Crisis Services: Crisis Stabilization Center

Overview

Intensive Crisis Stabilization Services (ICSS) offer the community no-wrong-door access to mental health and substance use care. Intensive Crisis Stabilization Services are behavioral health services designed to: De-escalate or stabilize a behavioral health crisis and, when appropriate, avoid admission of an individual to another inpatient mental health facility or hospital and connect the individual with providers of ongoing care as appropriate for their unique needs. ICSS is part of a continuum of crisis services designed to stabilize and improve symptoms of distress. ICSS best patient outcomes may include immediate care and a positive behavioral health crisis response. Key elements include a welcoming and accepting environment, which conveys hope, empowerment, choice and higher purpose.

Per the Nevada Revised Statutes (NRS) 449.0915, Crisis Stabilization Centers (CSCs), which are the hospital-based model of ICSS, will accept all patients without regard to:

- Race
- Ethnicity
- Gender
- Socioeconomic status
- Sexual orientation
- Place of residence
- Any social conditions that affect the patient
- The ability of the patient to pay
- Whether the patient is admitted voluntarily pursuant to NRS 433a.140 or admitted under an emergency admission pursuant to NRS 433a.150
- Whether as walk-ins or drop-offs from law enforcement or a mobile crisis team.

The primary objective of the CSC will be to promptly conduct a comprehensive assessment, including a medical examination, of an individual and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that can be managed at a lower level of care. CSCs must deliver crisis stabilization services to all persons who come in the door, whether as walk-ins or drop-offs. First responders are the priority. CSCs must include collaboration with Law Enforcement.

A CSC shall not require medical clearance prior to admission. However, if an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the CSC to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team).

State Policy

The Medicaid Services Manual (MSM) is on the Division of Health Care Financing and Policy (DHCFP) website at http://dhcfp.nv.gov (select "Manuals" from the "Resources" webpage).

- MSM Chapter 400 covers policy for behavioral health providers.
- MSM Chapter 100 contains important information applicable to all provider types.

Rates

All providers of ICSS are paid the default bundled daily rate for ICSS provided in the first year of operation and continue to be paid this rate in subsequent years of operation unless they elect the Optional Cost Based Bundled Daily Rate.

After the first complete year of operation as a provider of ICSS, providers of ICSS who choose to have a cost-based bundled daily rate will be required to submit a cost report inclusive of all actual costs to provide services for the most recent full fiscal year of operations. Once a provider of ICSS has elected to have a cost-based bundled daily rate, they must continue with a cost-based bundled daily rate and cannot elect to be reimbursed at the default bundled daily rate.

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Covered Services

Time-limited (24 hours), intensive, facility-based crisis treatment and stabilization services. Services include comprehensive assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; treatment and safety planning; and referral to ongoing treatment, with an emphasis on services necessary to stabilize and restore the individual to a level of functioning that can be managed at a lower level of care. Services are provided by licensed professionals, Qualified Mental Health Professionals (QMHP), Qualified Mental Health Associates (QMHA), Qualified Behavioral Aides (QBA) and peer supporters, working under supervision of a licensed professional. Active family/guardian/significant other/natural supports involvement is necessary unless contraindicated.

- The CSC provider must be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
  - Psychiatrists or psychiatric nurse practitioners (telehealth may be used if audio and visual are utilized)
  - Nurses
  - Licensed and/or credentialed clinicians capable of completing assessments in the region; and
  - Peers with lived experience similar to the experience of the population served.
- All beneficiaries receiving ICSS at a CSC shall receive an assessment of their physical and mental health. In addition, CSC facilities need to design their services to address substance use crisis issues.
- CSCs providing ICSS are to perform an initial assessment on any patient who presents to the facility, regardless of the severity of the behavioral health issues the patient is experiencing and have the equipment and personnel necessary to conduct a medical examination pursuant to NRS 433A.165.
  - Medical triage and screening.
  - Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated.
  - Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.
  - Substance use disorder triage and screening; co-occurring substance use disorder/medication-assisted treatment startup.
- The CSC provider considers whether each patient would be better served by another facility and transfers the patient to another facility when appropriate.
  - Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support.
- Coordinate connection to ongoing care. CSC case management services will assist patients to obtain housing, food, primary health care and other basic needs along with the coordination of aftercare for patients, including at least one follow-up contact with a patient not later than 72 hours after the patient is discharged.

Uses a data management tool to collect and maintain data relating to admissions, discharges, diagnoses and long-term outcomes for recipients of crisis stabilization services.

Refer to SAMSHA's, "National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary" for more information on:

- Minimum Expectations to Operate a Crisis Receiving and Stabilization Service
- Best Practices to Operate Crisis Receiving and Stabilization Services
- Essential Principles for Modern Crisis Care Systems:
  - Addressing Recovery Needs

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- Significant Role of Peers
- Trauma-Informed Care
- Zero Suicide/Suicide Safer Care
- Safety/Security for Staff and People in Crisis
- Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services

Non-Covered Services

- Any medical condition requiring more care and services than can be safely provided for within the CSC facility. The CSC facility is responsible for ensuring the recipient is transferred to another facility when this is needed.
- Room and board.
- A crisis intervention/stabilization service delivered without a screening or assessment.
- A crisis intervention/stabilization service delivered solely via telehealth without an in-person response.

Authorization Requirements

All services must be medically necessary as defined in MSM Chapter 100. Authorization is not required for CSC services.

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Billing Requirements or Instructions

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See Electronic Verification System (EVS) Chapter 3 Claims located on the EVS User Manual webpage and the 837P Companion Guide located on the Electronic Claims/EDI webpage for billing instructions.

Billing Code	Brief Description	Service Limitations	Qualified Provider Type	Additional Instruction/Restriction	Prior Authorization Requirement	Intensity of Need
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S9485	Crisis intervention mental health services, per diem	Limited to 1 unit per date of service for provider	PT 87 Specialty 250	S9485 must be billed with S9484, if the provider is unable to provide the whole scope of ICSS, providers can use H2011, H2011 + HT up to 16 units/4 hrs. per day.	No	All Levels
S9484	Crisis intervention mental health, per hour	Cannot exceed 24 units per day for all providers	PT 87 Specialty 250	S9484 reimburses at $0 but must be billed with S9485 on the same claim.	No	All Levels
H2011	Individual Response Crisis intervention service, per 15	Limited to 16 units or 4 hours per day per provider	PT 87 Specialty 250	H2011 cannot be billed same day as S9485 for the same provider.	No	All Levels
H2011 + HT	Team Based Response Crisis intervention service, per 15	Limited to 16 units or 4 hours per day per provider	PT 87 Specialty 250	H2011 + HT cannot be billed same day as S9485 for the same provider.	No	All Levels