

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Crisis Stabilization for Adults		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

PURPOSE: This clinical coverage policy is to identify the clinical criteria and guidelines to review medical necessity and appropriateness for Crisis Stabilization (CS) for adults.

DEFINITIONS:

Licensed Mental Health Professional (LMHP) – an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently:

- 1) **Medical psychologists;**
- 2) **Licensed psychologists;**
- 3) **Licensed clinical social workers (LCSWs);**
- 4) **Licensed professional counselors (LPCs);**
- 5) **Licensed marriage and family therapists (LMFTs);**
- 6) **Licensed addiction counselors (LACs); and**
- 7) **Advanced practice registered nurses (APRNs).**

POLICY:

CS requires prior authorization, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis response services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider. Additional units may be approved with prior authorization. The LMHP or psychiatrist must be available at all times to provide back up, support and/or consultation through all services delivered during a crisis.

CS for adults is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement. CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level. This service is designed to ameliorate a psychiatric crisis and/or reduce acute symptoms of mental illness and to provide crisis relief, resolution, and intensive supportive resources for adults who need temporary twenty-four (24) hours a day, seven (7) days a week support and is not intended to be a housing placement.

CS assists with deescalating the severity of a member's level of distress and/or need for urgent care associated with a mental health disorder. The goal is to support members in ways that will mitigate the need for higher levels of care, further ensuring the coordination of a successful return to community placement at the earliest possible time. Short-term crisis bed-based stabilization services include a range of resources that can meet the needs of the member with an acute psychiatric crisis and provide a safe

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environment for care and recovery. Care coordination is a key element of crisis services, coordinating across the services and beyond depending on the needs of the member.

Services are provided in an organized bed-based non-medical setting, delivered by appropriately trained staff that provide safe twenty-four (24) hour crisis relieving/resolving intervention and support, medication management, observation and care coordination in a supervised environment where the member is served. While these are not primary substance use treatment facilities, the use of previously initiated medication assisted treatment (MAT) may continue.

Components

Assessment

- 1) The psychiatric diagnostic evaluation of risk, mental status and medical stability must be conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service and practicing within the scope of his or her professional license. This assessment should build upon what is learned by previous crisis response providers or the Assertive Community Treatment (ACT) provider and should include contact with the member, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of the evaluation and/or referral to and coordination with other alternative behavioral health services at an appropriate level. If the member expressly refuses to include family or other collaterals sources, it must be documented in the member record. If a psychiatric diagnostic evaluation was completed within thirty (30) days, another evaluation does not need to be completed at this time, but an update to capture the member's current status must be added to the previous evaluation; and
- 2) A registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for medical stability.

Interventions

- 1) The intervention is driven by the member and is developed by the LMHP, psychiatrist, or non-licensed staff in collaboration with the LMHP or the psychiatrist building on and updating the strategies developed by the mobile crisis response (MCR), Behavioral Health Crisis Care (BHCC), and/or community brief support service (CBCS) service providers. Through this process, short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning:
 1. The intervention should be developed with input from the member, family and other collateral sources. Strategies are developed for the member to use post current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate.

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- 2) The service will include brief interventions using person centered approaches, such as, crisis resolution, self-help skills, peer support services, social skills, medication support, and co-occurring substance use disorder treatment services through individual and group interventions. The service must be provided under the supervision of an LMHP or psychiatrist with experience regarding this specialized behavioral health service;
- 3) Substance use should be recognized and addressed in an integrated fashion, as it may add to the risk, increasing the need for engagement in care; and
- 4) Support, education, and consultation is provided to the member, family, and collateral supports.

Care Coordination

- 1) CS providers shall coordinate care for the member following the crisis event as needed. Care coordination includes the following activities:
 - a) Coordinating the transfer to alternate levels of care within 24 hours when warranted, including but not limited to:
 - i. Primary medical care - when the member requires primary medical care with an existing provider;
 - ii. Community based behavioral health provider - when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider. The member should return to existing services as soon as indicated and accessible;
 - iii. Community Brief Crisis Support (CBCS) - when the member requires ongoing support at home or in the community, if the member does not have an existing behavioral health provider who can meet their current critical needs as defined in the discharge plans;
 - iv. Crisis Stabilization (CS) – when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, at immediate suicide risk, or currently violent;
 - v. Inpatient treatment – when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, or is actively suicidal, homicidal, gravely disabled, or currently violent; and
 - vi. Residential substance use treatment - when the member requires ongoing support outside of the home for a substance use disorder.

Crisis care should continue until the crisis is resolved and the member no longer needs crisis services. Readiness for discharge is evaluated on a daily basis. Additionally, the crisis provider shall:

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1. Coordinate contact through a warm handoff with Humana Healthy Horizon's in Louisiana to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated;
2. Coordinate contact through a warm handoff with the member's existing or new behavioral health provider; and
3. Provide any member records to the existing or new behavioral health provider or to another crisis service to assist with continuing care upon referral.

Follow-Up

1. Provide follow up to the member and authorized member's caretaker and/or family up to 72 hours to ensure continued stability post crisis for those not accessing CBCS or higher levels of care, including but not limited to:
 - a. Telephonic follow-up based on clinical individualized need; and
 - b. Additional calls/visits to the member following the crisis unless the member indicates no further communication is desired as documented in the member's record.

CRITERIA:

Medicaid Eligibility for CS

ALL the following criteria must be met:

1. Person is a Humana Healthy Horizons in Louisiana member; and
2. Member is at least 21 years of age; and

Medical Necessity for CS

1. The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.
2. Referrals to CS must be completed by the Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), Community Brief Crisis Support (CBCS) providers or ACT teams. Other referrals will be considered on a case-by-case basis.
3. This service is intended for any member in mental health crisis, needing immediate intervention to stabilize the situation and needing help now but is whose needs do not meet a higher level of care (examples include not at medical risk or currently violent).
4. While medical clearance will not be required, members admitted to this level of care should be medically stable. Members who have a co-morbid physical condition that requires nursing or hospital level of care or who are a threat to themselves or others and require an inpatient level of care are not eligible for CS services.

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Limitations/Exclusions - The following services are excluded:

- **Services rendered in an institute for mental disease;**
- **The cost of room and board.**

Crisis stabilization shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost.

ADDITIONAL RESOURCES:

Louisiana Department of Health, Louisiana Medicaid Behavioral Health Services Provider Manual: Chapter Two of the Medicaid Services Manual; Issued 08/17/22 [BHS.pdf](#) ([lamedicaid.com](#)). Accessed Oct. 25, 2022 and accessed January 27, 2023.

VERSION CONTROL

Version Review Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures, or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

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Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).

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