MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL:
Crisis Residential Services for Children and Adults/Level II Service

SERVICE DESCRIPTION: This service is defined as Behavioral Health Short Term Residential Services in a **non-hospital residential treatment** program. Crisis residential services are intended to provide a **short-term alternative to inpatient psychiatric services** for beneficiaries experiencing an **acute psychiatric crisis** when clinically indicated. Services may Only be used to avert an inpatient psychiatric admission OR to shorten length of an inpatient stay. **This service is designed for a subset of beneficiaries who meet psychiatric inpatient admission criteria, or are at risk of admission, but who can be appropriately and safely served in a setting less intensive/restrictive than a hospital.** The immediate goal of crisis residential services is to facilitate **the reduction in the intensity** of those factors that lead to the crisis residential admission. This is be accomplished through a person centered/family centered and recovery/resiliency oriented approach. **Services must be designed to resolve the immediate crisis and improve functioning level of the beneficiaries to allow them to return to less intensive community living as soon as possible.** The covered crisis residential services include:

**Psychiatric Supervision
**Therapeutic Support Services
**Medication Management/Stabilization and Education
**Behavioral Services
**Milieu Therapy
**Nursing Services

In addition, individuals who are admitted to Crisis Residential Services must be offered the opportunity to explore and learn more about the following:

**Crisis
**Substance use
**Identity values
**Choices/choice making
**Recovery/recovery planning (Recovery and recovery planning is inclusive of all aspects of life, including relationships, where to live, training, employment, daily activities, and physical well-being.)

NOTE: Child Crisis Residential Services may NOT be provided to children with serious emotional disturbances in a Child Caring Institution (CCI).

STANDARD PROCEDURE CODE: H0018

UNIT OF MEASURE: Day

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a severe emotional disturbance or a severe and persistent mental illness and meets eligibility requirements for Specialty Services, as defined in the Population Specific Practice Guidelines/Eligibility Chapters within this manual.

2. The service has been determined to meet Medical Necessity Criteria (see section on "Medical Necessity" for specific criteria, which is located in the Thumb Alliance Guiding Principles Chapter)

3. Beneficiaries must meet psychiatric inpatient admission (may want to reference the protocol on "Community Inpatient") criteria (ie: displaying significant signs/symptoms of a psychiatric disorder, demonstrating serious functional impairments and risk of harm to self/others), but have such symptoms and risk that permit them to be safely treated in this specific alternative setting (ie: they may not be at **Imminent** risk of harm to self or others).

4. Beneficiaries may **Not** have serious medication or medical complications that would necessitate treatment in a medical facility.

5. Services are designed for beneficiaries with a mental illness or with a mental illness and a comorbid condition, such as a substance use disorder or a developmental disability. However, **the primary reason for service must be the mental illness.**

6. Eligibility Criteria defined:

   a. **Diagnosis**: a diagnosable mental illness or behavioral/emotional disorder of sufficient duration to meet diagnostic critieria specified within the current version of the DSM or ICD, excluding those with a diagnosis other than, or in addition to: alcohol/drug disorders, developmental disorders, or social conditions (V codes)

   b. **Severity of Illness** (signs, symptoms, functional impairments and risk potential):

      * **Psychiatric Signs/Symptoms**:
        - … Substantial disturbance of thought process, perception, affect, memory, or consciousness (due to a mental illness)
        - … Disorganized/bizarre behavior, diminished impulse control, significantly impaired judgment
        - … Agitation
        - … Impaired capacity to recognize reality
        - … Impairments in activities of daily living
      * The disordered/bizarre behavior or level of agitation are not so severe or extreme to require frequent restraints or to pose a danger to others receiving services at the same residence.

* **Disruptions of Self-Care/Independent Functioning**:
  - … Person has insufficient capability to adequately attend to basic self-care tasks and/or to maintain adequate nutrition, shelter, or other essentials of daily living, due to a psychiatric disorder
  - … Person's interpersonal functioning is seriously impaired, necessitating temporary separation from the natural support system and living arrangement
  - … Person is acutely incapacitated in educational/occupational role performance, due to an active psychiatric disorder

* **Danger to Self:**
  - … Some danger to self, reflected in self-harm ideations, recent gestures with low lethality/intent, or minor, non-severe self-injurious behavior
  - … Intermittent expressions/verbalizations of self-harm inclinations, thoughts of self-mutilation, passive wishes to die, but no persistent or unrelenting self-harm preoccupations and no recent significant physical actions (deliberate or reckless endangerment) involving actual, direct, serious harm to self
  - … May have been recent significant self-harm actions, but these behaviors are now under control and the individual is not considered to be at imminent or serious risk if monitored in a 24 hour program with adequate supervision and supports

* **Danger to Others:**
  - … Person has expressed a wish to harm others, but has not made any plans or acquired the means to carry this out and there is evidence of some impulse control and reality orientation
  - … Person may have threatened others verbally, but there have been no assaultive actions, no preparations for such actions, and there is nothing in the person's recent behavior to suggest these threats will be carried out.
  - … May have been minor destructive behavior toward property that has not materially endangered others.

PROVIDER QUALIFICATIONS:

* Supervision by a psychiatrist is required for all treatment services.
* A psychiatrist need not be present when services are delivered, but must be available by telephone at all times.
* The psychiatrist must provide psychiatric evaluation or assessment at the crisis residential home.
* Medication reviews performed at the crisis residential home must be performed by a physician, physician assistant, **or** nurse practitioner under the clinical supervision of a psychiatrist.
* **The covered crisis residential services** (refer to "Service Description" section above) must be supervised on-site eight hours a day Monday through Friday, and On-Call at all

other times, by a **mental health professional possessing at least a master's degree in human services AND one year experience providing services to beneficiaries with serious mental illness, Or a bachelor's degree in human services with at least two years' experience providing services to beneficiaries with serious mental illness.**

- Treatment activities may be carried out by Paraprofessional Staff who have at least one year of satisfactory work experience providing services to beneficiaries with mental illness, OR who have successfully completed a PIHP/MDCH approved training program for working with beneficiaries with mental illness.
- Peer Support Specialists may be part of the multi-disciplinary team and can facilitate some of the activities based on their scope of practice, such as:
  - … facilitating peer support groups
  - … assisting in transitioning individuals to less intensive services
  - … mentoring towards recovery/discovery.
- For Adult Crisis Residential Services, the program must include on-site nursing services (RN or LPN under appropriate supervision):
- **For settings of six or fewer beds**: on-site nursing must be provided at least one hour per day, per resident, seven days per week, with 24 hour availability on-call.
- **For 7-16 beds**: on-site nursing must be provided eight hours per day, seven days per week, with 24 hour availability on-call.

TYPICAL SERVICE UTILIZATION PATTERN:

1. Beneficiary requires at least **one** of the following:

a. Highly structured, supervised care setting to prevent elevation of symptom acuity, to recover functional living skills, and to strengthen internal coping resources

b. Consistent observation and supervision of behavior are needed to compensate for impaired reality testing/temporary deficient internal controls

c. Individual has reached a level of clinical stability (diminished risk) alleviating the need for restrictive inpatient care, but continues to require a structured and supervised 24-hour program to consolidate inpatient progress and increase recovery.

d. Frequent monitoring of medication regimen and response is necessary

e. Individual needs to be temporarily separated from their current living arrangement, due to severely impaired interpersonal functioning and the risk of further deterioration of their condition and of support circumstances if an alternative setting is not utilized

f. A concentrated, comprehensive, intensive program of treatments, services, and supports is indicated by the complexity and/or severity of the individual's signs/symptoms.

2. Services may be provided for a period of **14** calendar days per crisis residential episode. Services may be **extended and regularly monitored, if justified by clinical need, as determined by the interdisciplinary team, with a maximum of 30 consecutive days**.

3. Services must be delivered according to an individual plan based on assessment of immediate need.

4. The plan of service must be developed within **48 hours of admission** and signed by the beneficiary, the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary.

5. **If the beneficiary has an involved case manager, the case manager must be involved in the treatment as soon as possible and must be involved in the follow-up/transition services.**

6. The plan of service must contain:
   a. Clearly stated goals and measurable objectives, derived from the assessment of immediate need, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis
   b. Identification of the activities/interventions designed to assist the beneficiary to attain their goals and objectives
   c. Discharge plans, need for aftercare/follow-up services, and the role of, and identification of, the case manager.

7. **If the length of stay in the crisis residential program exceeds the 14 days, an interdisciplinary team must develop a subsequent plan based on comprehensive assessments.**

8. Interdisciplinary team is comprised of the following members:
   a. Beneficiary
   b. Parent or Guardian
   c. Psychiatrist
   d. Case Manager
   e. Potential other disciplines: ACT team members, outpatient service provider, or home based services staff

9. **For Children's crisis residential services, the plan must also address the child's needs in context with the family's needs. Educational services must also be considered and the plan must be developed in consultation with the child's school district staff members.**

10. **Covered Services (as described in the "Service Description" section) should be intensive to address the acute condition. Recommended service provision is 4-5 days/week (or 8-10 days within the initial 14 day period).**

ASSOCIATED OUTCOMES:

* Safe alternative to psychiatric inpatient setting, treating individual within their own Community
* Increased Recovery
* Healthy Family Functioning
* Reduction in the usage of psychiatric hospitalizations/shortened length of stays of psychiatric hospitalizations
* Reduction in maladaptive behaviors
* Maximized behavioral self-control
* Restored previous psychological functioning, reality orientation, and emotional adjustment
* Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment
* Increased attendance/academic status at school
* Increased Psychological/Natural Supports
* Decreased criminal justice/legal involvement
* Decreased symptomatology of severe emotional disturbance/severe mental illness that led to acute condition
* Abstinence from drug/alcohol use
* Significantly diminished risk to self and/or others
* Increased capacity/Demonstration of family system to effectively/safely manage child/adolescents needs

NOTE: The above outcomes indicate potential results, based on individual needs. Some of these potential outcomes may not be applicable to particular beneficiaries of Crisis Residential Services.