature with appropriate credentials /Stop times for the crisis worker of the crisis ition of the service and/or descriptor? are is no signature by an appre	oved clinician, que		3	1.5	0	
3.	 Signary physiconc Date (Note: If the 	cumentation include: ature with appropriate credentials ician/psychologist (extenders) wit lusion of the crisis of review by the physician/psych ere is no signature by an appro- and 8 on this tool score 0)	thin 72 hours of the ologist (extenders)?		3	1.5	0	
4.	Are the set practice? (Nare scored unsc face-inten	rvices consistent with the serv lote: If Question #4 scores 0, 0.) Was the intervention: heduled to-face ded to resolve a crisis related to symptoms?	all remaining que	estions	1	0		
5.	Does the do	ocumentation include the interver	ntions used to de-e	scalate	3	1.5	0	
6.		ocumentation include the membe entions used to de-escalate the c		sponse	3	1.5	0	
7.					3	1.5	0	
8.	Does the appropriate service plan	follow up including whether to	•	garding ain the	3	1.5	0	

Total Score = ____ [Possible 20]