

Virginia Medicaid: 23-Hour Crisis Stabilization (S9485) and Residential Crisis Stabilization Unit (H2018) FAQs

Topic	Question	Response
General	Where can I find copies of the training?	<p>Recordings of all trainings and Power Points will be uploaded to our website. https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/</p> <p>Videos are also uploaded to the DMAS You Tube channel at https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA/ videos</p>
General	The manual says that we must submit registrations forms to the MCO/BHSA within 1 business day of admission. What does 1 business day mean?	<p>One business day means, 11:59pm on the next business day.</p> <p>Example #1: Admission occurs on a Monday at 10am, the provider has until Tuesday at 11:59pm to submit the registration form.</p> <p>Example #2: Admission occurs on a Friday (Saturday or Sunday), the provider has until Monday at 11:59pm to submit the registration form.</p> <p>DMAS encourages providers to submit registration forms as soon as possible.</p> <p>Holidays that effect the above requirement pertain to only State Holidays – Twelve specific (12) days of any calendar year that State offices are closed. State holidays do not include any additional time off that may be appropriated to State employees by the Governor or legislature.</p> <p>If a registration due date falls on a State identified holiday, the registration is then due the next business day the state is open by 11:59pm.</p>

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Assessments	What are the assessments requirements?	At admission, 23-Hour and RCSU providers are required to complete a nursing assessment, an assessment by a LMHP, LMHP-R, LMHP-RP or LMHP-S to determine the individual’s appropriateness for the service and a psychiatric evaluation by a psychiatrist, nurse practitioner or physician assistant. All required assessments must be conducted as soon as possible after admission. RCSU providers may meet the psychiatric evaluation requirement at admission through a brief psychiatric intake (described below).
Assessments	Can a prescreening be completed instead of the Comprehensive Needs Assessment?	At the start of services, a LMHP, LMHP-R, LMHP-RP or 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: 1. Providers may choose to complete a Comprehensive Needs Assessment (see Chapter IV for requirements). 2. A prescreening assessment completed by the provider. 3. If a prescreening assessment has been completed within 72 hours prior to admission by another provider, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment. 4. 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. 5. For individuals admitted with a primary diagnosis of substance use disorder, a multidimensional assessment meeting the criteria in Chapter IV of the Addiction and Recovery and Treatment Services Manual.
Assessments	What has to be included in the nursing assessment?	The nursing assessment components are determined by the provider under the scope of practice of an RN.

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Psychiatric Evaluation	If individuals are transitioning from the hospital is another psychiatric evaluation required?	<p>The provider still needs to do their own assessment even if a psychiatric evaluation has been completed within another service type. The provider can use any recently completed (within 72 hours of admission) evaluation as source of information for their own evaluation. The provider should review any recently completed (within 72 hours of admission) evaluation and verify/update the information per their own observations and discussion with the individual or other reporters.</p> <p>This requirement is not about repeating the entire assessment/evaluation that was completed by another service provider. It is about reviewing, affirming and updating the recent assessment/evaluation already completed in the most trauma informed way so the individual receives appropriate treatment.</p>
Psychiatric Evaluation	If the individual saw a Psychiatrist in the ER, is another psychiatric evaluation required?	<p>The provider still needs to do their own assessment even if a psychiatric evaluation has been completed within another service type. The provider can use any recently completed (within 72 hours of admission) evaluation as source of information for their own evaluation. The provider should review any recently completed (within 72 hours of admission) evaluation and verify/update the information per their own observations and discussion with the individual or other reporters.</p> <p>This requirement is not about repeating the entire assessment/evaluation that was completed by another service provider. It is about reviewing, affirming and updating the recent assessment/evaluation already completed in the most trauma informed way so the individual receives appropriate treatment.</p>
Call center	Do 23-Hour Crisis Stabilization/Residential Crisis Stabilization providers have to engage with the call center/data platform?	<p>23-Hour Crisis Stabilization and RCSU providers are not required to engage with the Crisis Call Center/DBHDS data platform.</p> <p>However, it would be beneficial to the providers to engage with DBHDS' data platform and bed registry, which will require an MOU with DBHDS. It would also be beneficial for the individuals we serve for providers to engage with the data platform, to assist with providing the right level of care to the individual as soon as it is available.</p>

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Call center	Do we need to have a memorandum of understanding with the call center?	If a provider chooses to engage with the DBHDS data platform, an MOU is required.
Documentation	Is a discharge summary required?	Providers must abide by requirements for discharge planning as outlined in DBHDS regulation 12VAC35-105-693, including completing a discharge summary. The discharge summary may be incorporated into the Crisis Education and Prevention Plan (CEPP).
Staffing	What is the difference between a residential aide and direct support specialist?	DMAS only requires that the residential aide have a high school diploma and be directly supervised by at least a QMHP.
Staffing	Do Peer Recovery Specialists have to be registered upon employment?	DMAS requires that all Peer Recovery Specialists (PRS) be registered with The Department of Health Professions (DHP), Board of Counseling.
Billing	Are we able to bill the psychiatric evaluation and medical evaluation outside of the per diem?	No, the psychiatric evaluation and additional necessary consultation was built into the rate and cannot be billed outside the per diem. If additional medical consultations are needed outside of the scope of practice of the psychiatrist or nurse practitioner, these can be billed outside of the per diem.
23-Hour Crisis Stabilization	Is there a staff to client ratio expectation?	Our policy manual does not state a staff to client ratio. However, the rate was built with the expectation that providers would have a 1:2 staff to client ratio. If the ratio varies from this, the rate may not support the program appropriately.
23-Hour Crisis Stabilization	Are providers able to bill if the individual does not stay the full 23 hours?	Yes, providers can bill the per diem as long as they provide, at a minimum, assessment, psychiatric evaluation, a nursing assessment and care coordination.
23-Hour Crisis Stabilization	Is an LPN sufficient to meet the nursing requirement?	Nursing services must be provided by either a RN or a LPN who is present on the unit. Supervision of the LPN must be provided in accordance with 18VAC90-19-70.
23-Hour Crisis Stabilization	What is required to bill the per diem?	To bill the per diem, the provider must, at a minimum conduct an assessment by a LMHP, LMHP-R, LMHP-RP or LMHP-S, a psychiatric evaluation, a nursing assessment and care coordination.

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RCSU: Assessments	Does the psychiatric evaluation have to be completed at admission?	<ol style="list-style-type: none"> 1. At a minimum, a nursing assessment must be completed at the time of admission to determine current medical needs. 2. At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment for determining medical necessity criteria and the individual's appropriateness for the service. The assessment should be completed as soon as possible after admission but no later than 24 hours after admission. 3. A psychiatric evaluation by a psychiatrist, nurse practitioner or physician assistant is required. For RCSU, at a minimum, a brief psychiatric intake assessment completed by a psychiatrist, nurse practitioner or physician assistant must be completed within four hours of admission. This brief psychiatric intake assessment can be completed in person, via telehealth or RCSU staff telephonic consultation with the psychiatrist, nurse practitioner or physician assistant, to identify and address any potential immediate medical or psychiatric needs. A comprehensive psychiatric evaluation must be completed within 24 hours of admission.
RCSU	Will RCSU providers be able to provide 23-hour Crisis Stabilization in the RCSU or does the 23 hour service have to happen in a different setting?	Residential Crisis Stabilization Unit and 23-Hour Crisis Stabilization fall under two different DBHDS licenses. If a provider of RCSU services wishes to also provide 23-Hour Crisis Stabilization, they will be required to be licensed for both services. The separation of services, along with the staffing plan should be clearly delineated. If the services are co-located on the same premises, the programs must be physically separate.
RCSU	Is there a staff to client ratio expectation?	The rate was built with the expectation that providers would have a 1:3 staff to client ratio.
RCSU	If an individual is admitted from 23-hour Crisis Stabilization, can the RCSU bill for the day of admission if the 23-hour per diem was billed the same day?	Yes, as long as the required components to bill the per diem are met and the RCSU provider is not also the 23-Hour Crisis Stabilization provider.
RCSU	When do we have to fully meet the 24/7 nursing requirement?	RCSU providers have until 11/30/2022 to meet this requirement.

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RCSU	If a person starts in 23-hour and must move to RCSU, can the psych evaluation that was done for the 23-hour count for the RCSU psych evaluation needed at admission?	<p>The provider still needs to do their own assessment even if a psychiatric evaluation has been completed within another service type. The provider can use any recently completed (within 72 hours of admission) evaluation as source of information for their own evaluation. The provider should review any recently completed (within 72 hours of admission) evaluation and verify/update the information per their own observations and discussion with the individual or other reporters.</p> <p>This requirement is not about repeating the entire assessment/evaluation that was completed by another service provider. It is about reviewing, affirming and updating the recent assessment/evaluation already completed in the most trauma informed way so the individual receives appropriate treatment.</p>
RCSU	Will there be leeway for psychiatric assessments over weekends/holidays, or still required on same day?	There is no leeway for holidays or weekends, RCSUs must have the ability to operate 24/7. Please see timeframes for assessments, in the assessment questions above.
RCSU	What should we do if someone arrives too late in the day to complete the necessary components to bill the per diem?	<p>The per diem can be billed on the calendar day of admission no matter what time the individual is admitted as long as the nursing assessment was completed on that specific calendar day of admission.</p> <p>The minimum required services components must be provided in order to bill for the day of discharge.</p>
RCSU	What detox billing code should be used for withdrawal management?	<p>RCSUs must be licensed for ASAM 3.7. If the primary reason for admission to the RCSU is to treat acute substance withdrawal, providers must be licensed for ASAM 3.7 and bill as described below.</p> <p>ASAM Level 3.7 / Medically monitored intensive inpatient services (Adult) and Medically monitored high intensity inpatient services (Adolescent): H2036 Rev 1002 Adult - use modifier HB or Adolescent - use modifier HA</p>

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RCSU	If the RCSU provides withdrawal management as an adjunctive service, can they continue to bill for the RCSU service which may include withdrawal management?	Providers should consider what is the emergency requiring immediate intervention. If the Provider is stabilizing the psychiatric emergency first, such as suicidality/homicidality/psychosis, the provider should bill for RCSU. If later, the focus is on withdrawal management, the provider should pursue a service authorization for ASAM 3.7. Similarly, if the emergency is acute substance withdrawal then the provider should first pursue a service authorization for ASAM 3.7. Once the individual stabilizes medically and the primary reason is to address the mental health disorder, then the provider should pursue the registration for RCSU services.
RCSU	If an individual in RCSU has an authorization for Assertive Community Treatment (ACT), can the authorization stay open?	Yes, the authorization for ACT may remain open during the RCSU admission. Billing for these services should not occur beyond a short overlap necessary for transition.
RCSU	Does RCSU require a high-risk modifier?	No, Modifiers for RCSU are only required if an individual is under an ECO/TDO. Please see the Mental Health Services Manual, Appendix G for billing guidance regarding RCSU.
RCSU	Is there a required ratio of Peer Recovery Specialists to the number of beds?	No
RCSU	What if the individual transfers between RCSU providers during the initial 5-day registration? Can the second provider submit a registration for another 5 days?	No, the total initial RCSU days covered under a registration cannot exceed five day before a continued stay authorization is required even if the individual transfers to a different RCSU provider within the initial registration period.
RCSU	Will this service continue to be reimbursed for individuals without insurance?	Temporary Detention Orders within an RCSU will be available for reimbursement through the TDO fund for individuals who are under a TDO and do not have insurance. These claims would go directly to DMAS. Please see the TDO Supplement for billing instructions.
<p>Questions regarding DMAS policies related to 23-Hour Crisis Stabilization or Residential Crisis Stabilization Unit can be sent to enhancedbh@.dmas.virginia.gov</p> <p>Questions regarding, the Crisis Call Center, DBHDS data platform, MOUs and the workflow concerning the engagement with the call center and data platform can be sent to crisis_services@dbhds.virginia.gov</p>		