

Medical Necessity Criteria

24-Hour Diversionary Services Community Crisis Stabilization (Adult - ACCS) (Youth - YCCS)

This level of care is a facility- or community-based program where individuals with an urgent/emergent need can receive crisis stabilization services in a staff-secure, safe, structured setting that is an alternative to hospitalization. It provides continuous 24-hour observation and supervision for individuals who do not require intensive clinical treatment in an inpatient psychiatric setting and would benefit from a short-term, structured stabilization setting.

Community Crisis Stabilization (CCS) services at this level of care include crisis stabilization, initial and continuing bio-psychosocial assessment, care management, medication management, and mobilization of family/guardian/natural supports and community resources. Some of the functions, such as medication management, administration, and physical care, will require access to medical services while other services can be provided by mental health professionals. The primary objective of the crisis stabilization service is to promptly conduct a comprehensive assessment of the individual and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that requires a less restrictive level of care. Active family/guardian/significant other/natural supports involvement is necessary unless contraindicated; frequency should occur based on individual needs.

Criteria

Admission Criteria

All of the following criteria are necessary for admission to this level of care:

1. The individual demonstrates active symptomatology consistent with a DSM-5-TR diagnosis, which requires and can reasonably be expected to respond to intensive, structured intervention within a brief period of time.
2. An adult demonstrates a significant incapacitating disturbance in mood/thought/behavior, interfering with activities of daily living so that immediate stabilization is required.

OR

A child/adolescent is experiencing emotional or behavioral problems in the home, school, community and/or treatment setting and is not sufficiently stable, either emotionally or behaviorally, to be treated outside of a 24-hour therapeutic environment.

3. Clinical evaluation of the individual's condition indicates recent significant decompensation with a strong potential for danger to self or others, and the individual cannot be safely maintained in a less-restrictive level of care.
4. The individual requires 24-hour observation and supervision but not the constant observation of a locked inpatient psychiatric setting. Clinical evaluation indicates that the individual can be effectively treated with short-term, intensive crisis intervention services and returned to a less-intensive level of care within a brief timeframe.
5. It is reasonably expected that a short-term crisis stabilization period in a safe and supportive environment will ameliorate the individual's symptoms.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level-of-care decisions.

Exclusion Criteria

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

1. The individual's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting.
2. The individual's medical condition is such that it requires treatment in a medical setting.
3. The individual/parent/guardian does not voluntarily consent to admission or treatment.
4. The individual can be safely maintained and effectively treated in a less-intensive level of care.
5. The primary problem is not psychiatric. It is a social, legal, or medical problem without a concurrent major psychiatric episode meeting criteria for this level of care.
6. Admission is being used as an alternative to incarceration, the juvenile justice system, protective services, specialized schooling, or as an alternative to medical respite or housing.
7. Conditions that would not be appropriate for treatment at this level of care are:
 - a. Permanent cognitive dysfunction without acute DSM-5-TR diagnosis.
 - b. Primary substance use disorder requiring treatment in a specialized level of care.
 - c. Medical illness requiring treatment in a medical setting.
 - d. Impairment with no reasonable expectation of progress toward treatment goals at this level of care.
 - e. Chronic condition with no indication of need for ongoing treatment at this level of care to maintain stability and functioning.

Continued Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care:

1. The individual's condition continues to meet admission criteria at this level of care.
2. The individual's treatment does not require a more-intensive level of care, and no less-intensive level of care would be appropriate or is available.
3. After initial evaluation and stabilization, it is determined that the presenting symptomatology is indicative of a DSM-5-TR diagnosis, which is amenable to continued treatment at this level of care.
4. Care is rendered in a clinically appropriate manner and is focused on the individual's behavioral and functional outcomes as described in the treatment and discharge plan.
5. Treatment planning is individualized and appropriate to the individual's age and changing condition, with realistic, specific, and attainable goals and objectives stated. Treatment planning should include active family or other support systems social, occupational, and interpersonal assessment with involvement unless contraindicated. Expected benefit from all relevant treatment modalities, including family and group treatment, is documented. The treatment plan has been implemented and updated with consideration of all applicable and appropriate treatment modalities.
6. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
7. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.
8. The individual is actively participating in treatment to the extent possible consistent with the individual's condition.
9. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
10. There is documented active discharge planning starting with admission.
11. There is documented active coordination of care with behavioral health providers, the primary care physician (PCP), and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate care continue.

Discharge Criteria

Any of the following criteria is sufficient for discharge from this level of care:

1. The individual no longer meets admission criteria or meets criteria for a less- or more-intensive level of care.
2. Treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and deployed at a less-intensive level of care. A follow-up aftercare appointment is arranged for a time frame consistent with the individual's condition and applicable MBHP standards.
3. The individual, parent, and/or legal guardian is not engaged in treatment or is not following program rules and regulations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment.
4. Consent for treatment is withdrawn, and either it has been determined that involuntary inpatient treatment is inappropriate, or the court has denied involuntary inpatient treatment.
5. Support systems that allow the individual to be maintained in a less-restrictive treatment environment have been secured.
6. The individual is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
7. The individual's physical condition necessitates transfer to a medical facility.