



Prior Authorization Guide: Adult Crisis Stabilization Program

Applies to members enrolled in the following Care Wisconsin Medicaid health plan products:
Partnership, SSI Managed Care, Family Care

Coverage rationale

A Crisis Stabilization program (CPT code: H0018) is a residential alternative to, or a diversion from, inpatient hospitalization for patients with serious mental illness during an acute exacerbation in symptoms. Sometimes referred to as acute residential treatment, crisis stabilization, or intensive crisis respite, it is a voluntary program within the community that is organized to provide overnight residential services 24 hours per day, 7 days per week for a limited time period. The goal of the program is to stabilize acute symptoms to avoid hospitalization through assessment of treatment needs and establishment of an evidence-based treatment plan. Residential crisis programs have shown equal treatment outcomes when compared with inpatient hospitalization and may be a more cost-effective for patients with severe and persistent mental illness and may reduce repeat hospitalization.

Adult crisis stabilization services require prior authorization and must be medically necessary. The length of services initially authorized will depend solely on the recipient's level of functioning and clinical presentation. All adult crisis stabilization services that extend beyond the initial authorization date must be authorized through concurrent review. The following are basic conditions that must always be met before services can be covered:

- The member is eligible for coverage under Care Wisconsin's SSI Managed Care plan, Family Care, or Partnership Program.
- The member has a diagnosis of severe and persistent mental illness, defined as a mental illness that is characterized by severe symptoms of prolonged duration that require long-term treatment. The illness causes impaired functioning that interferes significantly with primary activities of daily living and results in an inability to maintain independent functioning without treatment, support, and rehabilitation for a prolonged or indefinite period of time.
- The admission is voluntary.
- The admission is for an acute exacerbation of symptoms that cannot be safely managed in a less intensive level of care and be safely and effectively supported in this setting. An acute exacerbation of symptoms may include an extreme emotional disturbance or behavioral distress, suicidal ideation, and disoriented or disorganized behavior and the member's support system unable to provide required care and supervision.

Program Qualifications

To meet the qualifications of a Crisis Stabilization Program consistent with DHS for Medicaid coverage, facilities must:

- be a licensed Community Based Residential Facility (CBRF),
- experienced with at least 5 years as a community based provider of non-institutional sub-acute psychiatric services,
- have DQA certification as an Outpatient Mental Health clinic, and
- Be staffed 24 hours per day, 7 days a week, have licensed personnel available 24 hours per day, 7 days per week and adhere to a staffing plan to include, at minimum, the following positions:
 - Director
 - Clinical Coordinator
 - Community Recovery Specialist
 - Peer Recovery Specialist
 - Mental Health Professional
 - Registered Nurse

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- Advanced Practice Nurse Prescriber
- Medical Director

The Crisis Stabilization Program must provide the following services:

- Care coordination with other care providers and social services
- Crisis stabilization plan established on admission
- Preliminary discharge plan initiated within 24 hours
- Clinical assessment at least once per day
- Individual, group, or family therapy at least once per day, if tolerated
- Medical history and physical examination within 6 months prior to admission or within 30 days after admission. For admissions resulting from acute or exacerbated psychosis, the member was be evaluated and cleared medically prior to admission
- Medication reconciliation initiated within 24 hours
- Nursing staff on-site or on-call 24 hours per day
- Psychiatric evaluation by a licensed psychiatric practitioner-prescriber, initial with 24 hours, subsequent at least 2 times per week
- Psychosocial assessment and substance evaluation within 24 hours

Requesting prior authorization:

- Complete the Inpatient [Behavioral Health Treatment and Services](#) prior authorization request form
- Include the crisis stabilization plan, preliminary discharge plan, and clinical documentation to support the stay
- Fax to 608-210-4050

Exclusions:

- Adult crisis stabilization services are not covered for substance use disorders diagnoses without a co-occurring severe and persistent mental illness.
- A Crisis Stabilization Program may be used in lieu of inpatient psychiatric hospitalization and is not a covered benefit when used for respite or residential services, including residential treatment services.