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Owner	Daniel West: Director of Crisis Services
Policy Area	Crisis Services

Intensive Crisis Stabilization

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POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that Intensive Crisis Stabilization (ICS) activities be included in the array of services to resolve crisis situations requiring immediate attention. Intensive Crisis Stabilization services are structured treatment and support services provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. ICS services are intended to provide acute mental health crisis stabilization and psychiatric services in the community to individuals within their own homes or other out of home placements to maintain the individual in the least restrictive environment.

PURPOSE

The purpose of this policy is to delineate and describe the functions and oversight of DWIHN, the Providers and/or their subcontractors, to implement intensive crisis stabilization services.

APPLICATION

1. The following groups are required to implement and adhere to this policy:
    1. DWIHN Board,
    2. DWIHN Staff including the following
        1. DWIHN PIHP Staff
        2. DWIHN Community Care Clinic Staff (Direct Care Staff)
        3. DWIHN Community Care Clinic Staff (***DWIHN staff operating as a CCBHC)***

        4. DWIHN Crisis Care Center Staff
        5. DWIHN Mobile Crisis Staff
    3. Contractual Staff
    4. Clinically Responsible Service Provider (CRSP) and their subcontractors
    5. Specialty Providers
    6. Crisis Services Vendors
    7. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
    1. Adults
    2. Children
    3. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
    4. Serious Mental Illness (SMI),
    5. Serious Emotional Disturbance (SED),
    6. Substance Use Disorder (SUD)
    7. Autism
    8. Mild/Moderate levels of care
3. This policy impacts the following **contracts/service lines**:
    1. Autism
    2. Certified Behavioral Health Clinics
    3. General Fund
    4. Grants
    5. MI-HEALTH LINK
    6. Medicaid
    7. SUD

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KEY WORDS

1. Authorized/Certified (or authorization/certification)
2. Contractor(s)
3. Clinically Responsible Service Provider (CRSP)
4. Crisis
5. Child Mental Health Professional (CMHP)
6. Qualified Intellectual Disabilities Professional (QIDP)
7. Paraprofessional
8. Prepaid Inpatient Health Plan (PIHP)

9. Pre-Admission Review (PAR)
10. Subcontractor(s)
11. Utilization Management (UM)

STANDARDS

1. Responsibilities of the PIHP (DWIHN):
    a. Seek and maintain Michigan Department of Health & Human Services (MDHHS) approval for ICS services.
    b. Ensures all entities shall adhere to the provisions and standards set forth in the MDHHS Medicaid Provider Manual.
2. DWIHN Contractors and subcontractors shall adhere to the following standards and procedures:
    a. Intensive Crisis Stabilization services must be MDHHS approved.
    b. At a minimum, program policies and procedures must adhere to standards set forth in the MDHHS Medicaid Provider manual and DWIHN policies and procedures.
    c. ICS services are to be provided 24/7, 365 days a year via centralized access to services.
    d. Children ICSS services require approval every 3 years.
3. Adult Mobile Intensive Crisis Stabilization
    a. Adult ICS is required to provide acute mental health crisis stabilization and psychiatric assessment services in the community to individuals within their own homes and in other sites outside of a traditional clinical setting.
    b. Service delivery should provide rapid response, assess the individual, and resolve crisis situations that involve individuals who have a behavioral health disorder.
    c. Service delivery is provided where necessary and permits the beneficiary to remain in, or return quickly to, the usual community environment.
    d. Services are structured treatment and support activities provided by a multidisciplinary team under the supervision of a psychiatrist and designed to provide a short-term alternative to inpatient psychiatric services.
    e. Services are intended to help the individual through a crisis and may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.
    f. Adult ICS teams should consist of at least two people; one clinician and a peer support person with oversight from licensed clinical staff and a psychiatrist.
    g. A crisis situation is defined by the person and includes but is not limited to:
        1. An individual that can reasonably be expected within the near future to physically injure themselves or another individual, either intentionally or unintentionally.
        2. An individual that is unable to provide themselves clothing, or shelter, or to

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attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.

3. An individual's judgment is so impaired that they are unable to understand the need for treatment and, in the opinion of the mental health professional, their continued behavior, because of the mental illness, developmental disability, or emotional disturbance, can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

h. Services for adult ICS include:

1. Intensive individual counseling/psychotherapy
2. Assessments (rendered by the treatment team)
3. Family therapy
4. Psychiatric supervision/consultation
5. Therapeutic support services by trained paraprofessionals
6. Crisis and safety plan development in coordination with the Clinically Responsible Service Provider (CRSP)
7. Skill building
8. Psychoeducation
9. Warm handoff and coordination of services rendered by the CRSP
10. Referrals and connection to additional community resources as applicable
11. A developed person-centered ICS treatment plan within 48 hours of the crisis
12. Effective Mobile Intensive Crisis Stabilization teams utilize the Level of Care Utilization System (LOCUS) tool designed to assess level of care needs of individuals experiencing psychiatric and addiction challenges.

4. Child Mobile Intensive Crisis Stabilization

a. Are designed to promptly address a crisis in order to avert a psychiatric admission or other out of home placement or to maintain a child or youth in their home or present living arrangement.

b. These services must be available to children or youth with serious emotional disturbance (SED) and/or intellectual/developmental disabilities (I/DD), including autism, or co-occurring SED and substance use disorder (SUD).

c. ICS services must be provided by a mobile intensive crisis stabilization team consisting of at least two staff, a behavioral health clinician and a paraprofessional who travel to the child or youth in crisis.

d. For children, a crisis situation is defined by the person and includes but is not limited to:

1. The parent/caregiver has identified a crisis and reports that their capacity

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to manage the crisis is limited currently and they are requesting assistance.

2. The child or youth can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally.
3. The child or youth exhibits risk behaviors and/or behavioral/emotional symptoms which are impacting their overall functioning; and/or the current functional impairment is a clearly observable change compared with previous functioning.
4. The child or youth requires immediate intervention in order to be maintained in their home or present living arrangement or to avoid psychiatric hospitalization or other out of home placement.

e. Services for children's ICS include:
   1. Assessments (rendered by the treatment team)
   2. De-escalation of the crisis
   3. Family-driven and youth guided planning
   4. Crisis and safety plan development in coordination with the Clinically Responsible Service Provider (CRSP)
   5. Intensive individual counseling/psychotherapy
   6. Family therapy
   7. Skill building
   8. Psychoeducation
   9. Referrals and connections to additional community resources
   10. Collaboration and problem solving with other child or youth-serving systems as applicable
   11. Psychiatric consult as needed
   12. Warm handoff to CRSP and coordination of services rendered by the CRSP
   13. A developed person-centered ICS treatment plan within 48 hours of the crisis

5. For Both Adult and Children Populations, ICS teams are required to have the following:
   a. Access to an on-call psychiatrist/nursing services 24/7 by telephone if needed.
   b. Incorporated peers within the mobile crisis team.
   c. Master's - or bachelor's level clinician that may be paired with a peer support specialist and the backup of psychiatrists or other Master's-level clinicians who are on-call as needed.
   d. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion.
   e. A response to where the person is (home, work, park, etc.) and not restrict services

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to select locations within the region or particular days/times; and

f. Connection of individuals to facility-based care as needed through warm hand-offs and coordination of transportation when and only if situations warrant transition to other locations.

g. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care.

h. Upon notification that a member has received intensive crisis services, the Clinically Responsible Service Provider (CRSP) must work with the crisis provider, hospital and/or DWIHN Hospital Liaison and/or Utilization Management team to coordinate services to maintain stabilization of the member. This may involve:

   1. Review of Request for Service (RFS)
   2. Review of Pre-Admission Reviews (PARs)
   3. Review of psychiatric inpatient stay continued reviews to assist with discharge planning
   4. Review of medications to note any changes and ensure member has an appropriate supply
   5. Review of treatment plan and include any required addendum
   6. Increased frequency in services for a period to ensure treatment plan is being implemented
   7. Review or development of a crisis plan to note any needed revisions or revisit developing a plan that had previously been declined.

6. ICS services may not be provided in:

   a. Inpatient settings;
   b. Jails or other settings where the beneficiary has been adjudicated; or
   c. Crisis residential settings." For Children, "Intensive crisis stabilization services are to be provided in the home or community at the preference of the parent or caregiver to alleviate the crisis situation, and to permit the child or youth to remain in their usual home and community environment.
   d. Residential settings (e.g., Child Caring Institutions, Crisis Residential).

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QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of the Contractors, and their subcontractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors and subcontractors are bound by all applicable local, state and federal laws,

rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual: Mental Health/Substance Abuse-Section 9-Intensive Crisis Stabilization Services

RELATED POLICIES

1. Behavioral Health Service Medical Necessity Criteria Policy
2. Credentialing / Re-Credentialing Policy

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

EXHIBIT(S)

1. DWIHN Pre-Admission Review (PAR) Procedures

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Attachments

Childrens PAR Procedures 7.29.22.pdf

DWIHN Pre-Admission Review Procedures 7.29.22.pdf

Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Project Manager	Pending
Compliance/Administrative Review	Yolanda Turner: VP of Legal Affairs	07/2024
Clinical Officer Approval	Stacey Sharp: Clinical Officer	07/2024
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	06/2024

Compliance/Administrative Review	Tiffany Devon: Director of Communications	06/2024
Compliance/Administrative Review	Stacie Durant: VP of Finance	06/2024
Compliance/Administrative Review	Manny Singla: Executive VP of Operations	06/2024
Clinical Review Committee	Shama Faheem: Chief Medical Officer	06/2024
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	05/2024
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	05/2024
Clinical Review Committee	April Siebert: Director of Quality Improvement	05/2024
Clinical Review Committee	Judy Davis: Director of Substance Abuse Disorders	05/2024
Clinical Review Committee	Daniel West: Director of Crisis Services	05/2024
Clinical Review Committee	Ryan Morgan: Director of Residential Services	05/2024
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	05/2024
Clinical Review Committee	Marlena Hampton: UM Administrator	05/2024
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	05/2024
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	05/2024
NCQA Committee	Tania Greason: Quality Administrator	05/2024
NCQA Committee	Allison Smith: Project Manager	05/2024
NCQA Committee	Shana Norfolk: Strategic Planning Administrator	05/2024
NCQA Committee	Maria Stanfield: Director of Strategic Operations	04/2024
Unit Review and Approval	Daniel West: Director of Crisis Services	04/2024