Bed Based Services

Crisis Stabilization for Adults

Crisis Stabilization (CS) for adults is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement. CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level. This service is designed to ameliorate a psychiatric crisis and/or reduce acute symptoms of mental illness and to provide crisis relief, resolution, and intensive supportive resources for adults who need temporary twenty-four (24) hours a day, seven (7) days a week support and is not intended to be a housing placement.

CS assists with deescalating the severity of a member's level of distress and/or need for urgent care associated with a mental health disorder. The goal is to support members in ways that will mitigate the need for higher levels of care, further ensuring the coordination of a successful return to community placement at the earliest possible time. Short-term crisis bed based stabilization services include a range of resources that can meet the needs of the member with an acute psychiatric crisis and provide a safe environment for care and recovery. Care coordination is a key element of crisis services, coordinating across the services and beyond depending on the needs of the member.

Services are provided in an organized bed-based non-medical setting, delivered by appropriately trained staff that provide safe twenty-four (24) hour crisis relieving/resolving intervention and support, medication management, observation and care coordination in a supervised environment where the member is served. While these are not primary substance use treatment facilities, the use of previously initiated medication assisted treatment (MAT) may continue.

Components

Assessment

1. The psychiatric diagnostic evaluation of risk, mental status and medical stability must be conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service and practicing within the scope of his or her professional license. This assessment should build upon what is learned by previous crisis response providers or the Assertive Community Treatment (ACT) provider and should include contact with the member, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of the evaluation and/or

referral to and coordination with other alternative behavioral health services at an appropriate level. If the member expressly refuses to include family or other collaterals sources, it must be documented in the member record. If a psychiatric diagnostic evaluation was completed within thirty (30) days, another evaluation does not need to be completed at this time, but an update to capture the member's current status must be added to the previous evaluation; and

2. A registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for medical stability.

Interventions

1. The intervention is driven by the member and is developed by the LMHP, psychiatrist, or non-licensed staff in collaboration with the LMHP or the psychiatrist building on and updating the strategies developed by the mobile crisis response (MCR), Behavioral Health Crisis Care (BHCC), and/or community brief support service (CBCS) service providers. Through this process, short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning:

    a. The intervention should be developed with input from the member, family and other collateral sources. Strategies are developed for the member to use post current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate.

2. The service will include brief interventions using person centered approaches, such as, crisis resolution, self-help skills, peer support services, social skills, medication support, and co-occurring substance use disorder treatment services through individual and group interventions. The service must be provided under the supervision of an LMHP or psychiatrist with experience regarding this specialized behavioral health service;

3. Substance use should be recognized and addressed in an integrated fashion, as it may add to the risk, increasing the need for engagement in care; and

4. Support, education, and consultation is provided to the member, family, and collateral supports.

Care Coordination

1. CS providers shall coordinate care for the member following the crisis event as needed. Care coordination includes the following activities:

   a. Coordinating the transfer to alternate levels of care within 24 hours when warranted, including but not limited to:

      i. Primary medical care - when the member requires primary medical care with an existing provider;

      ii. Community based behavioral health provider - when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider. The member should return to existing services as soon as indicated and accessible;

      iii. Community Brief Crisis Support (CBCS) - when the member requires ongoing support at home or in the community, if the member does not have an existing behavioral health provider who can meet their current critical needs as defined in the discharge plans;

      iv. Crisis Stabilization (CS) – when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, at immediate suicide risk, or currently violent;

      v. Inpatient treatment – when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, or is actively suicidal, homicidal, gravely disabled, or currently violent; and

      vi. Residential substance use treatment - when the member requires ongoing support outside of the home for a substance use disorder.

   NOTE: Crisis care should continue until the crisis is resolved and the member no longer needs crisis services. Readiness for discharge is evaluated on a daily basis.

   b. Coordinating contact through a warm handoff with the member's Managed Care Organization (MCO) to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated;

c. Coordinating contact through a warm handoff with the member's existing or new behavioral health provider; and

d. Providing any member records to the existing or new behavioral health provider or to another crisis service to assist with continuing care upon referral.

Follow-Up

1. Provide follow up to the member and authorized member's caretaker and/or family up to 72 hours to ensure continued stability post crisis for those not accessing CBCS or higher levels of care, including but not limited to:

   a. Telephonic follow-up based on clinical individualized need; and

   b. Additional calls/visits to the member following the crisis unless the member indicates no further communication is desired as documented in the member's record.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. Referrals to CS must be completed by the Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), Community Brief Crisis Support (CBCS) providers or ACT teams.

Other referrals will be considered on a case by case basis. This service is intended for any member in mental health crisis, needing immediate intervention to stabilize the situation and needing help now but is whose needs do not meet a higher level of care (examples include not at medical risk or currently violent).

While medical clearance will not be required, members admitted to this level of care should be medically stable. Members who have a co-morbid physical condition that requires nursing or hospital level of care or who are a threat to themselves or others and require an inpatient level of care are not eligible for CS services.

Service Utilization

CS requires prior authorization, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis response services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The

member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider. Additional units may be approved with prior authorization.

The LMHP or psychiatrist must be available at all times to provide back up, support and/or consultation through all services delivered during a crisis.

Service Delivery

All mental health services must be medically necessary in accordance with the Louisiana Administrative Code LAC 50:I.1101. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of his or her professional license and applicable state law. There shall be member involvement throughout the planning and delivery of services. Services shall be:

1. Delivered in a culturally and linguistically competent manner;

2. Respectful of the individual receiving services;

3. Appropriate to individuals of diverse racial, ethnic, religious, sexual or gender identities and other cultural and linguistic groups; and

4. Appropriate for age, development; and education.

Allowed Modes of Delivery

1. On-site

Provider Responsibilities

1. All services shall be delivered in accordance with federal and state laws and regulations, the applicable Louisiana Medicaid Provider manual and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met. (See Section 2.6 of this manual chapter regarding record keeping);

2. Any licensed practitioner providing behavioral health services must operate within the scope of practice of his or her license; and

3. The provider shall maintain treatment records that include the name of the individual, a treatment plan, the dates of services provided, the nature and content

of the services provided, and progress made toward functional improvement and goals in the treatment plan.

Supervision of Non-Licensed Staff

Crisis Stabilization providers must employee at least one LMHP or psychiatrist to specifically serve as a clinical supervisor to assist in the design and evaluation of crisis planning and crisis stabilization services. LMHPs serving in the role of clinical supervisor are restricted to medical psychologist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed Advanced Practice Registered Nurse (APRN) with a psychiatric specialization. The supervisor must be available for supervision responsibilities twenty-four (24) hours a day and seven (7) days a week to respond to supervision needs of non-licensed staff responding to crises.

Services provided by non-licensed staff must be provided under regularly scheduled supervision listed below and if applicable in accordance with requirements established by the practitioner's professional licensing board under which he or she is pursuing a license.

Non-licensed staff must receive regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs)) or a psychiatrist. LMHP or psychiatrist supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of mental and/or behavioral health services. Providers may have more than one LMHP or psychiatrist supervisor providing required clinical supervision to non-licensed staff.

1. Supervision refers to clinical support, guidance and consultation afforded to non-licensed staff rendering rehabilitation services, and should not be replaced by licensure supervision of master's level individuals pursuing licensure;

2. Staff shall receive a minimum of **four (4)** hours of clinical supervision per month for full time staff and a minimum of **one** (1) hour of clinical supervision per month for part time staff, which shall consist of **no less than one (1) hour of individual supervision**. Each month, the remaining hours of supervision may be in a group setting. Given consideration of case load and acuity, additional supervision may be indicated;

3. The LMHP (excluding LACs) or the psychiatrist supervisor must ensure services are in compliance with the established requirements of this service;

4. Group supervision means one LMHP (excluding LACs) or psychiatrist supervisor and not more than six (6) supervisees in supervision session.;

5. A maximum of 75% of the individual and group supervision may be telephonic or via a secure Health Insurance Portability and Accountability Act (HIPAA) compliant online synchronous videoconferencing platform. Texts and/or emails cannot be used as a form of supervision to satisfy this requirement; and

6. Supervision with the LMHP or psychiatrist must:

    a. Have intervention notes that are discussed in supervision must have the LMHP or psychiatrist supervisor's signature; and

    b. Have documentation reflecting the content of the training and/or clinical guidance. The documentation must include the following:

        i. Date and duration of supervision;

        ii. Identification of supervision type as individual or group supervision;

        iii. Name and licensure credentials of the LMHP or psychiatrist supervisor;

        iv. Name and credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees;

        v. The focus of the session and subsequent actions that the supervisee must take;

        vi. Date and signature of the LMHP or psychiatrist supervisor;

        vii. Date and signature of the supervisees; and

        viii. Start and end time of each supervision session.

Reporting Requirements

The provider shall comply with data collection and reporting requirements as specified by LDH.

Provider Qualifications

Facility

To provide crisis stabilization services, facilities must:

1. Be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).

Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the facility contracts or is being reimbursed;

NOTE: Facilities must apply for accreditation and pay accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity, and must maintain proof of the accreditation application and associated fee payment. Facilities must attain full accreditation within twelve (12) months of the initial accreditation application date.

2. Have a minimum capacity of four (4) beds and a maximum capacity of sixteen (16) beds;

3. Arrange for and maintain documentation that all persons prior to employment (or contracting, volunteering, or as required by law), have passed criminal background checks , including sexual offender registry checks, by an agency authorized by the Office of State Police to conduct criminal background checks in accordance with the Crisis Receiving Center Level III licensing regulations established by LAC 48:I.Chapter 53:

    a. Criminal background checks must be performed as required by La. R.S. 40:1203.1 et seq., in accordance with La. R.S. 15:587 et seq, and any other applicable state or federal law. Criminal background checks performed over ninety (90) days prior to date of employment will not be accepted as meeting this requirement.

4. Not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract or volunteer basis;

5. Criminal background checks performed over ninety (90) days prior to the date of employment will not be accepted as meeting the criminal background check requirements. Results of criminal background checks are to be maintained in the individual's personnel record;

6. Review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting with any employee or contractor who performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors:

a. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if employee or contactor has been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General; and

b. The provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who has been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

7. Maintain results in personnel records that these checks have been completed. The OIG maintains the LEIE on the OIG website (https://exclusions.oig.hhs.gov) and the LDH Adverse Action website is located at https://adverseactions.ldh.la.gov/SelSearch;

8. Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state as defined by the LAC 51:II.Chapter 5 to reduce the risk of such infections in recipients and staff. Results from testing performed over thirty (30) days prior to the date of employment will not be accepted as meeting this requirement;

9. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D);

10. Maintain documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within ninety (90) days of hire, which shall be renewed within a time period recommended by the AHA. Psychiatrists, APRNs/PAs, RNs and LPNs are exempt from this training. (See Appendix D);

11. Maintain a personnel file for each employee, contractor, and individual with whom the facility has an agreement to provide direct care services or to fulfill core and other staffing requirements. Documentation of employment, contracting or agreement must be in writing and executed via written signatures;

12. Maintain documentation for verification of completion of required trainings for all staff; and

13. Ensure and maintain documentation that all persons employed by the organization complete training in the OBH approved Crisis Response curriculum. (See Appendix D).

Staff

To provide crisis stabilization services, staff must meet the following requirements:

1. Must be at least twenty-four (24) years of age;

2. Unlicensed staff must have a minimum of bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field OR meet Recognized Peer Support Specialist (RPSS) qualifications. (See the Peer Support Services chapter of the manual);

3. Satisfactory completion of criminal background checks pursuant to the applicable provider license type issued by Health Standards, La R.S. 40:1203.1 *et seq*., and any applicable state or federal law or regulation;

4. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

5. Direct care staff must not have a finding on the Louisiana State Adverse Action List:

    a. Pass a Tuberculosis (TB) test prior to employment in accordance with the LAC 51:II.Chapter 5; OR be free from Tuberculosis (TB) in a communicable state as defined by the LAC 51:II.Chapter 5.

6. Pass drug screening tests as required by the facility's policies and procedures;

7. Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/PAs, RNs and LPNs are exempt from this training. (See Appendix D);

8. Comply with Direct Service Worker Registry law established by La. R.S. 40:2179 *et seq*. and meet any additional qualifications established under Rule promulgated by LDH in association with this statute;

9. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (See Appendix D); and

10. Complete training curriculum approved by OBH prior to providing the service. (See Appendix D).

The RPSS must successfully complete a comprehensive peer training plan and curriculum that is inclusive of the Core Competencies for Peer Workers, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and has been approved by the Office of Behavioral Health (OBH). (See the Peer Support Services chapter of the Louisiana Medicaid Behavioral Health Services Provider manual).

Staffing Requirements

The facility shall comply with the minimum staffing requirements in accordance with federal and state laws and regulations. In addition, the following core staffing requirements must be followed:

1. RPSS on duty adequate to meet the member's needs;

2. Staffing must be sufficient that there are at least two (2) staff present at all time; and

3. A staff to member ratio of 1:4 must be maintained at all times. Staffing should take into consideration the health and safety of the members and staff.

Allowed Provider Types and Specialties

1. PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

Limitations/Exclusions

The following services shall be excluded from Medicaid coverage and reimbursement:

1. Services rendered in an institute for mental disease; and

2. The cost of room and board.

Crisis stabilization shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost.