LAKE SHORE REGIONAL ENTITY
Intensive Crisis Stabilization Services

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

1. Description of Service
   a. Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services.
   b. This program must be approved by MDHHS in order to use Medicaid funds for program services.
   c. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.
   d. These services are for beneficiaries who have been assessed to meet criteria for psychiatric hospital admissions but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to beneficiaries leaving inpatient psychiatric services if such services will result in a shortened inpatient stay.
   e. Individuals must have a diagnosis of mental illness or mental illness with a co-occurring substance use disorder or developmental disability.
   f. A crisis situation is one in which an Individual is experiencing a serious mental illness or a developmental disability, or a child is experiencing a serious emotional disturbance, and one of the following applies:
      i. The Individual can reasonably be expected within the near future to physically injure himself or another Individual, either intentionally or unintentionally.
      ii. The Individual is unable to provide him/herself clothing, or shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the Individual or to another individual.
      iii. The Individual’s judgment is so impaired that he is unable to understand the need for treatment and, in the opinion of the mental health professional, his continued behavior, as a result of the mental illness, developmental disability, or emotional disturbance, can reasonably be expected in the near future to result in physical harm to the Individual or to another individual.

2. Practice Principles
   a. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
   b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
   c. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.
   d. The Intensive Crisis Stabilization Program must be approved by MDHHS for the intensive crisis stabilization services in order to use Medicaid funds for program services.
   e. Length of stay is authorized by CMSHP.
   f. The focus is to promote recovery of Individuals served. Symptom escalation can be frequent and characterized by rapid onset. Level of functioning varies depending on severity of symptoms. Maintaining optimal behavioral health and integration in the community requires an assertive approach that provides ongoing assessment to titrate interventions to meet changing needs.
   g. Treatment is directed toward meeting the Individual’s needs through targeted interventions. For example, treatment may be focused on reducing the risk of relapse, reinforcing pro-social behaviors and
协助与健康重新融入社区。治疗计划是个性化的。治疗可能包括每日方案，其中包括个人和小组治疗性辅导和康复性咨询、系统论、同伴治疗和恢复支持。

h. 程序必须反映人中心计划和恢复的原则和实践。
i. 制定和实施在危机情况解决后48小时内。
j. 评估、协调和转介至支持服务以解决危机。
k. 促进与和协助发展自然/社区支持。
l. 提供个人和家庭治疗以支持稳定的计划。
m. 制定出院计划，根据需要，向前责任CMHSP转交。

3. 专业资质要求

a. 供应商应保证，获许专业人员提供服务并按照授权人提供的服务。
b. 供应商应保证，所有提供服务的人员均具备提供服务所需的资格和培训。
c. 供应商应确保所有用于运输个人的车辆状况安全，并包含急救设备。
d. 供应商应允许负责员工持有有效的驾照和保险，满足州法律规定。
e. 供应商应保存工作人员的培训记录以供检查。
f. 服务提供者应：
   i. 年满18岁。
   ii. 能够预防从自己到他人的可传染疾病的传播。
   iii. 能够以表达和接收的方式沟通，以执行个人计划要求和个体特定的紧急程序，报告活动。
   iv. 与法律保持良好关系。
   v. 能够进行基本急救和紧急程序。

g. 严重的精神疾病支持服务必须由精神科专业人员提供监督。精神科专业人员可能不在现场监督，但必须通过电话随时在场。提供严重的精神疾病支持服务的人员必须是精神科专业人员。护理服务/咨询必须是可及的。

h. 治疗服务可能由受过适当监督的非专业人员进行。
i. 提供严重的精神疾病支持服务的人员必须能够提供所必需的援助。
j. 除外：严重的精神疾病支持服务不得在：
   i. 精神病院或其它经过医疗程序的设施内；
   ii. 精神病院或其它经过医疗程序的设施内；
   iii. 精神病院或其它经过医疗程序的设施内；
4. Service Requirements

a. Intensive crisis services are intensive treatment interventions delivered by an intensive crisis stabilization treatment team under the supervision of a psychiatrist. Component services include:
   i. Intensive individual counseling/psychotherapy;
   ii. Assessments (rendered by the treatment team);
   iii. Family therapy;
   iv. Psychiatric supervision;
   v. Therapeutic support services by trained paraprofessionals;

b. Provide screening, data collection/reporting, assessment, and treatment planning; and

c. There is an ability to admit Individuals after hours and during the weekend.
   i. Intensive crisis stabilization services may be provided initially to alleviate an immediate or serious psychiatric crisis. However, following resolution of the immediate situation (and within no more than 48 hours), an intensive crisis stabilization services treatment plan must be developed. The intensive crisis stabilization treatment plan must be developed through a person-centered planning process in consultation with the psychiatrist. Other professionals may also be involved if required by the needs of the Individual. The case manager (if the Individual receives case management services) must be involved in the treatment and follow-up services.
   ii. The individual plan of service (IPOS) must contain:
      1. Clearly stated goals and measurable objectives, derived from the assessment of immediate need, and stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
      2. Identification of the services and activities designed to resolve the crisis and attain his/her goals and objectives.
      3. Plans for follow-up services (including other mental health services where indicated) after the crisis has been resolved. The role of the case manager must be identified, where applicable.

d. For children's intensive crisis stabilization services, the treatment plan must address the child's needs in context with the family needs. Educational services must also be considered and the treatment plan must be developed in consultation with the child's school district staff.

e. Psychiatric consultation is available. Services must include evaluations for psychotropic medication (by qualified medical professionals) when need is identified. Provider must assume responsibility to provide for psychotropic medication needs for thirty (30) days after discharge unless a subsequent service Provider assumes this responsibility earlier.

f. Medical care should be coordinated through the Individual’s primary care physician.

g. Provider’s supports and services will be based upon the Individual’s IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider’s staff responsible for delivering the supports and services.

h. Provider shall notify the Individual’s care manager when the Individual’s IPOS requires revision or modification.

i. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.

j. Provider shall ensure coordination of care occurs between the Individual’s primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual’s plan of service.

k. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
1. Provider shall complete service documentation and records that meet the PIHP/CMHSP’s requirements for reimbursement. Provider’s services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third party payers.

m. The Individual’s record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.

5. Training Requirements

a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings
b. Provider will ensure and document that each staff is trained on the Individual’s IPOS and ancillary plans, prior to delivery of service.

6. Reauthorization Procedures

a. Intensive Crisis Stabilization services are reauthorized prospectively. Reauthorizations for this service will be performed by the LRE or CMSHP.
b. Prior to the end of the original authorization, a CMHSP staff will review the case and either authorize continued stay or recommend discharge.
c. After the review, all necessary data shall be entered or sent to the LRE or CMSHP authorization system by Provider within twenty-four (24) hours, or the next working day following weekends and holidays.
d. It is expected that lengths of stay will vary according to clinical acuity and complexity.
e. The expectation is that Provider, involved community systems, and professionals will be working to ensure that care episodes are as brief and effective as possible.
f. If the request for additional days is denied by the LRE or CMSHP, Provider can request reconsideration through the LRE or CMSHP Access/Utilization Management process.

7. Eligibility Criteria/Access Requirements/Authorization Procedures

a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
b. Waiver eligibility requires verification of no change in waiver status.
c. The Lakeshore Region Guide to Services provides a summary of service eligibility, access to services, and service authorization. This document is located on the Lakeshore Regional Entity website at www.lsre.org. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.