NMNC 2.201.04 Crisis Stabilization

Crisis Stabilization beds provide short-term psychiatric treatment within a structured, community-based therapeutic setting. Each program provides continuous, 24- hour observation and supervision for members who do not require the clinical intensity of an inpatient psychiatric setting. The goal of this level of care is to provide a comprehensive assessment; stabilize the member in crisis; and restore the member to a level of functioning that would require a less intensive treatment setting. Further, this level of care aims to prevent an unnecessary hospital admission while transitioning the member back to community-based services, supports and resources. Beds may be located in a hospital or a community-based setting. Immediate and intense involvement of family and community supports for post-discharge follow-up as clinically indicated is ideal for a crisis-stabilization setting. Crisis Stabilization also helps members to access appropriate community supports.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
***All* of the following criteria must be met:** 1) Symptoms consistent with a *DSM* or corresponding ICD diagnosis 2) Member likely to respond to rapid stabilization 3) Member is experiencing an exacerbation of psychiatric symptoms or emotional disturbance, including **all of the following**: a. in relation to a situational crisis; and b. duration and exacerbation of symptoms, which is expected to be brief and temporary; and c. no imminent risk to self or others requiring a higher level of care (e.g., need for involuntary controls such as restraint or seclusion is not anticipated); and d. requires 24-hour monitoring; and e. cannot be safely treated in a less restrictive setting. 4) Clinical evaluation indicates life-threatening behavior with insufficient information to determine appropriate level of care beyond a short-term crisis stabilization that is expected to significantly improve the member's symptoms 5) Member (or guardian as appropriate) is willing to participate in treatment voluntarily	***All* of the following criteria must be met:** 1) Member continues to meet admission criteria 2) Another less restrictive level of care would not be adequate to provide needed containment and to administer care 3) Treatment is still necessary to reduce symptoms and improve functioning so member may be treated in a less restrictive level of care 4) There is evidence of progress towards resolution of the symptoms that are preventing treatment from continuing in a less restrictive level of care 5) Member progress is monitored regularly and the treatment plan modified, if the member is not making substantial progress toward a set of clearly defined and measurable goals 6) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out 7) Individual/family/guardian/ caregiver is participating in treatment as clinically indicated and appropriate,	**Any *one* of the following criteria must be met:** 1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive, and that level, and that level of care is sufficiently available; or 2) Member or parent/guardian withdraws consent for treatment, and it has been determined that the individual or guardian has the capacity to make an informed decision or the court has denied involuntary treatment; or 3) Member is not making progress toward goals, nor is there expectation of any progress; or 4) Functional status acceptable as indicated by **one or both** of the following: a. no essential function is significantly impaired; and/or b. an essential function is impaired, but impairment is manageable at an available lower level of care

	or engagement efforts are underway 8) Coordination of care and active discharge planning are ongoing, with goal of transitioning the member to a less intensive level of care	

Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care*:*

1) Member's psychiatric condition is of such severity that it can be safely treated only in an inpatient setting; or
2) Member's medical condition is such that it can be safely treated only in a medical hospital; or
3) Member does not voluntarily consent to admission or treatment (unless being used as an alternative to an inpatient level of care); or
4) Member can be safely maintained and effectively treated in a less intensive level of care; or
5) Request for service is being pursued to address a primary issue of homelessness or lack of identified disposition; or
6) Admission is being used as an alternative to incarceration

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4) Professional publications and psychiatric texts: [see Beacon's Publication Reference Table]
5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)