

14-197  
OFFICE OF AGING AND DISABILITY SERVICES POLICY MANUAL  
CHAPTER 6

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**CRISIS PREVENTION AND INTERVENTION SERVICES**

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## 6.01 INTRODUCTION

This rule applies to the Department's Crisis Prevention and Intervention Services (CPIS) provided pursuant to 22 M.R.S. § 3088 and 34-B M.R.S. § 5206. The Department's CPIS support and promote the safety and well-being of adults with acquired brain injuries, intellectual disabilities, or Autism Spectrum Disorder who are in crisis, when such personal crises could lead to the loss of the home, support services, or employment.

1. **Goals.** In providing CPIS, the Department will strive to:
  - A. Mobilize the person's own strengths;
  - B. Access and use community resources;
  - C. Prevent unnecessary or inappropriate institutionalization; and
  - D. Protect the person's health and safety.
2. **Exceptions.** This rule does not apply to:
  - A. Crisis Intervention Services provided pursuant to 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Ch. II, Sec. 21, Home and Community Benefits for Members with Intellectual Disabilities and Autism Spectrum Disorder, § 21.05-8; and
  - B. Crisis Resolution and Crisis Residential Services provided pursuant to MaineCare Benefits Manual Ch. II, Sec. 65, Behavioral Health Services, §§ 65.06-1, 65.06-2.

## 6.02 DEFINITIONS

1. **Acquired Brain Injury** means an insult to the brain resulting directly or indirectly from trauma, anoxia, vascular lesions or infections, which:
  - A. Is not of a degenerative or congenital nature;
  - B. Can produce a diminished or altered state of consciousness resulting in decreased cognitive abilities or physical functioning;
  - C. Can result in the disturbance of behavioral or emotional functioning;
  - D. Can either be temporary or permanent; and
  - E. Can cause partial or total functional disability or psychosocial maladjustment.
2. **Autism Spectrum Disorder (ASD)** means a disorder as defined in 34-B M.R.S. § 6002 and diagnosed in accordance with Diagnostic Criteria set forth in the current edition of

the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association) that manifested during the developmental period.

3. **Care Coordination** means the **deliberate organization of an individual's care by members of the individual's care team in order to** facilitate the appropriate delivery of services.
4. **Care Management** means the collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the person's individualized needs.
5. **Crisis** means a time period in which a person with an intellectual disability, acquired brain injury, or Autism Spectrum Disorder is experiencing a medical, psychological, behavioral, or emotional disturbance or has any other experience that could lead to the loss of the home, support services, or employment.
6. **Crisis Case Management** means a service that complements Crisis Prevention and Intervention Services and is designed to connect persons in crisis to other community resources as needed. Crisis case managers will work in collaboration with the client's community case manager and other team members.
7. **Crisis Prevention and Intervention Services (CPIS)** means services that are provided to a person with an intellectual disability, acquired brain injury, or Autism Spectrum Disorder in crisis pursuant to this rule. CPIS are designed to ensure the health and safety of the person by preventing, improving, and stabilizing crisis situations.
8. **Crisis Stabilization Units (CSU)** means short-term facilities provided by the Department to persons with intellectual disabilities, acquired brain injuries, or Autism Spectrum Disorder in crisis who would benefit from a short-term, structured, stabilizing setting. CSU services will not exceed 3-5 days without approval from the CPIS program administrator.
9. **Department** means the Maine Department of Health and Human Services.
10. **Intake** means the process by which the Department assesses the presenting person for need for CPIS by collecting information regarding the nature of the crisis.
11. **Intellectual Disability** means a disorder as defined in 34-B M.R.S. § 5001 and diagnosed in accordance with Diagnostic Criteria set forth in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association) that manifested during the developmental period.
12. **Natural Supports** means those supports provided by persons who are not paid service providers but who provide assistance, contact, or companionship to enable a person with an intellectual disability, acquired brain injury, or Autism Spectrum Disorder to participate independently in residential, employment, or other community settings.
13. **Post-Crisis Services** means follow up contact and assessment after the person's initial contact with a crisis worker.

14. **Office of Aging and Disability Services (OADS)** means the Office of Aging and Disability Services within the Maine Department of Health and Human Services.
15. **Out-of-Home Services** means crisis services delivered outside of a person's residence when interventions cannot be safely managed at the person's residence.
16. **Remote Services** means crisis services provided via telephone, videoconferencing, social media applications, or other forms of communication that are acceptable to and accessible by the person in crisis that is utilized when the service provider is unable to meet with the person in crisis face-to-face at the person's home, program, or workplace.
17. **Regional Crisis Services** means the decentralized locations, throughout the State of Maine, where CPIS originates. These locations and regions are determined and defined by the Department.
18. **Residential Crisis Services** means out-of-home services that are provided to persons with intellectual disabilities, acquired brain injuries, or Autism Spectrum Disorder in crisis by the Department or a Department-contracted provider.
19. **Residential Stabilization Units (RSU)** means short-term crisis observation and supervision provided by the Department to persons with intellectual disabilities, acquired brain injuries, or Autism Spectrum Disorder in crisis who would benefit from a short-term, structured, stabilizing setting.

### 6.03 SERVICES

1. **Capacity.** The Department, subject to available resources, will maintain sufficient capacity to offer statewide in-home and out-of-home CPIS for adults with intellectual disabilities, acquired brain injuries, or Autism Spectrum Disorder.

Subject to available resources, the Department shall assure that there exists capacity to conduct crisis planning, training, assessment, consultation, support, and post-crisis follow up; to provide support to prevent or respond to a crisis on-site; and to assist with securing mental health supports and appropriate professional supports when necessary, including access to a licensed mental health provider, inpatient treatment when indicated, psychiatric services, and mental health aftercare services.

2. **Service Location.**
  - A. The Department will authorize, as needed, in-home or out-of-home services.
  - B. Crisis services will be offered at a person's home, program, or workplace unless:
    - (1) Otherwise specified in personal planning; or
    - (2) Crisis prevention and intervention efforts to remain at home were unsuccessful.

**3. Transportation Services.**

- A. The Department will provide transportation as a crisis service only, which must be provided in a state-owned or state-leased vehicle.
- B. The Department will not use law enforcement entities for the transportation of persons in crisis, unless:
  - (1) It has been specifically authorized by the person's guardian or planning team; or
  - (2) It has been determined by law enforcement personnel to be necessary to provide for the safety of the person in crisis or others.

**4. Intake Services.**

- A. The Department will maintain a dedicated crisis telephone intake service to receive notifications of ongoing crises and requests for crisis services ("Crisis Intake").
- B. Crisis Intake shall be available 24/7 via telephone, videophone, or text message.
- C. Crisis Intake staff shall utilize remote crisis services in accordance with this section and connect consumers with the appropriate regional crisis services provider(s) when in-person assistance is requested or is determined by the Department to be necessary. Whether to deploy remote or in-person services will be determined by the Department on the basis of the information provided by or on behalf of the person in crisis and the availability of in-person services.
- D. Crisis Intake staff will either self-assign or assign the closest regional crisis services staff to meet the person in crisis on scene and make any other appropriate referrals.
- E. Crisis Intake will provide crisis services remotely while the person is in crisis until an in-person CPIS provider is on site or other CPIS is deployed.

**5. Crisis Case Management.**

- A. The Department shall maintain CPIS case management services to assist adults with intellectual disabilities, acquired brain injuries, or Autism Spectrum Disorder who are in crisis, when such personal crises could lead to the loss of the home, support services, or employment.
- B. Crisis Case Management services shall:
  - (1) Connect the person in crisis to other community resources as needed;

- (2) Work in collaboration with the person's other team members; and
  - (3) Work in collaboration with the person's community case manager.
- C. Crisis Case Management staff will be trained to perform other CPIS duties, if they are needed to act in that capacity.
- D. When the person in crisis does not have a community case manager, a crisis case manager will perform those duties during the duration of the crisis.

**6. Placements.**

**A. Crisis Stabilization Units**

- (1) The Department will provide Crisis Stabilization Units (CSU) for adults with intellectual disabilities, acquired brain injuries, or Autism Spectrum Disorder, who are in crisis.
- (2) CSU will provide 24-hour observation and supervision for a qualifying person in crisis who would benefit from a short-term, structured, stabilizing setting.
- (3) CSU focus on initial assessment, care management, crisis case management, medication management, mobilization of resources, and achieving a safe discharge that meets the individual's needs.
- (4) CSU services will not exceed 3-5 days without approval from the CPIS program administrator.

**B. Emergency Transitional Housing**

- (1) The Department will provide emergency transitional housing for persons in crisis at Residential Stabilization Units (RSU).
- (2) RSU provide 24-hour observation and supervision for qualifying persons in crisis who would benefit from a short-term, structured, stabilizing setting.
- (3) RSU focus on care management, medication management, mobilization of resources, and achieving a safe and individually appropriate discharge.
- (4) RSU services will end when other long-term services and supports that will meet the individual's needs are identified, accepted by the person, and implemented.
- (5) The Department will provide notice of discharge from RSU placement:
  - (a) When the discharge is clinically indicated through achievement of goals, or

- (b) When a discharge is otherwise needed.
- (6) Discharge summary information shall be provided to the person at the time of discharge that includes:
  - (a) Significant findings relevant to the person's recovery, including their strengths, needs, and preferences;
  - (b) Plan of care and progress;
  - (c) Specific instructions for ongoing care;
  - (d) Recommendations for continued care to include community services, if indicated; and
  - (e) Contact information for how to access community resources.

**7. Post-Crisis Services.**

- A. The Department shall provide a post-crisis review after the person's initial contact with a crisis worker.
- B. The post-crisis review required pursuant to the preceding paragraph shall include:
  - (1) Active participation, if possible, by the person;
  - (2) Natural supports and relevant or involved providers;
  - (3) Other appropriate members of the person's planning team;
  - (4) Identification of the triggers of crisis for the person; and
  - (5) Recommendations for changes in the person's environment, services and supports to help prevent or reduce crises in the future.

**6.04 TRAINING**

- 1. The Department shall offer regular and ongoing information, consultation, and training on CPIS, regarding:
  - A. Available types of crisis services;
  - B. Prevention;
  - C. Intervention; and
  - D. Post-crisis review.
- 2. The Department will make this information available to:

- A. Persons with intellectual disabilities, acquired brain injuries, and Autism Spectrum Disorder;
  - B. Their families, guardians, and advocates;
  - C. Department staff;
  - D. Providers; and
  - E. Other interested parties.
3. Information regarding the availability of CPIS will be disseminated through annual person-centered planning meetings, provider trainings, Department trainings, and notices made available during Department outreach, in publications, and on the Department's website.

## **6.05 DATA COLLECTION AND REPORTING**

### **1. Data Collection.**

- A. The Department shall retain and maintain data regarding CPIS, including data that may be needed to sufficiently plan and budget for ongoing crisis services, including:
  - (1) Referral counts, types and sources;
  - (2) Presenting issues;
  - (3) Levels of care assessed;
  - (4) Types of CPIS used;
  - (5) Duration of CPIS; and
  - (6) Demographics of persons accessing crisis services.

### **2. Reporting.**

The Department shall utilize de-identified, collected data to produce reports, as needed, to sufficiently plan and budget for ongoing crisis services.

**STATUTORY AUTHORITY:** 22 M.R.S. §§ 42(1), 3089(3); 34-B M.R.S. § 5206(8)

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