

23-HOUR CRISIS STABILIZATION AND RESIDENTIAL CRISIS STABILIZATION UNIT (RCSU) SERVICES

October 2021



**PROJECT
BRAVO**



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The link to view live captions for this webinar is:

<https://www.streamtext.net/text.aspx?event=HamiltonRelayRCC-1029-VA3126>

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- If you have any questions please send an email to CivilRightsCoordinator@dmas.virginia.gov

About Today's Webinar

- The presentation portion of this webinar will be recorded and posted to the DMAS website along with the powerpoint presentation.
- Access the training on our Youtube Channel: Virginia Medicaid
 - https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA
- The CHAT function has been disabled
- All participants are muted
- DMAS will not be answering questions during the presentation.
 - If time permits, DMAS will answer questions at the end of the presentation
 - Please use the Q&A function to type in your questions
 - If your question(s) is not answered you may email the DMAS Behavioral Health Division at enhancedbh@dmass.virginia.gov

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Agenda Today



- Background and Context
 - Project BRAVO: Enhancement of BH Services
 - Purpose and Function of 23-Hour Crisis Stabilization and Residential Crisis Stabilization Unit (RCSU) services in the Medicaid System
 - Provider Manual Overviews
 - Question and Answer Session (recording will be off)

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Agenda Today



Provider Manual Overviews

- 23-Hour Crisis Stabilization
 - Service Definition
 - Critical Features and Service Components
 - Provider Qualifications and Staff Requirements
 - Service Authorization
 - Medical Necessity Criteria
 - Admission Criteria: Diagnosis, Symptoms and Functional Impairment
 - Exclusion Criteria
 - Continued Stay Criteria
 - Discharge Criteria
 - Service Limitations
 - Billing Guidance
- Residential Crisis Stabilization Unit
 - Service Definition
 - Critical Features and Service Components
 - Provider Qualifications and Staff Requirements
 - Service Authorization
 - Medical Necessity Criteria
 - Admission Criteria: Diagnosis, Symptoms and Functional Impairment
 - Exclusion Criteria
 - Continued Stay Criteria
 - Discharge Criteria
 - Service Limitations
 - Billing Guidance

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Crisis System: Current Functioning

Lack of alternative crisis services have contributed to an increasing number of temporary detention orders, and an acute, state-wide psychiatric bed crisis.

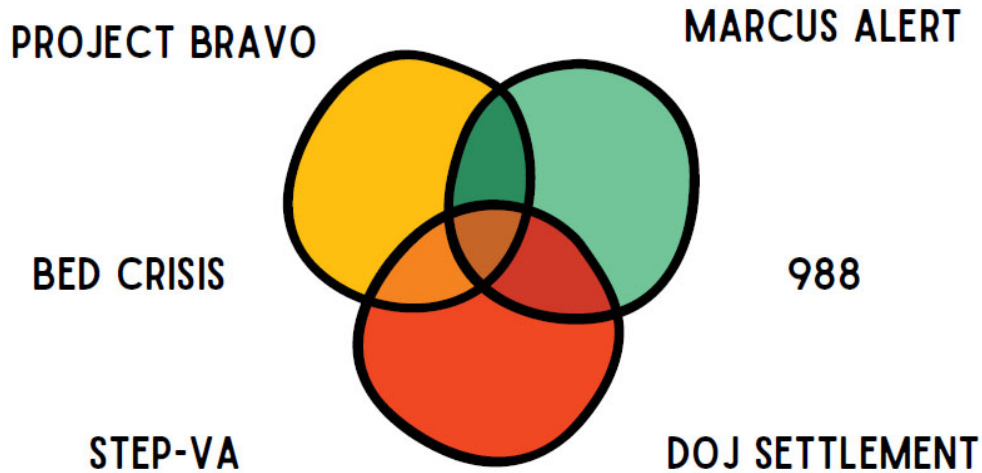


- Emergency rooms remain a primary door by which Virginians access crisis care and these environments are not optimal for de-escalation and stabilization.
- NASMHPD estimates that 96% of individuals who receive a direct referral to crisis do not require an ED visit.

Meaningful change in our system starts with a comprehensive crisis transformation

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Current Crisis Reform Efforts are Interconnected



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Enhanced Behavioral Health Services for Virginia *Project BRAVO*



Behavioral Health Redesign for Access, Value and Outcomes

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

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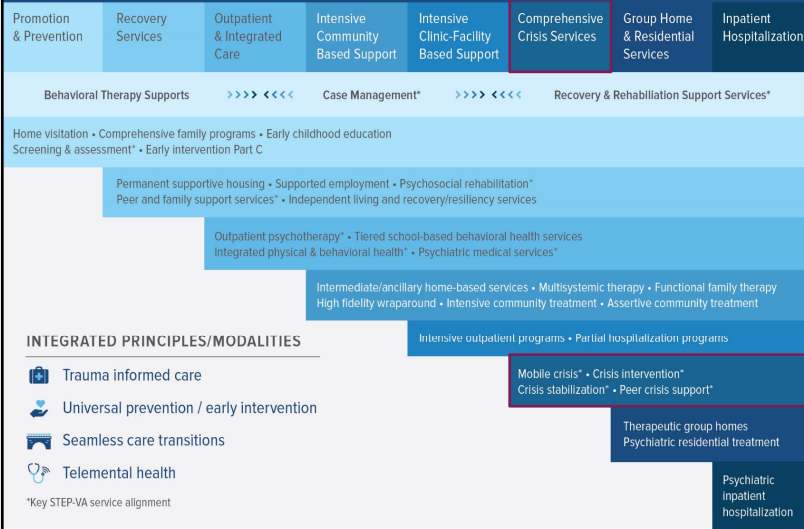
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The North Star Behavioral Health Services Enhancement



Continuum of Behavioral Health Services Across the Life Span

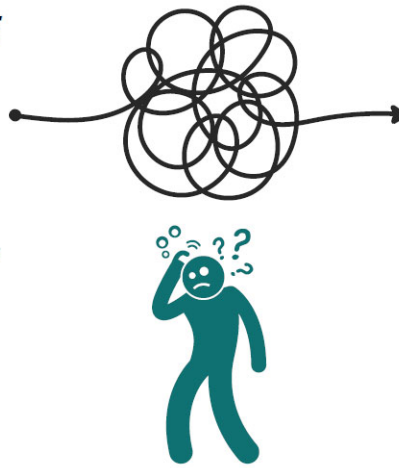


Comprehensive Crisis Services are the buffer between community-based services and “out of home” or institutional placement

CURRENT MEDICAID CRISIS SERVICES

PROBLEMATIC RATES AND UNIT STRUCTURE

LACK OF SERVICE CONTEXT SPECIFICITY



INTERSECTION WITH HOUSING CRISIS

CHALLENGES IN COLLABORATION BETWEEN PRIVATE AND CSB PROVIDERS

Current vs. BRAVO services



CRISIS INTERVENTION



CRISIS STABILIZATION



MISSING ELEMENTS



MOBILE CRISIS SERVICES



COMMUNITY STABILIZATION



OPT CRISIS, 23 OBS, RCSU

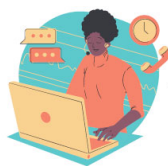


Role of Comprehensive Crisis Services



Alleviation of the Psychiatric Bed Crisis

- Access to community-based crisis response is critical for diversion from psychiatric hospitalization
- Aligned with values of supporting members in the least restrictive environment (trauma informed) and research supports system utility (evidence-based)



80% of crisis resolved through the call center



70% of mobile responses resolved in the community



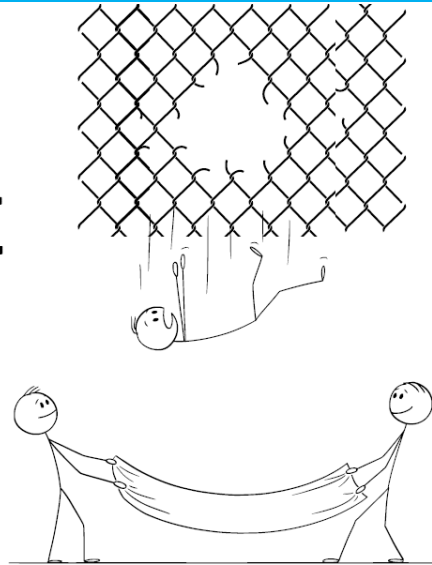
Small proportion of initial calls result in hospitalization

Balfour, Hahn, Winski & Goldman (2020)



Why do we need call center infrastructure?

THE SAFETY NET TO THE SAFETY NET



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988 Legislation

- National Suicide Hotline Designation Act of 2020
 - July 16, 2022



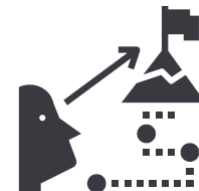
- SB 1302 Crisis Call Center Fund

- <https://talk.crisisnow.com/virginia-is-first-state-to-pass-988-service-fee-legislation/>



- **GOALS:**

- 988 as conspicuous in the American consciousness as 911
- Integration of National Suicide Prevention Hotline with Mobile Crisis Dispatch Functionality



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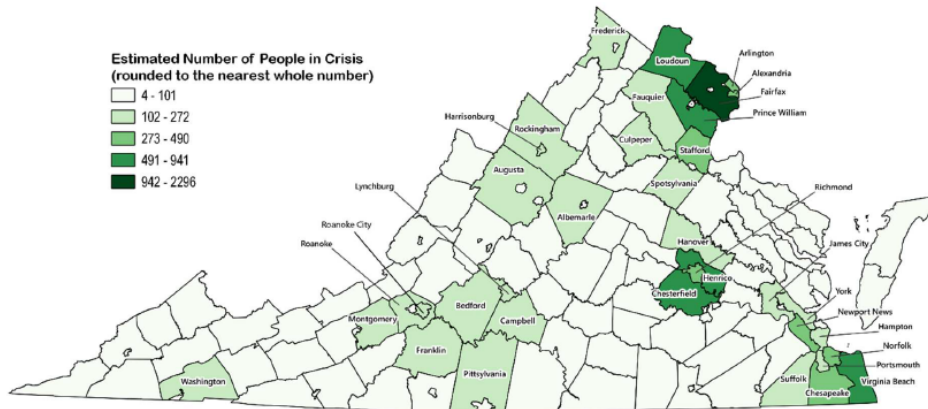
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State-Wide Crisis Volume Estimates



Monthly Crisis Flow by City and County

This map depicts the estimated number of people in each city or county who will experience a behavioral health crisis.

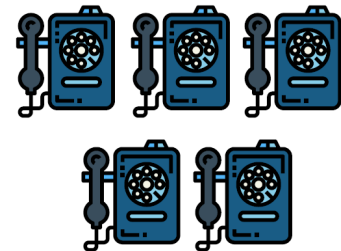


The following data sources were used to generate this map: U.S. Census Bureau TIGER/Line 2019 shapefiles for the U.S. and its coastline and the Crisis Now crisis flow estimate equation. Natural break (jenks) were used to categorize the data.

Five Regional Call Centers



- Strong public infrastructure to support coordination between public and private responders
- Geographically bound call center areas with accountability for standards
 - 1 hour response time
- 24/7 dispatch availability



Coordination at Every Level



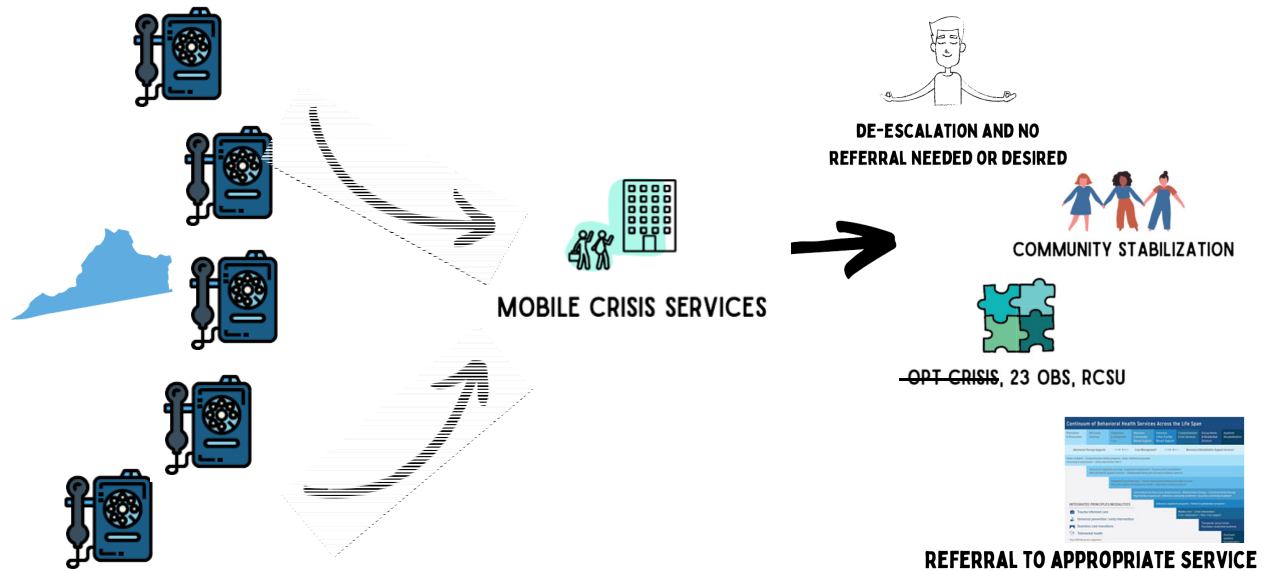
Federal: 988 Integration required by July 2022

State: coordinated technological infrastructure to ensure that an “Air Traffic Control” function and “safety net to the safety net” is possible whether call center is state or regional

Regional: STEP-VA funded with sustainability (Medicaid) mobile crisis teams with specialized teams for youth, developmental disability and other special populations. Regional hubs hold contracts with all mobile crisis teams within the region and serve as the single point of coordination with dispatch

Local: Marcus alert protocols and coordination with law enforcement, law enforcement reforms, magistrates, emergency services, and other first responders

Comprehensive Crisis Infrastructure



Medicaid's Role in Transformation



- ❑ Financial sustainability for services
- ❑ Contributions to administrative cost
- ❑ Service definition and rate setting
- ❑ Expansion and management of provider network
- ❑ Potential for Managed Care innovations in payment structures in the future

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Crisis in the context of Project BRAVO



Project BRAVO aims to build out the behavioral health continuum to address gaps

Prior to Hospitalization



Crisis calls will be distributed between the mobile crisis teams and walk-ins at CSBs

Interventions include -

1. 23-Hour Crisis Stabilization
2. Residential Crisis Stabilization Unit
3. Community Stabilization

After Inpatient Care or Crisis Care



BRAVO services provide diverse discharge options, including

- Partial Hospitalization Programs
- Intensive Outpatient services
- Multisystemic Therapy
- Functional Family Therapy
- Assertive Community Treatment



BRAVO Integrates the Crisis System into the larger continuum of care in Medicaid

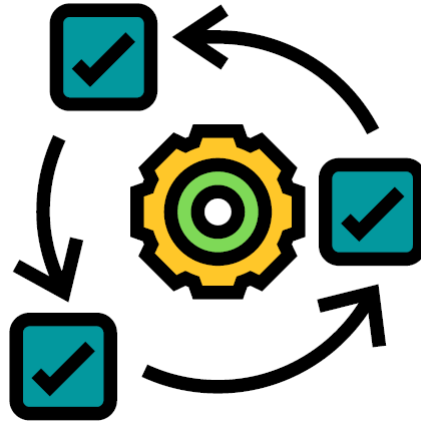
Expansion of the provider network to include private providers supports greater access to these services and less pressure on CSBs in fulfilling code mandated Emergency Services

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The Role of Medicaid Across The Crisis Continuum

Structure Established & In Development

- Call center
 - Can work to help support administrative costs
- Mobile Crisis Response
 - Rates based on team composition
 - Support building out networks
 - Mechanism for billing ES
- Community Stabilization
 - Reimbursement for the warm hand hold until handoff
- 23-Hour Crisis Stabilization
 - Allows for non-admission option
 - Detox/withdrawal management
- Residential Crisis Stabilization Units
 - Per Diem Structure
 - Additional TDO setting



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Where can I find the provider manuals?



Direct Link: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

- The BRAVO services are located in the newly named “Mental Health Services Manual”
- 23-Hour Crisis Stabilization and RCSU will be located in Appendix G “Comprehensive Crisis Services”

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Where can I find the provider manuals?



From our main website: www.dmas.Virginia.gov

Member and Provider Services

<http://www.dmas.virginia.gov/for-providers/>

- Under Providers Menu, select “Behavioral Health”

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Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/>

Resources - Behavioral Health

<p>Regulations / Provider Manual ID</p> <p>State regulations related to behavioral health services and provider manuals on the Virginia Medicaid Portal</p>	<p>Training and Resources ID</p> <p>Child Training and Outreach, Virginia Behavioral Health Administrators Learning, Credentialing, Registration and Transportation Resources</p>	<p>Enhancements ID</p> <p>Background, Stakeholder Presentations, Implementation, Workgroups and Enhancement Image File</p>
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- Scroll down to Resources
- Select “Regulations/Provider Manual”

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Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/regulations-provider-manual/>

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Home > For Providers > Behavioral Health > Regulations / Provider Manual

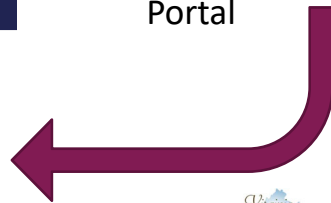
Regulations / Provider Manual

Provider Manuals

The following Manuals and Supplements can be found on the DMAS Provider web portal.

- Community Mental Health Rehabilitative Services
 - Peer Recovery Support Services Supplement
 - Behavioral Therapy Program Supplement
- Psychiatric Services
 - Temporary Detention Orders Supplement
 - Peer Recovery Support Services Supplement
- Residential Treatment Services
 - Peer Recovery Support Services Supplement
- Addiction and Recovery Treatment Services
 - Peer Recovery Support Services Supplement
 - Opioid Treatment Services

• Click on link for Provider Web Portal



Virginia Medicaid

Home | Provider Services | Provider Resources | COVID Support | Documentation | FAQ | Provider Enrollment

Provider Manuals

These manuals are official publications of the Virginia Department of Medical Assistance Services (DMAS) and their contents are to the extent appropriate incorporated in, amended and supplements thereto subject to amendments and updates to the Virginia Medicaid Program. DMAS is not responsible for the content or accuracy of any information included in any of these manuals for any particular provider.

These Manuals are not subject to a Public Law and should not be relied upon for a legal authority. The provider should always rely on the law issued by courts and the legislature.

Manuals marked as **NEW** are periodically reviewed and updated.

[Link to list of updates and revisions to Provider Manuals.](#)

Accessing Provider Manuals.

Click on the manual you wish to view or print. This will take you to a Table of Contents for that particular manual.

Click on the Table of Contents to view or print the manual. The link that should appear for the manual is: Home. You must have the Public Account Number (PAN) and your provider ID and computer in order to view and print the provider manuals. If you do not see your provider ID, follow the instructions found on the bottom of the manual to update your provider ID or the bottom of the manual Table of Contents page. All manual changes are in Provider Enrollment and Renewal and are linked to the manual.

Available Manuals:



23-HOUR CRISIS STABILIZATION

Provider Manual Overview



23-Hour Crisis Stabilization Services



Service Definition

- 23-Hour Crisis Stabilization provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis for a period of up to 23 hours in a community-based clinic setting.
- Must be accessible 24/7
- Indicated for those situations wherein an individual is in an acute crisis and requires a safe environment for observation and assessment prior to determination of whether admission to an inpatient or RCSU setting is necessary.
- This service allows for an opportunity for thorough assessment of crisis and psychosocial needs and supports throughout the full 23 hours of service to determine the best resources available for the individual to prevent unnecessary hospitalization.



**23 HOUR
OBSERVATION**

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23-Hour Crisis Stabilization Services

Critical Features and Service Components

- Assessment
- Psychiatric Evaluation
- Individual and Family Therapy
- Treatment Planning
- Crisis Intervention
- Care Coordination
- Skills Restoration
- Peer Recovery Support Services
- Health Literacy Counseling / Psychoeducation Activities



**23 HOUR
OBSERVATION**

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23-Hour Crisis Stabilization Services



Required Activities

- LMHP, LMHP-R, LMHP-RP, LMHP-S, to conduct an assessment to determine appropriateness for the service.
 - The assessment requirement can be met by one of the following:
 - Providers may choose to complete a Comprehensive Needs Assessment (see Chapter IV for requirements).
 - If a prescreening assessment has been completed within 72 hours prior to admission, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment.
 - A DBHDS approved assessment for 23-hour crisis stabilization services can be used to meet this requirement if conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S.
- A psychiatric evaluation by a psychiatrist, nurse practitioner or physician assistant must be available at the time of admission into the service.
- 23-hour crisis stabilization providers shall have 24 hour in-person nursing. Nursing can be shared among co-located programs as long as all individuals presenting for services receive a nursing assessment to determine current medical needs, if any, upon admission.



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23-Hour Crisis Stabilization Services



Required Activities

- The Crisis Education and Prevention Plan (CEPP) meeting DBHDS requirements is required for this service and must be current. The CEPP process should be collaborative but must be directed and authorized by a LMHP, LMHP-R, LMHP-RP or LMHP-S.
- CEPPs must be reviewed and updated as an individual moves between crisis services (Mobile Crisis Response, Community Stabilization, 23-Hour Crisis Stabilization, Residential Crisis Stabilization Unit) in accordance with DBHDS guidelines.
- Coordination of withdrawal management services with a medical provider is required as necessary including medication and clinical supports.



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23-Hour Crisis Stabilization Services



These Components Must Be Available:

- Individualized treatment planning;
- Individual, and family therapy
- Nursing on-site 24/7;
- Skill restoration/development and health literacy counseling/psychoeducational interventions;
- Psychiatric evaluation as well as additional clinically indicated psychiatric and medical consultation services must be available;
- Medical, psychological, psychiatric, laboratory, and toxicology services available by consult or referral;
- Crisis intervention and safety planning support available 24/7;
- Peer recovery support services, offered as an optional supplement for individuals;
- Care coordination through referrals to higher and lower levels of care, as well as community and social supports, to include the following:
 - The provider shall collaborate in the transfer, referral, and/or discharge planning process to ensure continuity of care;
 - The provider shall establish and maintain referral relationships with step-down programs appropriate to the population served;
 - The provider shall collaborate with the individual's primary care physician and other treatment providers such as psychiatrists, psychologists, and substance use disorder providers.

Required Minimum Components

- Assessment
- Psychiatric Evaluation
- Nursing Assessment
- Care Coordination



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23-Hour Crisis Stabilization Services



- Services must be provided in-person with the exception of the psychiatric evaluation and care coordination.



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23-Hour Crisis Stabilization Services



Service Limitations

- The individual cannot have participated in 23-Hour Crisis Stabilization in the last 24 hours.
- Services may not be provided in facilities that meet the definition of an Institutions of Mental Disease (IMDs) as defined in 42 CFR 435.1010.
- Services may not be billed concurrently with Psychiatric Residential Treatment Facility services, Therapeutic Group Home services, Inpatient Psychiatric services or ARTS ASAM levels, 3.1,3.3, 3.5, 3.7 and 4.0.
- In accordance with DBHDS licensing regulations, 23-Hour Crisis Stabilization is a center based service and must be provided in a specific location that is approved and licensed. Services must be provided in a licensed program that meets DBHDS physical site requirements and may not be provided in other locations outside of the licensed site.
- Services shall not be provided for the sole reason of providing temporary housing to an individual; if the individual meets other admission criteria and housing is an additional assessed need, this should be noted on the service authorization request to support continued coordination of resources for the individual.



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23-Hour Crisis Stabilization Services



Service Limitations

- In addition to the “Non-Reimbursed Activities for all Mental Health Services” listed in Chapter 4 of this manual, activities not authorized or reimbursed within 23-Hour Crisis Stabilization include:
 - Contacts that are not medically necessary;
 - Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor;
 - Transportation
 - Covered services that have not been rendered.
 - Any intervention or contact not documented or consistent with the approved CEPP goals, objectives, and approved services.



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23-Hour Crisis Stabilization Services



Provider Qualifications

- **Licensed** by DBHDS as a provider of a Crisis Stabilization Services
- **Credentialed** with the individual's Medicaid MCO for individuals enrolled in Medicaid managed care or the Fee for Service (FFS) contractor for individuals in FFS.
- **Trained** according to DBHDS requirements.
- **Must follow** all general Medicaid provider requirements specified in Chapter II of this manual.



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23-Hour Crisis Stabilization Services



Staff Requirements

- Involve a multi-disciplinary team of physicians, nurses, LMHPs, LMHP-R, LMHP-RP, LMHP-S, QMHP-As, QMHP-Cs, QMHP-Es, CSACs CSAC-Supervisees, CSAC-As, RNs, LPNs and/or registered peer recovery specialists within their scope of practice. Residential aide level staff can also provide services under the supervision of an LMHP.
- These programs must be supervised by a LMHP who is acting within the scope of their professional license and applicable State law.
- A licensed psychiatrist or psychiatric nurse practitioner (who is acting within the scope of their professional license and applicable State law) must be available to the program 24/7 either in person or via telemedicine to provide assessment, treatment recommendations and consultation.
- Nursing services shall be provided by a RN or a LPN working directly under an RN who is present on the unit.
- RNs, LPNs, and Nurse Practitioners shall hold an active license issued by the Virginia Board of Nursing. Physicians and Physician Assistants shall hold an active license issued by the Virginia Board of Medicine.



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23-Hour Crisis Stabilization Services



Providers: Who is allowed to do what?

Service Component	Provider Type
Assessments	LMHP, LMHP-R, LMHP-RP, LMHP-S
Treatment Planning	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C or QMHP-E, CSAC*, CSAC-Supervisee*
Care Coordination	LMHP, LMHP-R, LMHP-RP, LMHP-S; QMHP-A, QMHP-C, QMHP-E, CSAC*, CSAC-Supervisee*, CSAC-A*
Crisis Intervention	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC*, CSAC Supervisee* or CSAC-A*
Health Literacy Counseling	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant, CSAC*, CSAC Supervisee* or a RN or LPN with at least one year of clinical experience involving medication management.
Peer Recovery Support Services	Registered Peer Recovery Specialist
Individual and Family Therapy	LMHP, LMHP-R, LMHP-RP, LMHP-S
Skills Restoration	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E or a residential aide under the supervision of at least a QMHP-A or QMHP-C.
Nursing Services	RN or a LPN who is present on the unit. The LPN must work directly under the supervision of an RN in accordance with 18VAC90-19-70.

*CSACs, CSAC Supervisees and CSAC-As may only provide services related to substance use disorder treatment per § 54.1-3507.1 and § 54.1-3507.2



23-Hour Crisis Stabilization Services



Initial Service Authorization / Registration

- 23-Hour Crisis Stabilization is authorized through a registration process for one 23-hour episode/ 1 unit.
- Consecutive registrations from the same or different provider are not permitted.
- Providers shall submit service authorization requests within one business day of admission for initial service authorization.
- Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/.



Service Authorization Forms



Registration Form

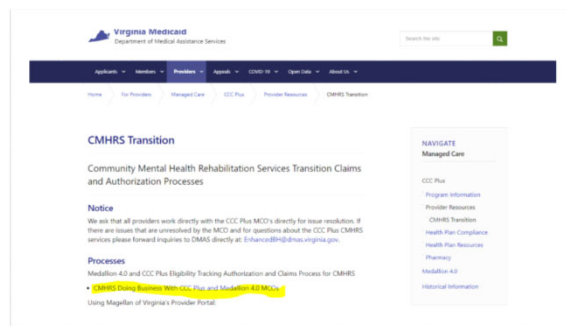
- ***NEW AND IMPROVED* Adobe Forms**
- Best efforts made to:
 - Make form fields more functional
 - Reduce duplication of information
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and potential revision as needed for process improvement

The screenshot shows a registration form with two main sections: MEMBER INFORMATION and PROVIDER INFORMATION. The MEMBER INFORMATION section includes fields for Member First Name, Last Name, ID, Date of Birth, Gender, Plan ID, Address, City, State, ZIP, and Phone. The PROVIDER INFORMATION section includes fields for Organization Name, Group NPI, Provider Tax ID, Provider NPI, Provider S Mail, Provider Address, City, State, ZIP, Provider Fax, and Clinical Contact Name & Extension. Below these are fields for Primary and Secondary Diagnosis. The form is dated November 2021.

Service Authorization Processes

Fee for Service Vendor and Managed Care Organizations

- FFS: Magellan BHTSA
- Forms
 - <https://www.magellanofvirginia.com/for-providers/provider-tools/forms/>
- Provider Portal
 - <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Managed Care Organizations
- <https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/provider-resources/cmhrs-transition/>

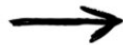


23-Hour Crisis Stabilization Services



Documentation & Utilization Review

- Refer to Chapter VI of this manual for documentation and utilization review requirements.
- The individual's clinical record must reflect either resolution of the crisis which marks the end of the current episode or the discharge plan to an appropriate service to manage the ongoing symptoms associated with the crisis.



CRISIS RESOLVED AND
NO REFERRAL NEEDED OR
DESIRED



COMMUNITY STABILIZATION



REFERRAL TO APPROPRIATE SERVICE



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23-Hour Crisis Stabilization Services



Medical Necessity Criteria: Admission Criteria

All of the following criteria must be met:

- Demonstrated symptoms consistent with an International Statistical Classification of Diseases and Related Health Problems (ICD) diagnosis that correlates to a Diagnostic and Statistical Manual (DSM) within the last 24 hours;
- Indication that the symptoms may stabilize within a 23 hour period at which time a less restrictive level of care will be appropriate OR the nature of the symptoms (e.g. intoxication is present and potentially layered with mental health crisis) require a period of observation in order to determine the appropriate level of care for the individual;
- The presenting clinical problem requires a safe, contained environment wherein observation and assessment can be conducted to determine next steps in the individual's care.

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23-Hour Crisis Stabilization Services



Exclusion Criteria

- The individual is not appropriate for this service if there is a presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care.

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23-Hour Crisis Stabilization Services



Discharge Criteria

- Regardless of the individual's clinical status, the service requires that individuals are discharged within 23 hours. The point at which that discharge occurs within that time frame may depend on:
 - Whether the individual no longer meets admission criteria or meet criteria for a less or more intensive level of care;
 - Determination and availability of the service or natural supports to which the individual is to be discharged into the care of;
 - Individual or parent/guardian withdrawal of consent for treatment with the exception of cases that are under an ECO or TDO;



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23-Hour Crisis Stabilization Services



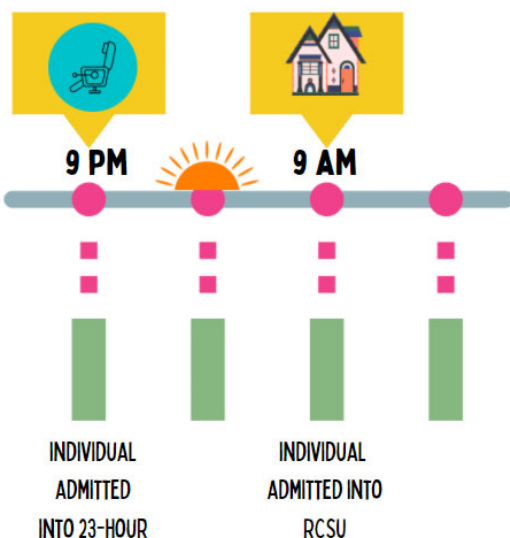
Billing Guidance

- One unit of service equals 23.00 hours and is reimbursed as a per diem.
- The billing date is the day of admission and per diems cannot be billed on two consecutive calendar days.
- If an individual is admitted to 23-Hour Crisis Stabilization and it is determined that RCSU services are needed, the provider should bill the first 23.00 hours with the 23-Hour Crisis Stabilization (S9485) procedure code and the Residential Crisis Stabilization Unit (H2018) procedure code for any subsequent 24-hour period. The provider should not bill multiple per diems for the first 24-hours of care and must request appropriate service authorizations for each service.
- The same provider cannot bill multiple per diems in the same calendar day for 23-Hour Crisis Stabilization (S9485), RCSU (H2018) or ARTS services that are paid at a per diem rate.
- Psychiatric evaluation may be provided through telemedicine. Providers should follow the provision of telehealth described in the “Telehealth Services Supplement”. Providers should not use telemedicine modifiers or bill originating site fees. MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.



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Billing Guidance Example



- Individual admitted to 23-Hour Crisis Stabilization. The first day, provider submits a registration and bills S9485.
- It's assessed that the individual meets criteria for residential crisis stabilization services. The second day the individual moves to RCSU.
- The RCSU provider submits a registration and bills H2018.
- The day of discharge from the RCSU is not billable.

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23-Hour Crisis Stabilization Services

Billing Codes



Billing Code	Modifier	Unit	Description	Notes	Provider Qualifications
S9485		Per Diem for 23 hours	23 Hour Crisis Stabilization		Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)
S9485	32	Per Diem	23 Hour Crisis Stabilization – Emergency Custody Order	Billing modifiers are determined by the status of the individual at the time of admission	Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)
S9485	HK	Per Diem	23 Hour Crisis Stabilization – Temporary Detention Order	Billing modifiers are determined by the status of the individual at the time of admission	Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)

RESIDENTIAL CRISIS STABILIZATION UNIT (RCSU) SERVICES

Provider Manual Overview



Residential Crisis Stabilization Unit Services



Service Definition

- RCSUs provide short-term, 24/7, residential psychiatric/substance related crisis evaluation and brief intervention services. Residential Crisis Stabilization Units (RCSUs) serve as diversion or stepdown from inpatient hospitalization. The service supports individuals experiencing abrupt and substantial changes in behavior noted by severe impairment or acute decompensation in functioning.



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Critical Features

- This service occurs in a non-hospital, community-based crisis stabilization residential units with no more than 16 beds. RCSUs serve as primary alternatives to inpatient hospitalization for individuals who are in need of a safe, secure environment for assessment and crisis treatment. RCSUs also serve as a stepdown option from psychiatric inpatient hospitalization and function to stabilize and reintegrate individuals who meet medical necessity criteria back into their communities. RCSUs may co-locate with 23 Hour Crisis Stabilization.
- RCSUs may also provide medically monitored residential services for the purpose of providing psychiatric stabilization and substance withdrawal management services on a short-term

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Critical Features / Covered Services

Covered Services components of Community Stabilization include:

- Assessment
- Treatment planning;
- Health literacy counseling/Psychoeducation;
- Skills restoration;
- Peer recovery support services;
- Medical and nursing assessments and care;
- Individual, group and/or family therapy;
- Care coordination;
- Psychiatric evaluation;
- Crisis intervention;



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Required Activities / Service Components

- The following required activities apply to RCSU
 - At the start of services, a LMHP, LMHP-R, LMHP-RP, LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. The assessment requirement can be met by one of the following:
 - Providers may choose to complete a Comprehensive Needs Assessment (see Chapter IV for requirements).
 - If a prescreening assessment has been completed within 72 hours prior to admission, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment.
 - A DBHDS approved assessment for crisis services can be used to meet this requirement if conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S.
 - A psychiatric evaluation by a psychiatrist, nurse practitioner or physician assistant must be available at the time of admission into the service.
 - RCSU providers shall have 24 hour in-person nursing (providers have until 12/1/2022 to fully meet this requirement). Nursing can be shared among co-located programs as long as all individuals presenting for services receive a nursing assessment to determine current medical needs, if any, upon admission.



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Required Activities / Service Components

- A Crisis Education and Prevention Plan (CEPP) meeting DBHDS requirements is required for RCSU and must be current. The CEPP process should be collaborative but must be directed and authorized by a LMHP, LMHP-R, LMHP-RP or LMHP-S.
- CEPPs must be reviewed and updated as an individual moves between crisis services (Mobile Crisis Response, Community Stabilization, Residential Crisis Stabilization Unit, 23-Hour Crisis Stabilization) according to DBHDS requirements.
- Coordination of withdrawal management services with a medical provider is required as necessary including medication and clinical supports.
- Services must be provided in-person with the exception of the psychiatric evaluation and care coordination.



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Required Activities / Service Components

The following components must be available to individuals in the RCSU

- Individualized treatment planning;
- Individual, group and family therapies;
- Nursing on-site 24/7*;
- Skill restoration/development and health literacy counseling/psychoeducational interventions;
- Psychiatric evaluation as well as additional clinically indicated psychiatric and medical consultation services must be available;
- Medical, psychological, psychiatric, laboratory, and toxicology services available by consult or referral;
- Crisis intervention and safety planning support available 24/7;
- Peer recovery support services, offered as an optional supplement for individuals;
- Care coordination through referrals to higher and lower levels of care, as well as community and social supports, to include the following:
 - The provider shall collaborate in the transfer, referral, and/or discharge planning process to ensure continuity of care;
 - The provider shall establish and maintain referral relationships with step-down programs appropriate to the population served;
 - The provider shall collaborate with the individual's primary care physician and other treatment providers such as psychiatrists, psychologists, and substance use disorder providers.

*RCSUs have until 12/1/2022 to fully meet this requirement

- On the day of admission, at a minimum, RCSU must provide:
 - Assessment
 - Psychiatric Evaluation
 - Nursing Assessment



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Required Activities / Service Components

- To bill the per diem on subsequent days during the admission, providers must provide daily individual, group or family therapy unless the LMHP, LMHP-R, LMHP-RP or LMHP-S documents the reason why therapy is not clinically appropriate.
- In addition, providers must, at a minimum, provide daily at least two of the following:
 - crisis interventions
 - psychiatric evaluation
 - skill restoration/development
 - health literacy counseling/psychoeducation interventions
 - Peer recovery support services



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Residential Crisis Stabilization Unit Services



Service Limitations

- In addition to the “Non-Reimbursable Activities for all Mental Health Services” section in Chapter IV, the following service limitations apply:
- **RCSUs may not be billed concurrently with:**
 - Addiction and Recovery Treatment Services at ASAM levels 2.1-4.0
 - Applied Behavioral Analysis
 - Therapeutic Day Treatment
 - Mental Health Partial Hospitalization Programs
 - Mental Health Intensive Outpatient Services
 - Mental Health Skill Building
 - Intensive In-Home Services
 - Multisystemic Therapy
 - Functional Family Therapy
 - Psychosocial Rehabilitation
 - Assertive Community Treatment
 - Psychiatric Residential Treatment Facility (PRTF) Services
 - Therapeutic Group Home (TGH)
 - Inpatient hospitalization
- *A seven day overlap with any outpatient or community-based behavioral health service (including other crisis services) may be allowed for care coordination and continuity of care.*



DAY OVERLAP

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Residential Crisis Stabilization Unit Services



Service Limitations

- In accordance with DBHDS licensing regulations, this service must be provided in a licensed program that meet DBHDS physical site requirements for the service. Services may not be provided in other locations outside of the licensed site. Services shall not be provided for the sole reason of providing temporary housing to an individual; if the individual meets other admission criteria and housing is an additional assessed need, this should be noted on the service authorization request to support continued coordination of resources for the individual.
- Services may not be provided in facilities that meet the definition of an Institutions of Mental Disease (IMDs) as defined in 42 CFR 435.1010
- Activities that are not reimbursed or authorized:
 - Services not in compliance with Code of Virginia, the Mental Health Services Manual or licensure standards;
 - Anything not included in the approved service description;
 - Changes made to the service that do not follow the requirements outlined in the provider contract, provider manual, or licensure standards; or
 - Any intervention or contact not documented or consistent with the goals, objectives, and approved services of the provider contract, service manual, or licensure standards

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Residential Crisis Stabilization Unit Services



Provider Qualifications

- **Licensed** by DBHDS as a provider of Residential Crisis Stabilization Services
- **Credentialed** with the individual's Medicaid MCO for individuals enrolled in Medicaid managed care or the Fee for Service (FFS) contractor for individuals in FFS.
- **Trained** according to DBHDS requirements.
- **If RCSUs choose to provide ASAM 3.5 or 3.7-WM services**, they must also be licensed for these ASAM services by DBHDS as required for those services.
- **Must follow** all general Medicaid provider requirements specified in Chapter II of this manual.



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Residential Crisis Stabilization Unit Services



Staff Requirements

- Residential Crisis Stabilization Units must be staffed with a multi-disciplinary team of physicians, nurses, LMHPs, LMHP-Rs, LMHP-RPs, LMHP-Ss, QMHP-As, QMHP-Cs, QMHP-Es, CSACs CSAC-Supervisees, CSAC-As, RNs, LPNs and a registered peer recovery specialist. Residential aide level staff can also provide services and support under the supervision of an QMHP-A or QMHP-C.
- A LMHP (who is acting within the scope of their professional license and applicable State law) must supervise this program.
- A licensed psychiatrist or psychiatric nurse practitioner (who is acting within the scope of their professional license and applicable State law) must be available to the program 24/7 either in-person or via telemedicine to provide assessment, treatment recommendations and consultation meeting the licensing standards for residential crisis stabilization and medically monitored withdrawal services at ASAM levels 3.5 and 3.7.
- RNs, LPNs, and Nurse Practitioners shall hold an active license issued by the Virginia Board of Nursing. Physicians and Physician Assistants shall hold an active license issued by the Virginia Board of Medicine.

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Residential Crisis Stabilization Unit Services



Providers: Who is allowed to do what?

Service Component	Provider Type
Assessments	LMHP, LMHP-R, LMHP-RP, LMHP-S
Treatment Planning	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C or QMHP-E, CSAC*, CSAC-Supervisee*
Care Coordination	LMHP, LMHP-R, LMHP-RP, LMHP-S; QMHP-A, QMHP-C, QMHP-E, CSAC*, CSAC-Supervisee*, CSAC-A*
Crisis Intervention	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC*, CSAC Supervisee* or CSAC-A*
Health Literacy Counseling	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant, CSAC*, CSAC Supervisee* or a RN or LPN with at least one year of clinical experience involving medication management.
Peer Recovery Support Services	Registered Peer Recovery Specialist
Individual and Family Therapy	LMHP, LMHP-R, LMHP-RP, LMHP-S
Skills Restoration	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E or a residential aide under the supervision of at least a QMHP-A or QMHP-C.
Nursing Services	RN or a LPN who is present on the unit. The LPN must work directly under the supervision of an RN in accordance with 18VAC90-19-70.

*CSACs, CSAC Supervisees and CSAC-As may only provide services related to substance use disorder treatment per § 54.1-3507.1 and § 54.1-3507.2

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Residential Crisis Stabilization Unit Services



Initial Service Authorization / Registration

- RCSU reimbursement is initially authorized by a registration process for 5 calendar days / 5 units.
- Providers shall submit service authorization requests within one business day of admission for initial service authorization.
- If submitted after the required time frame, the begin date of authorization will be based on the day of receipt.
- Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCO processes is located at www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/.



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Residential Crisis Stabilization Unit Services



Continued Stay Authorization / Consecutive Requests

- If additional activities beyond this 5 day/5 unit registration are clinically required, the provider shall submit an authorization request to the FFS contractor or MCO through a continued stay service authorization request accompanied by a CEPP no earlier than 24 hours before the requested start date of the continued stay. .
- Consecutive registrations from the same or different provider are not allowed. A service authorization is required, if additional service is required beyond the 5 calendar days/5 units.

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Registration Form

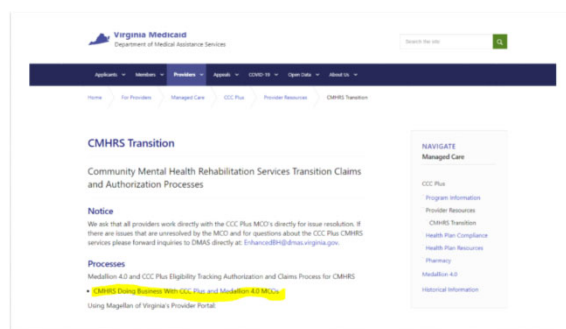
- ***NEW AND IMPROVED* Adobe Forms**
- Best efforts made to:
 - Make form fields more functional
 - Reduce duplication of information
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and potential revision as needed for process improvement

The screenshot shows a registration form with two main sections: MEMBER INFORMATION and PROVIDER INFORMATION. The MEMBER INFORMATION section includes fields for Member First Name, Last Name, ID, Date of Birth, Gender, Plan ID, Address, City, State, ZIP, and Phone. The PROVIDER INFORMATION section includes fields for Organization Name, Group NPI, Provider Tax ID, Provider NPI, Provider Email, Provider Address, City, State, ZIP, Provider Fax, and Clinical Contact Name & Extension. Below these are fields for Requested Service, Requested Start Date, Requested End Date, Requested Units, Primary Diagnosis, and Secondary Diagnosis. The form is dated November 2021.

Residential Crisis Stabilization Unit Services

Fee for Service Vendor and Managed Care Organizations

- FFS: Magellan BHSa
- Forms
 - <https://www.magellanofvirginia.com/for-providers/provider-tools/forms/>
- Provider Portal
 - <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Managed Care Organizations
- <https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/provider-resources/cmhrs-transition/>



Residential Crisis Stabilization Unit Services



Documentation & Utilization Review

- Refer to Chapter VI of this manual for documentation and utilization review requirements.

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Medical Necessity Criteria: Admission Criteria

- Individuals must meet **all** of the following criteria:
 1. Documentation indicates evidence that the individual meets criteria for a primary diagnosis consistent with the most recent version of the Diagnostic and Statistical Manual
 2. **One** of the following must be present:
 - The individual is currently under a Temporary Detention Order;
 - Abrupt and substantial changes in behavior noted by severe impairment or acute decompensation in functioning related to a behavioral health problem;
 - Actual or potential danger to self or others as evidenced by:
 - Suicidal thoughts or behaviors and/or recent self-injurious behavior with suicidal intent; or
 - Homicidal ideation; or
 - Command hallucinations or delusions
 - Significant loss of impulse control that threatens the safety of the individual and/or others or their ability to take care of themselves;
 - Significant inability to maintain basic care for oneself and to keep oneself safe in the community in an age appropriate manner that is not associated with Dementia;
 - Substance intoxication with suicidal/homicidal ideation or inability to care for self

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Residential Crisis Stabilization Unit Services



Exclusion Criteria

- Any one of the following criteria is sufficient for exclusion from this level of care:
 - The individual's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting due to violent aggression or other anticipated need for physical restraint, seclusion or other involuntary control; or
 - The individual's medical condition is such that it can only be safely treated in a medical hospital as deemed by a physician; or
 - The individual does not voluntarily consent to admission with the exception of temporary detention orders pursuant to §37.2-800 et. seq. and §16.1-335 et seq. of the Code of Virginia; or
 - The individual can be safely maintained and effectively participate in a less intensive level of care; or
 - The request for service authorization is being pursued to address a primary issue of housing need, including individuals who were in some form of housing placement prior to admission to the RCSU and are not currently allowed to return and do not meet medical necessity criteria; or
 - Admission does not meet medical necessity criteria and is being used solely as an alternative to incarceration.

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Residential Crisis Stabilization Unit Services



Concurrent Stay Criteria

- All of the following criteria must be met:
 1. The individual continues to meet admission criteria
 2. Another less restrictive level of care would not be adequate to provide needed containment and to administer care
 3. Treatment is still necessary to reduce symptoms and improve functioning so that the individual may participate in a less restrictive level of care
 4. There is evidence of progress towards resolution of the symptoms that are preventing treatment from continuing in a less restrictive level of care
 5. The individual's progress is monitored regularly and the treatment plan is modified if the individual is not making substantial progress toward a set of clearly defined and measurable goals
 6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out
 7. Individual/family/guardian/caregiver/natural support is participating in treatment as clinically indicated and appropriate, or engagement efforts are underway
 8. Coordination of care and active discharge planning are ongoing, with goal of transitioning the individual to a less intensive level of care

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Discharge Criteria

- Any of the following criteria is sufficient for discharge from this level of care:
 1. The individual no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive, and that level, and that level of care is sufficiently available; or
 2. The individual or parent/guardian withdraws consent for treatment, and it has been determined that the individual or guardian has the capacity to make an informed decision or the court has denied involuntary treatment; or
 3. The individual is not making progress toward goals, nor is there expectation of any progress and a different level of care is being recommended by the supervising LMHP; or
 4. Functional status is restored as indicated by one or both of the following:
 1. no essential function is significantly impaired; and/or
 5. an essential function is impaired, but impairment is manageable at an available lower level of care



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Residential Crisis Stabilization Unit Services



Billing Guidance

- One unit of service equals 1 calendar day and is reimbursed as a per diem.
- The day of discharge is not billable.
- The same provider cannot bill multiple per diems in the same calendar day of 23-Hour Crisis Stabilization (S9485), RCSU (H2018) or ARTS services that are paid at a per diem rate.
- If a provider is licensed for both RCSU and for the provision of ASAM Levels 3.5 and/or 3.7-WM, and an individual is admitted to the RCSU for withdrawal management services, the provider should bill for the Addiction and Recovery Treatment Services until withdrawal management is no longer needed. At that time they may submit a registration for RCSU services.
- Individuals likely to need greater than 23 hours of stabilization should be directly admitted to RCSU versus admitting to 23-Hour Crisis Stabilization.
- A psychiatric evaluation may be provided through telemedicine. Providers should follow the provision of telehealth described in the "Telehealth Services Supplement". Providers should not use telemedicine modifiers or bill originating site fees. MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.



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Residential Crisis Stabilization Unit Services



Billing Guidance

Billing Code	Modifier	Unit	Description	Notes	Provider Qualifications
H2018		Per Diem	RCSU	Only one unit can be billed per day	Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)
H2018	32	Per Diem	RCSU- Emergency Custody Order	Billing modifiers for dates of service are determined by status of the individual at the admission, and any subsequent billing is determined by the status of the individual at 12:01am on the day of service.	Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)
H2018	HK	Per Diem	RCSU- Temporary Detention Order	Billing modifiers for dates of service are determined by status of the individual at the admission, and any subsequent billing is determined by the status of the individual at 12:01am on the day of service.	Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)



Thank you for your partnership, support and participation.

Additional Questions for DMAS:

Please contact: EnhancedBH@dmas.virginia.gov

Additional Questions for DBHDS:

Please contact: crisis_services@dbhds.virginia.gov

