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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Stabilization: Crisis Stabilization in a Crisis Stabilization Triage or Facility

Authorizing Source: HCA Contract

Approved by: Executive Director

Date:

Signature:

POLICY # 1701.00

SUBJECT: CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY

PURPOSE

The purpose of this policy is to ensure quality crisis stabilization services within treatment facilities across the North Sound region. Crisis Stabilization Services are provided to non-Medicaid individuals in the North Sound region as funding resources allow and subject to medical necessity review. Please see North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Policy 1574.00 – State General Funds and Mental Health Block Grant (MHBG) Funding Plan and Policy 1594.00 – Utilization Management (UM) Requirements.

POLICY

Stabilization Services are provided to individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional (MHP) (such as, facilities licensed by the Department of Health [DOH] or certified by the Division of Behavioral Health and Recovery [DBHR]) as either Crisis Stabilization or Crisis Triage facility. Stabilization services shall include short-term (less than two [2] weeks per episode) face-to-face assistance with life skills training and understanding of medication effects. This service includes, **a)** follow-up to crisis services; and **b)** other individuals determined by an MHP to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.

STANDARDS

1. Stabilization Service Program Elements
 - a. 24 hours per day/7 days per week availability.
 - b. Services may be provided prior to intake evaluation.
 - c. Service provided in the person's own home, or another home-like setting, or a setting that provides for safety of the person and the MHP.
 - d. Service is short-term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.
 - e. Service provided as follow-up to crisis services; and to other persons determined by the MHP in need of additional stabilization services.
2. Stabilization Service Outcomes
 - a. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization;
 - b. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;

- c. Actively facilitates resource linkage so individuals can return to baseline functionality; and
- d. Provide follow-up contact to the individual to ensure stability after discharging from the facilities.

Referral, Inclusion and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

1. Whenever possible, referrals to crisis stabilization facilities will include the following information to be provided to the stabilization or triage facility provider:
 - a. Behaviors or behavioral health symptoms cause concern or require special care or safety measures;
 - b. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment and impaired judgment;
 - c. History of mental health issues, including suicidality, depression and anxiety;
 - d. Social, physical and emotional strengths and needs;
 - e. Current substance use;
 - f. Functional abilities in relationship to Activities of Daily Living (ADL) and ambulation; and
 - g. Current medications and medical needs.
 - h. When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.
2. Inclusionary Criteria
 - a. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis or in need of withdrawal management services.
 - b. Individuals must be willing to admit to a voluntary facility.
 - c. Individuals, if a risk to self, must be willing to engage in safety planning.
 - d. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance and smoking.
 - e. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
 - f. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
 - g. Individuals must be able to perform basic ADLs and be able to self-ambulate.
 - h. Individuals in crisis cannot be excluded from receiving crisis stabilization services solely due to intoxication (when below blood alcohol level [BAL] of 0.25) or developmental disability.
3. Exclusionary Criteria
 - a. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
 - b. Individuals who present a high likelihood of violence or arson, at time of admit.
 - c. Individuals currently designated as a Level 3 Sexual Offender.
4. Admission documentation shall include:

- a. Initial assessment to include demographics, reason for presentation, history, legal involvement, risk assessment, co-occurring screen and initial discharge plan.
- b. A recovery care plan developed in collaboration with the individual and available natural and collateral supports.
- c. Crisis Stabilization Consent/Program Rules Form.
- d. Copy of Client Rights.
- e. Health and wellness screening.
- f. Medication Sheet.
- g. Inventory of personal effects/property.
- h. Releases of Information (ROI) for natural and collateral supports.
- i. Global Appraisal of Individual Needs – Short Screener (GAIN-SS).
- j. For individuals with a current service provider, crisis stabilization staff will attempt to obtain the current Recovery/Resiliency Plan to coordinate care with their primary clinician.

Utilization Management

North Sound BH-ASO provides authorization within available resources for Crisis Stabilization Services when provided in a person's own home, other home like setting, or in a facility licensed by DOH or certified by DBHR as either Crisis Stabilization Units or Crisis Triage. Authorization of payment is based on eligibility outlined in Policy 1574.00 – State General Funds & Mental Health Block Grant Funding Plan *and* subject to Utilization Management review defined in Policy 1594.00 – Utilization Management Requirements.

1. Authorization of Services

- a. Prospective Review Request:
 - i. If the admission is emergent, no Prior Authorization is required. Notification to North Sound BH-ASO is required within 24 hours or the next business day.
 - ii. If the admission is Planned, the provider shall submit the *Prior Authorization of Stabilization Service form*.
 - iii. Prospective reviews will be completed within 72 hours from the date of request.
- b. Concurrent Review Requests: Prior Authorization is required for all continued stay requests previously authorized by North Sound BH-ASO. Authorization of ongoing services are limited to 2-4 days depending on medical necessity.
 - i. Provider to submit *Authorization of Stabilization length of stay form*.
 - ii. Concurrent reviews will be completed within 72 hours from the date of request.
- c. Retrospective Review Requests: For authorizations that occur after the stabilization service was delivered, North Sound BH-ASO may conduct a review based on eligibility and medically necessary during the episode of care. Retrospective review requests are limited to within 30 days following the date of discharge.

2. Medical Necessity

- a. Admission Criteria
 - i. The individual is currently experiencing a behavioral health crisis and determined by an MHP that stabilization services are needed.

- ii. Individual is experiencing an exacerbation of psychiatric symptoms or emotional disturbance that cannot be addressed in a less restrictive setting.
 - iii. Stabilization services must include an initial clinical assessment that documents reason for presentation, a risk assessment, a co-occurring screen and a GAIN-SS.
- b. Continued Stay Criteria
- i. Admission criteria continues to be met.
 - ii. A less restrictive setting would not be able provide needed monitoring to address presenting problem.
 - iii. Stabilization services continue to be needed to reduce symptoms and improve functioning.
 - iv. Treatment progress is monitored, and treatment goals are adjusted.
 - v. After care planning has been established and discharge planning includes transitioning to a less restrictive setting.
- c. Discharge Criteria
- i. Individual no longer meets admission criteria and transition to a more appropriate level of care is indicated.
 - ii. Individual is not making progress toward treatment goals.
 - iii. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

Discharge Planning Standards

1. Planning for discharge is expected to begin at admission.
2. Crisis Stabilization services will include developing written discharge plan that is provided to the individual at the point of discharge. This plan will contain, at a minimum:
 - a. A listing of all follow-up appointments (including time, place, telephone number and name of the person with whom the appointment is scheduled);
 - b. The names and telephone numbers of any natural supports or other resources which have been identified as helpful during times of crisis;
 - c. A list of current medications;
 - d. The name and telephone number of the individual's outpatient provider;
 - e. The name of the individual's prescriber; and
 - f. The telephone number to be used to get refills.
3. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
 - a. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or if clinically indicated, contact Volunteers of America (VOA) to request a Designated Crisis Responder (DCR).
 - b. If an unplanned discharged occurs and significant risk has been identified, the program should submit a Crisis Alert with VOA.
 - c. The program will provide care coordination with the identified care professionals upon discharge.

ADDITIONAL PROGRAM STANDARDS

1. Program Staffing
 - a. Crisis stabilization facilities shall comply with staffing requirements in accordance with **WAC 246-341**.
 - b. Staffing levels must meet all appropriate DOH or DBHR licensing requirements.
 - c. Crisis stabilization programs shall have the ability to provide additional staff when necessary.
2. Medication Management
Medications will be reviewed and monitored in a manner that meets all applicable contractual, licensing and regulatory requirements.

ATTACHMENTS

None