Crisis Stabilization Unit Services (Florida)
Policy Number: HS-278

Original Effective Date: 12/10/2014
Revised Date(s): 12/3/2015; 12/8/2016; 8/3/2017

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Crisis Stabilization Unit Services is a facility-based program for members with urgent/emergent needs who require crisis stabilization services in a safe, structured setting. CSU is most appropriate in situations where a patient decompensates in response to significant environmental change or increased psychosocial stressors and where short supervised stay is sufficient to conduct comprehensive evaluations to identify these stressors and develop strategies to alleviate or eliminate them via medication adjustments and realignment of socioeconomic contributors.
affecting daily function. CSU is also an appropriate level of care for members who present in an intoxicated state and need further assessment when the intoxication clears.

As a downward substitution for acute inpatient services, CSU provides continuous 24-hour observation and supervision for individuals who do not require intensive clinical treatment in an acute inpatient psychiatric setting and would benefit from a short-term, structured stabilization setting. The primary objective of the crisis stabilization unit service is to promptly conduct a comprehensive assessment of the patient and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the patient to a level of functioning which requires a less restrictive level of care and discharge planning to facilitate successful engagement in outpatient services to prevent future crises. Active family/significant other involvement is important unless contraindicated; frequency should occur based on individual needs. This level of care may or may not be provided in a medical setting and may be used as an alternative to an acute inpatient psychiatric hospitalization.

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – Florida MMA (Medical Management Assistance)

**Exclusion Criteria**

1. Member’s psychiatric condition is of such severity that it can only be safely treated in an inpatient setting.
2. Member’s medical condition is such that it can only be safely treated in a medical hospital.
3. Member does not voluntarily consent to admission or treatment (unless being used as an alternative to an inpatient level of care).
4. Member can be safely maintained and effectively treated in a less intensive level of care.
5. The primary problem is social, economic (i.e., family conflict, etc.) or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care.
6. Admission is being used as an alternative to incarceration.

**Coverage**

**Delivery**

Services at this level of care include crisis stabilization, initial and continuing bio-psychosocial assessment, care management, medication management, and mobilization of family/significant other support and community resources. Staywell expects crisis stabilization services used as a downward substitution for acute inpatient services to include an initial assessment with the attending psychiatrist within 24 hours of admission and a documented daily visit with a psychiatry/specialist prescribing provider. Exceptions to this requirement may be granted based on geographic considerations and provider access/availability.

**Admission Service Criteria**

Admission is authorized when either the member demonstrates the acute psychiatric inpatient criteria needs if used as a substitute for that service;

**OR the member meets ALL of the following:**

1. The Individual demonstrates a significant incapacitating or debilitating disturbance in mood/thought/behavior interfering with ADLs to the extent that immediate stabilization is required; **AND**

2. The Individual demonstrates active symptomatology consistent with a DSM diagnosis which requires and
can reasonably be expected to respond to intensive, structured intervention within a brief period of time; AND

3. Clinical evaluation of the individual’s condition indicates recent significant decompensation with a strong potential for danger to self or others and individual cannot be safely maintained in a less restrictive level of care; AND

4. The individual requires 24-hour observation and supervision but not the constant observation of an inpatient psychiatric setting except where being used as an alternative to an inpatient level of care; AND

5. Clinical evaluation indicates that the individual can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame; AND

6. A less intensive or restrictive level of care has been considered or tried; OR

7. Clinical evaluation indicates the onset of a life-endangering psychiatric condition, but there is insufficient information to determine the appropriate level of care and it is reasonably expected that a short term crisis stabilization period in a safe and supportive environment will ameliorate the individual’s symptoms; OR

8. The member is intoxicated to the extent that a reliable baseline mental status cannot be obtained and additional time is needed for the member’s mental state to clear for assessment of treatment needs.

**Continued Stay Criteria**

Member must meet **ALL** of the following continued stay criteria:

1. The individual’s condition continues to meet admission criteria at this level of care; AND

2. The individual’s treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate or is available; AND

3. Care is rendered in a clinically appropriate manner and is focused on the individual’s behavioral and functional outcomes as described in the discharge plan; AND

4. Treatment planning is individualized and appropriate to the individual’s changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated. Expected benefits from all relevant modalities, including family and group treatment are documented and expected to improve individuals’ condition in a relatively short period of time; AND

5. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice and evidence-based treatments; AND

6. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident; AND

7. Individual is actively participating in treatment to the extent possible consistent with individual’s condition; AND

8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
**Discharge Criteria**

Any of the following criteria are sufficient for discharge from this level of care:

1. The individual's documented treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged at an alternate level of care.

2. The individual no longer meets admission criteria or meets criteria for a less or more intensive level of care.

3. The individual, family, guardian, and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. Non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment.

4. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.

5. Support systems that allow the individual to be maintained in a less restrictive treatment environment have been thoroughly explored and/or secured.

6. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.

7. The member’s status has worsened and now meets criteria for inpatient admission.

**CODING**

As indicated by the fee schedule.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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