

Iowa Medicaid Crisis Stabilization Utilization Management Guideline

Description

Crisis Response Services is an array of service provided to individuals experiencing a mental health crisis aimed at assessment and intervention to stabilize the member's level of functionality. A mental health crisis is defined as a "behavioral, emotional, or psychiatric situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual and which cannot be resolved without intervention." -Iowa Administrative Code (IAC) IAC 441-24.20

The goal of [community-based crisis stabilization](#) (CBCS) is to stabilize the individual member within the community in the least restrictive environment possible. Crisis stabilization services are voluntary and used to provide the individual with a safe, secure location that is less intensive and restrictive than inpatient acute hospital psychiatric services. The appropriate services are determined by a mental health assessment.

These services may include but are not limited to:

- Psychiatric services.
- Medication.
- Counseling.
- Referral.
- Peer support.
- Linkage to ongoing services.

The goal of [crisis stabilization residential services](#) (CSRS) is to stabilize and reintegrate the individual back into the community. CSRS are designed for individuals who voluntarily choose these services and who are in need of a safe, secure environment less intensive and restrictive than acute inpatient psychiatric hospital services. The appropriate services are determined by a mental health assessment.

CSRS have the capacity to serve more than two individuals at a time, and they can serve youth or adults. However, youth and adults cannot be housed in the same facility setting.

[Subacute mental health](#) services are:

- Short-term.
- Intensive.
- Recovery-oriented.
- Designed to stabilize an individual who is experiencing a decreased level of functioning due to a mental health condition.

Crisis service providers receive accreditation in accordance with *Iowa Administrative Code (IAC) 441 Chapter 24*. Subacute mental health service providers must be licensed in accordance with the *IAC 481 Chapter 71*.

Clinical indications

Core components of CBCS, CSRS and subacute mental health services are crisis assessment and treatment summaries.

Crisis assessment: The purpose of the crisis assessment is to determine the precipitating factors of the crisis, the individual and family functioning needs and the diagnosis (if present), and to initiate a stabilization plan and discharge plan. A licensed mental health professional conducts a crisis assessment within 24 hours of an individual's admission to a crisis response service.

To develop an action plan, the crisis assessment examines:

- Active symptoms of psychosis.
- Alcohol use.
- Coping ability.
- History of trauma.
- Impulsivity or absence of protective factors.
- Intensity and duration of depression.
- Lethality assessment.
- Level of external support available to the individual.
- Medical history.
- Physical health.
- Prescription medication.
- Crisis details.
- Stress indicators and level of stress.
- Substance use.

Treatment summary

Prior to the individual's discharge from CBCS, CSRS and subacute mental health services, a treatment summary is completed. A copy of the summary is provided to the individual and shared with the individual's treatment team of providers, if applicable.

At a minimum, the content of the treatment summary includes **all** of the following:

- Course and progress of the individual with regard to each identified problem
- Documented note of a mental health professional contact one time daily
- Evolution of the mental status to inform ongoing placement and support decisions
- Final assessment, including general observations and significant findings of the individual's condition initially while services were being provided and at discharge
- Recommendations and arrangements for further service needs
- Signature of the mental health professional
- Stabilization plan

- Reasons for termination of service
- Treatment interventions

Community-based crisis stabilization (CBCS)

Short-term services designed to deescalate a crisis situation and stabilize an individual experiencing a mental health crisis, provided where the individual lives, works or recreates. (IAC 441-24.20)

Members meeting admission criteria are automatically authorized for CBCS services from one to five days, as needed.

Admission criteria for CBCS (all of the following)

- A. The member is presenting and active with symptomology consistent with a mental health crisis.
- B. The mental health crisis is interfering with the member's activities of daily living.
- C. The factors leading to admission and/or the member's history of treatment suggest that the symptoms can be stabilized with crisis stabilization services within the community.
- D. The member does not require inpatient hospitalization but requires crisis stabilization services that may include medication, counseling, referral, peer support and linkage to ongoing services, not expected to exceed 5 days.

Continued stay criteria for CBCS (all of the following)

If the member is identified to need CBCS services for more than five consecutive days of service, the member needs to meet all of the following criteria for continued stay. The provider will need to make the request for the additional service days:

- A. The individual's condition continues to meet admission criteria for crisis stabilization.
- B. The individual's treatment does not require a more intensive level of care, and a less intensive level of care would not be sufficient to meet individual's needs
- C. There is a written stabilization plan that identifies the short-term strategy to stabilize the crisis developed by the provider in collaboration with crisis staff and the member.
- D. This is evidence the stabilization plan has been activated with interventions that are appropriate to stabilize the member's crisis
- E. There is documented evidence of active discharge planning.

Crisis stabilization residential service (CSRS)

Short-term services designed to deescalate a crisis situation and stabilize an individual experiencing a mental health crisis, provided in a residential setting within the community. The residential treatment setting provides a protective environment that includes stabilization, support, diagnostic evaluation and treatment, wellness, and transition to ongoing services provided 24 hours a day, 7 days a week. These residential settings are intended to be short-term, recovery-oriented services designed to stabilize the member.

Members meeting admission criteria are automatically authorized for CBRS services from one to five days, as needed.

Admission Criteria for CSRS (all of the following)

- A. The member is presenting and active symptomology consistent with a mental health crisis.
- B. The mental health crisis is interfering with the member's activities of daily living
- C. The factors leading to admission and/or the member's history of treatment suggest that the symptoms can be stabilized with crisis stabilization residential services within the community.
- D. The member does not require inpatient hospitalization but requires crisis stabilization services that may include medication, counseling, referral, peer support and linkage to ongoing services, not expected to exceed 5 days.

Continued stay criteria for CSRS (all of the following)

If the member is identified to need CSRS services for more than five consecutive days of service, the member needs to meet all of the following criteria for continued stay. The provider will need to make the request for the additional service days:

- A. The individual's condition continues to meet admission criteria for crisis stabilization.
- B. The individual's treatment does not require a more intensive level of care, and a less intensive level of care would not be sufficient to meet individual's needs
- C. There is a written stabilization plan that identifies the short-term strategy to stabilize the crisis developed by the provider in collaboration with crisis staff and the member.
- D. This is evidence the stabilization plan has been activated with interventions that are appropriate to stabilize the member's crisis
- E. There is documented evidence of active discharge planning.

THIS AREA INTENTIONALLY LEFT BLANK

Subacute mental health services

Subacute treatment is designed to resolve the presence of acute or crisis mental health symptoms, or the imminent risk of onset of acute or crisis mental health symptoms for members experiencing a decreased level of functioning due to a mental health condition.

The Subacute treatment setting provides a protective environment that includes stabilization, support, diagnostic evaluation and treatment, wellness, and transition to ongoing services provided 24 hours a day, 7 days a week. Subacute mental health care facilities are intended to be short-term, intensive, and recovery-oriented and services are designed to stabilize the member. Iowa Administrative Code (IAC) 481-71.1

Members meeting admission criteria are automatically authorized for subacute services from one to ten days, as needed.

Admission requirements (all of the following)

- A. Eligibility for individualized subacute mental health services will be determined by the standardized preadmission screening utilized by the facility, which shall be conducted by a mental health professional, as defined in Iowa Code Section 228.1(6)
- B. In order to be admitted, the individual must:
 - a. Be 18 years or older;
 - b. During the past year, have had a diagnosable mental, behavioral or emotional disorder that meets the diagnostic criteria specified in the most current edition of the diagnostic and statistical Manual of Mental Disorders (DSM)
 - c. Demonstrate a high degree of impairment through significantly impaired mental, social, or educational functioning arising from the psychiatric condition or serious emotional disturbance;
 - d. Demonstrate an impairment that severely limits the skills necessary to maintain an adequate level of functioning outside a treatment program and requires active treatment to obtain an adequate level of functioning;
 - e. Demonstrate a low level of stability through **any two** of the following conditions:
 - i. The individual present moderate to high risk of danger to self or others.
 - ii. The individual lacks adequate skills or social support to address mental health symptoms.
 - iii. The individual is medically stable but requires observation and care for stabilization of a mental health condition or impairment.

Continued stay criteria (all of the following)

By the 10th day following admission and every 10 calendar days thereafter, the mental health professional shall conduct and document an assessment of the resident to determine if **ALL** the following criteria are met. This assessment information should be used by provider to request additional service authorization for subacute services beyond the initial ten days:

- A. The severity of the behavioral and emotional symptoms continues to require the subacute level of intervention, and the current *DSM* diagnosis remains the principal diagnosis.
- B. The prescribed interventions remain consistent with the intended treatment plan outcomes.
- C. There is documented evidence of active, individualized discharge planning.
- D. There is a reasonable likelihood of substantial benefit in the resident's mental health condition as a result of active intervention of the 24-hour supervised program.
- E. Symptoms and behaviors that required admission are continuing.
- F. A less intensive level of care would be insufficient to stabilize the resident's condition.
- G. New issues that meet the admission guidelines in subrule 71.13(2) have appeared.
- H. The resident requires further stabilization subsequent to acute care to treat active mental health symptoms such as psychosis, depression or mood disorder.

Discharge criteria

A resident may be discharged from subacute level of care if:

- A. The resident's goals and objectives for subacute services treatment plan have been met, and a discharge plan to outpatient or other community-based services is in place.

- B. The resident’s physical condition necessitates transfer to a more intensive level of care.
- C. The resident is not making progress toward treatment goals, and there is no reasonable expectation of progress at the subacute level of care.
- D. The resident becomes a danger to self, others or facility structure and requires an emergency transfer to a higher level of care.
- E. The resident repeatedly refuses to participate in the resident’s treatment plan.

Coding

Specific limits for minimum and maximum amount of services per quarter are determined by each member’s case.

Codes used in crisis stabilization services include (but are not limited to) the following:

Procedure/HCPCS code	Modifier	Service definition
S9485	-	CBCS mental health services, per diem
S9485	-	CSRS mental health services, per diem
H2013	-	Subacute mental health services

Subacute mental health services:

Exclusion criteria: A subacute care facility shall not admit an individual into the facility if the individual manifests behavioral or psychiatric symptoms that require acute care, or the individual’s lack of adequate place of residence, placement or housing is not reason to receive subacute mental health services.

Discussion/general information

The *Utilization Management Guidelines* are created to be in compliance with IAC for CBCS, CSRS and subacute mental health services.

Definitions

Appropriate: the degree to which the services, supports or activities provided or undertaken by the organization are suitable and desirable for the needs, situation or problems of the individual using the service

Assessment: the review of the current functioning of the individual using the service in regard to the individual’s situation, needs, strengths, abilities, desires and goals

Mental health professional: an individual who has either of the following qualifications:

- The individual meets all of the following requirements:
 - Holds at least a Master’s degree in a mental health field, including but not limited to psychology, counseling and guidance, nursing, and social work, **or** is an advanced registered nurse practitioner, a physician assistant, or a physician and surgeon or an osteopathic physician and surgeon
 - Holds a current Iowa license if practicing in a field covered by an Iowa licensure law

- Has at least two years of post-degree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services
- The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law and is a psychiatrist, an advanced registered nurse practitioner who holds a national certification in psychiatric mental health care and is licensed by the board of nursing, a physician assistant practicing under the supervision of a psychiatrist, or an individual who holds a doctorate degree in psychology and is licensed by the board of psychology.

References

1. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* Arlington, VA. 2013. Available at <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>, Accessed January 23, 2018.
2. International Classification of Diseases, Tenth Revision, Clinical Modifications, <http://www.cdc.gov/nchs/icd/icd10cm.htm>, Accessed January 23, 2018
3. Iowa Administrative Code, [Disclosure of Mental Health and Psychological Information - Definitions 228.1](#).
4. Iowa Administrative Code, [Human Services Department 441-24.32\(2\)](#).
5. Iowa Administrative Code, [Human Services Department 441-24.38 \(225C\)](#).
6. Iowa Administrative Code, [Human Services Department 441-24.39 \(225C\)](#).
7. Iowa Administrative Code, [Human Services Department 481-71](#).
8. Iowa Administrative Code, [Human Services Department 481-71.1 \(135G\)](#).
9. Iowa Administrative Code, [Human Services Department 481-71.13 \(135G\) \(1-6\)](#).
10. Iowa Administrative Code 228.1 (6)
11. Iowa Administrative Code 441-24.20

Revision history		
Status	Date	Action
New	1/16/18	Created
UPDATED	5/7/18	STATE REVISIONS
UPDATED	8/30/2018	State requested edits