Category: Utilization Management

Code: UM 2.0 Attach H CSS

Subject: Crisis Stabilization Services (CSS) Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for CSS.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for CSS when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:
Medical Necessity Criteria - Must satisfy all of the following: I-III

I. Patient Requirements – must satisfy one of the following: A or B

A. Admission - must satisfy all of the following: 1-5

1. Age 18 or older; and

2. Have a serious *mental illness* as defined in the Minnesota Comprehensive Adult Mental Health Act **(**Minnesota Statutes 245.461 and 245.4711 – see links below); and

3. The service is requested as an alternative to an acute inpatient hospitalization; whether to avert hospitalization or to shorten continued inpatient hospitalization; and

4. Clinical indications - must satisfy all of the following: a-c

a. Presence of a *mental health crisis* that cannot be managed in a less intensive psychiatric level of care or imminent risk for acute mental health status deterioration due to the presence and/or treatment of an active psychiatric symptom(s); and

b. In the written opinion of a licensed mental health professional, or MD, and consultation with the mental health case manager and family members (when available), has the need for CSS that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative services are not provided; and

c. Can be expected to commence or resume illness management and recovery skills/ strategies within one week or less, according to the treatment plan, and requires 24 hour supervised and focused treatment approach to accomplish this.

5. May have any of the following: a or b

a. Exhibits behaviors that are a danger to self or others but is not likely to act on them acutely; or

b. Patient is actively engaging in substance abuse within the last 10 days if dual diagnosis is present and active chemical use is a focus of treatment (unless substance is physically unavailable, such as, but not limited to, the patient has been incarcerated or hospitalized) but is not currently experiencing or is at risk for acute withdrawal.

B. Discharge – must satisfy one or more of the following: 1-4

1. Can safely transition to a less intensive setting; or

2. The patient is persistently not attending or refuses to participate or cooperate in the CSS despite repeated staff attempts to engage the patient.

3. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment (may merit need for substance abuse evaluation or treatment).

II. Provider requirements – must satisfy all of the following: A-C

A. The provider must be licensed under Rule 36 (consists of Minnesota Rules 9520.0500-9520.0670 - see link below); and

B. The provider must have DHS approval; and

C. For PreferredOne members, the provider must be participating with PreferredOne.

III. Program requirements – must satisfy all of the following: A-D

A. Compliant with Minnesota Statute 256B.0624 and Rule 36 (consists of Minnesota Rule 9520.0500-9520.0670 - see links below); and

B. With the patient, develop crisis stabilization and discharge plan within 24 hours of beginning services. The plan, at a minimum, must include all of the following: 1 - 9

1. A list of the patient's strengths and resources; and

2. Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement; and

3. Specific objectives directed toward achieving each goal; and

4. Identified tasks related to transitioning the patient with action steps, dates, and identified responsible persons, individuals, or agencies who will be working with the patient after discharge or transfer, including a forwarding address and telephone number for follow-up contact; and

5. Documentation of the participants involved in the service planning. The patient, if possible, must be a participant; and

6. The plan should include the following: a-c
   a. Services arranged, including specific providers where applicable, planned frequency and type of services initiated;
   b. A crisis response action plan if a crisis should occur;
   c. Frequency and type of services initiated, including a list of providers where applicable.

7. Clear progress notes on outcomes of goals; and

8. The patient must sign the treatment plan. If the patient refuses to approve and sign the plan, the team must note the refusal and the reason(s) for the refusal; and

9. A mental health professional must approve and sign the crisis stabilization treatment plan and give a copy of the plan to the patient.

[Note: The mental health professional may approve the treatment plan by phone or interactive televideo, but approval must be documented and later signed by the mental health professional within three business days.]

C. Daily documentation is required and must include the components reflected in Minnesota Rule 36V.0170 Subp.6 (see link for Variance for Intensive Residential Treatment and Crisis Stabilization Programs below); and

D. Documentation of a targeted discharge date with specified patient outcomes.

IV. Exclusions - none of the following will be considered as sole indications for the CSS setting: A-D

A. Impaired ability to meet academic, family, or employment obligations.

B. Psychometric testing or psychiatric evaluations that could be performed on an outpatient basis.

C. Absence of placement availability in itself (such as, but not limited to, halfway house, foster home, board and care home or other less intensive treatment setting).

D. Patient is diagnosed with insufficient clinical data supporting the diagnosis.

DEFINITIONS

Mental health crisis (from Minnesota Statute 256B.0624):
Adult behavioral, emotional, or psychiatric situation which, but for the provision of crisis response services, would likely result in significantly reduced levels of functioning in primary activities of daily living, or in an emergency situation, or in the placement of the recipient in a more restrictive setting, such as, but not limited to, inpatient hospitalization.

Mental Health Crisis Stabilization Services (CSS) (from Minnesota Statute 256B.0624):
Individualized mental health services provided to a recipient following crisis intervention services which are designed to restore the recipient to the recipient's prior functional level. Mental health crisis stabilization services may be provided in the recipient's home, the home of a family member or friend of the recipient, another community setting, or a short-term supervised, licensed residential program. Mental health crisis stabilization does not include partial hospitalization or day treatment.

Mental illness (From MN Statute 245.462 DEFINITIONS):
(a) "Mental illness" means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is detailed in a diagnostic codes list published by the commissioner, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.
(b) An "adult with acute mental illness" means an adult who has a mental illness that is serious enough to require prompt intervention.
(c) For purposes of case management and community support services, a "person with serious and persistent mental illness" means an adult who has a mental illness and meets at least one of the following criteria:
(1) The adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 2 months;
(2) The adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months;
(3) The adult has been treated by a crisis team two or more times within the preceding 24 months;
(4) The adult:
i. Has a diagnosis of schizophrenia, bipolar disorder, major depression, schizoaffective disorder, or borderline personality disorder;
ii. Indicates a significant impairment in functioning; and
iii. Has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;
(5) The adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult's commitment has been stayed or continued;
(6) The adult (i) was eligible under clauses (1) to (5), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided; or
(7) The adult was eligible as a child under section 245.4871, subdivision 6, and is age 21 or younger

LINKS:
• Minnesota Rule 36 (Minnesota Rules 9520.0500-9520.0670): https://www.revisor.mn.gov/rules/?id=9520
• Minnesota Comprehensive Adult Mental Health Act (Minnesota Statutes 245.461 to 245.4711): https://www.revisor.mn.gov/statutes/?id=245
• Minnesota Statute 256B.0624: https://www.revisor.mn.gov/statutes/cite/256B.0624

Regulatory / External References: NCQA UM 2.0. Chapter 62M.

References:
1. 2020 NCQA Standards and Guidelines for the Accreditation of Health Plans -UM
2. Minnesota Statute 256B.0624 Adult Crisis Response Services Covered
3. Minnesota Rule 36 (Minnesota Rules 9520.0500-9520.0670)
4. Minnesota Comprehensive Adult Mental Health Act (Minnesota Statutes 245.461 to 245.486)
5. Minnesota Department of Human Services. Adult mental health : Policies and procedures. Statutes and Rules. Minnesota Rule 36. Retrieved from https://mn.gov/dhs/partners-and-providers/policies-procedures/adultmental-health/. Accessed 03-05-20.
6. Minnesota Department of Human Services. MHCP Provider Manual – Mental Health Services – Adult Crisis Response Services. Revised: September 16, 2019. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMe thod=LatestReleased&dDocName=id_058038. Accessed 03-05-20.

Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

Date Effective: **03/01/2014**

Date Revised: **03/01/2014, 12/12/19, 12/21/2020**

Date Evaluated by Clinical Team: **April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021**

Revision Tracking

Date Revised	Revision Type List all applicable: - Minor changes (Use this when	Details of Revision Made

	changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure - Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	
12/12/19	Added definitions and links, and made minor content changes.	Added MN Statues and links to MN Statues to match Preferred One, reformatting to match Preferred One, minor changes in content. Added a note under Program Req. regarding tx plan signatures when approved via phone, etc.
12/21/2020	Minor changes.	Updated references.