Service Name: Crisis Stabilization Unity (CSU) Services

Service Definition

This is a residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and withdrawal management services. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization and/or withdrawal management on a short-term basis. Specific services may include (see Behavioral Health Provider Certification and Operational Requirements for Certified Crisis Stabilization Units (CSUs), 01-325):

a. Psychiatric, diagnostic, and medical assessments;
b. Crisis assessment, support and intervention;
c. Medically Monitored Residential Substance Withdrawal Management (at ASAM Level 3.7-WM);
d. Medication administration, management and monitoring;
e. Psychiatric/Behavioral Health Treatment;
f. Nursing Assessment and Care;
g. Brief individual, group and/or family counseling; and
h. Linkage to other services as needed.

Admission Criteria

1. Treatment/Services at a lower level of care have been attempted or given serious consideration; and
2. Child/Youth has a known or suspected illness/disorder in keeping with one of the following target populations:
   A child/youth who is experiencing a:
   a. Severe situational crisis; or
   b. Mental Illness or Severe Emotional Disturbance (SED); or
   c. Substance Use Disorder; or
   d. Co-Occurring Substance Use Disorder and Mental Illness; or
   e. Co-Occurring Mental Illness and Intellectual/Developmental Disability; or
   f. Co-Occurring Substance Use Disorder and Intellectual/Developmental Disability; and
3. Child/Youth is experiencing a severe situational crisis which has significantly compromised safety and/or functioning, as evidenced by one or more of the following:
   a. Child/Youth presents a substantial risk of harm or risk to self, others, and/or property or is so unable to care for his or her own physical health and safety as to create a life-endangering crisis. Risk may range from mild to imminent; or
   b. Child/Youth has insufficient or severely limited resources or skills necessary to cope with the immediate crisis; or
   c. Child/youth demonstrates lack of judgment and/or impulse control and/or cognitive/perceptual abilities to manage the crisis; or
   d. For withdrawal management services, individual meets diagnostic criteria under the DSM for substance use, exhibiting withdrawal signs, symptoms, behaviors, or functional impairments and can reasonably be expected to respond to withdrawal management treatment.

Continuing Stay Criteria

This service may be utilized at various points in the child's course of treatment and recovery; however, each intervention is intended to be a discrete time-limited service that stabilizes the individual. These time limits for continued stay are based upon the individual's specific needs.

Discharge Criteria

1. Child/Youth no longer meets admission guidelines requirements; or
2. Crisis situation is resolved and an adequate continuing care plan has been established; or
3. Child/Youth does not stabilize within the evaluation period and must be transferred to a higher intensity service.

Clinical Exclusions

1. Child/Youth is not in crisis.
2. Child/Youth does not present a risk of harm to self or others or is able to care for his/her physical health and safety.
3. Severity of clinical issues precludes provision of services at this level of intensity. See CSU: Medical Evaluation Guidelines and Exclusion Criteria for Admission to Crisis Stabilization Units, 01-350

Service Exclusions

1. This is a comprehensive service intervention that is not to be provided with any other service(s), except for the Crisis Services Type of Care.

Required Components

1. CSUs providing medically monitored short-term residential psychiatric stabilization and/or withdrawal management services shall be designated by DBHDD as both an emergency receiving facility and an evaluation facility and must be surveyed and licensed by the DBHDD.
2. In addition to all service qualifications specified in this document, providers of this service must adhere to Behavioral Health Provider Certification and Operational Requirements for Certified Crisis Stabilization Units (CSUs), 01-325.
3. Youth occupying transitional beds must receive services from outside the CSU (i.e. community-based services) on a daily basis.
4. Services must be provided in a facility designated as an emergency receiving and evaluation facility.
5. A CSU must have documented operating agreements and referral mechanisms for psychiatric disorders, substance use disorders, and physical healthcare needs that are beyond the scope of the CSU and that require inpatient treatment. Operating agreements must delineate the type and level of service to be provided by the private or public inpatient hospital or treatment facility. These agreements must specifically address the criteria and procedures for transferring the youth to a designated treatment facility when the CPS is unable to stabilize the youth.
6. Crisis Stabilization Units (CSU) must continually monitor the bed–board, regardless of current bed availability, and review, accept or decline individuals who are awaiting disposition on a bed-board, and provide a disposition based on clinical review. It is the expectation that CSU's accept the individual who is most in need.

7. CSUs are expected to review, accept, or decline at least 90% of all individuals placed on a bed-board over the course of a fiscal year.
8. A physician–to-physician consultation is required for all CSU denials that occur when that CSU has an open/available bed.

Staffing Requirements

1. A physician or a staff member under the supervision of a physician, practicing within the scope of State law, must provide CSU Services.
2. All services provided within the CPS must be delivered under the direction of a physician. A physician must conduct an assessment of new admissions, address issues of care, and write orders as required.
3. A CSU must employ a fulltime Nursing Administrator who is a Registered Nurse.
4. A CSU must have a Registered Nurse present at the facility at all times.
5. If the charge nurse is an APRN, then he/she may not simultaneously serve as the accessible physician during the same shift.
6. A CSU must have an independently licensed/credentialed practitioner (or a supervised S/T) on staff and available to provide individual, group, and family therapy.
7. Staff-to-individual served ratios must be established based on the stabilization needs of individuals being served and in accordance with the aforementioned Rules and Regulations. 8. Functions performed by Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Registered Nurses, and Licensed Practical Nurses must be performed within the scope of practice allowed by State law and Professional Practice Acts. 9. CSUs are strongly encouraged to employ a CPS (Parent or Youth) as part of their regular staffing compliment, and utilize them in early engagement, orientation to services, family support, skills building, IRP development, discharge planning, and aftercare follow-up

Clinical Operations

1. A physician must evaluate a child/youth referred to a CSU within 24 hours of the referral.
2. A CSU must follow the seclusion and restraint procedures included in the Department's policy: CSU: Use of Seclusion or Restraint in Crisis Stabilization Services, 01-351.
3. The following restraint practices are prohibited:
    a. The use of chemical restraint for any individual.
    b. The combined use of seclusion and mechanical, and/or manual restraint.
    c. Standing orders for seclusion or any form of restraint.
    d. PRN orders for seclusion or any form of restraint.
    e. Prone manual or mechanical restraints.
    f. Transporting an individual in a prone position while being carried or moved.
    g. Use of seclusion or restraint as a part of a Behavior Support Plan (BSP) or an Individual Recovery Plan (IRP).
    h. The use of handcuffs for an individual not under the jurisdiction of the criminal justice system.
    i. The use of medication as a chemical restraint.

4. For child/youth with co-occurring diagnoses including Intellectual/Developmental Disabilities, this service must target the symptoms, manifestations, and skills development related to the identified behavioral health issue.
5. Child/Youth served in transitional beds may access an array of community-based services in preparation for their transition out of the CSU and are expected to engage in community-based services daily while in a transitional bed.

Additional Medicaid Requirements

1. Crisis Stabilization Units with 16 beds or less may bill services to GAMMIS for Medicaid FFS recipients.
2. Medicaid claims for this service may not be billed for any service provided to Medicaid-eligible individuals in CSUs with greater than 16 beds.

Reporting and Billing Requirements

1. This service requires authorization via the ASO via GCAL. Providers will select an individual from the State Contract Bed (SCB) Board. Once they accept them, they will assign the individual to a bed on the inventory status board (via bhlweb). Once an individual is assigned to the inventory status board a tracking number will be generated and the information will be sent from the Georgia Collaborative ASO crisis access team to the Georgia Collaborative ASO care management team for registration/authorization to take place. Once an authorization number is assigned, that number will appear on the beds inventory status board (on bhlweb) and an email will be generated and sent to the designated UM of the SCB facility containing the authorization number.
2. Providers must report information on all individuals served in CSUs no matter the funding source:
3. The CSU shall submit prior authorization requests for all individuals served (state-funded, Medicaid funded, private pay, other third-party payer, etc.);
4. The CSU shall submit per diem encounters (H0018HAU2 or H0018HATBU2) for all individuals served (state-funded, Medicaid funded, private pay, other third party payer, etc.);
5. Providers must designate either CSU bed use or transitional bed use in encounter submissions through the presence or absence of the TB modifier. TB represents “Transitional Bed.”
6. Unlike all other DBHDD residential services, the start date of a CSU span encounter submission may be in one month and the end date may be in the next. The span of reporting must cover continuous days of service and the number of units must equal the days in the span.
7. Providers must submit a discharge summary into the provider connect/batch system within 72 hours of CSU discharge.

Documentation Requirements

1. Individuals receiving services within the CSU shall be reported as a per diem encounter based upon occupancy at 11:59PM. At 11:59PM, each individual reported must have a verifiable physician’s order for CSU level of care [or order written by delegation of authority to nurse or physician assistant under protocol as specified in § 43-34-23]. Individuals entering and leaving the CSU on the same day (prior to 11:59PM) will not have a per diem encounter reported.

2. For individuals transferred to transitional beds, the date of transfer must be documented in a progress note and filed in the individual's chart.
3. In addition to documentation requirements set forth in Part II of this manual, the notes for the program must have documentation to support the per diem including admission/discharge time, shift notes, and specific consumer interactions.
4. Daily engagement in community-based services must also be documented in progress notes for those occupying transitional beds.