



PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Community Crisis Stabilization (CCS)		
PS #: 006	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 7/1/2021	Effective Date: 9/28/2021
Last Revised Date: 08/27/2021; 10/18/2021	Next Annual Review Date: 7/1/2022; 08/27/2022; 10/18/2022	Retire Date:

COVERED SERVICES:

This level of care is a facility- or community-based program offering psychiatric stabilization to Members with an urgent/emergent mental health need. Members can receive crisis stabilization services in a staff-secure, safe, structured setting that is an alternative to hospitalization. The facility 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.

Services at this level of care include:

- Crisis Stabilization, Initial
- Continuing Bio-Psychosocial Assessment
- Care Management
- Medication Management
- Mobilization of family/guardian/natural supports and community resources.

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.

COMPONENTS OF SERVICE:

- The ESP operates a CCS 24/7/365 days per year. Admissions and discharges occur 24/7/365 days per year
- The CCS provides staff-secure, safe, and structured crisis stabilization and treatment services in a community-based program that serves as a medically necessary, less restrictive, and voluntary alternative to inpatient psychiatric hospitalization
- The CCS is primarily used as a diversion from an inpatient level of care; however, the service may be used secondarily and occasionally as a transition from inpatient services, if there is sufficient service capacity and the admission criteria are met

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- The CCS provides a distinct level of care where primary objectives of the active multi-disciplinary treatment include restoration of functioning; strengthening the resources and capacities of the individual, family, and other natural supports; timely return to a natural setting and/or least restrictive setting in the community; development/strengthening of an individualized risk management/safety plan; and linkage to ongoing medically necessary treatment and support services
- The CCS services are short-term, providing observation and supervision, and daily re-evaluation and assessment of readiness for discharge
- The CCS provides continuous observation of, and support to, individuals with mental health or co- occurring mental health/substance use conditions who might otherwise require treatment in an inpatient psychiatric setting and would benefit from short-term and structured crisis stabilization services.
- CCS services include crisis stabilization; initial and continuing biopsychosocial assessment; care management; psychiatric evaluation and medication management; peer-to-peer support; mobilization of and coordination with family and other natural supports, community treaters and other resources; psycho-education, including information about recovery, rehabilitation, crisis self- management, and how to access recovery and rehabilitation services available in the individual's specific community
- Individuals who are admitted to the CCS should have a community-based disposition in place at the time of admission to the CCS
- The CCS has a consumer-friendly and comfortable environment that is conducive to recovery

Training Expectations

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

Expectations of Transgender inclusive and affirming policies for overnight levels of care

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not

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the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card

- Making admission decisions without regard to the Member's gender identity
- Making rooming decisions based on the Member's clinical needs and preferences, and the recommendation of the Member and their ongoing clinical team (e.g.: not mandating that a transgender Member requires a single room based solely on their gender)
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

Expectations of Transgender inclusive and affirming policies for non-overnight levels of care

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

Trauma-Informed Care Expectations

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma-informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment

Offering trauma-specific treatment interventions and approaches

STAFFING REQUIREMENTS:

- The CCS maintains an appropriate staff-to-patient ratio in the CCS to safely care for all members 24/7/365 days per year as well as a staffing plan that aligns to the daily census

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- The CCS utilizes a multidisciplinary staff with established experience, skills, and training in the acute treatment of mental health and co-occurring mental health and substance use conditions in adults
- The CCS staff includes adequate psychiatric coverage which provides psychiatric assessment, medication evaluations, and medication management. The psychiatric plan of care will contribute to the comprehensive assessment and discharge planning for all members
- The medical and clinical care in the CCS is managed by the ESP medical director and the CCS nurse manager. The medical director is a board-certified or board-eligible psychiatrist, and the nurse is a registered nurse
- In addition to the medical director and the RN nurse manager, staffing will consist of:
 - Licensed practical nurse (LPN) who assists the nurse manager with filling physician orders, administering medications, monitoring vital signs, contribute to the assessment, care coordination and discharge planning. LPN's work with the bachelor's-level staff to ensure a safe environment that promotes recovery
 - Master's-level clinicians who are primarily responsible for conducting comprehensive assessments, brief crisis counseling, psychoeducation, and treatment planning
 - Bachelor's-level milieu staff. These staff ensure an environment that promotes safety, recovery, and treatment. They contribute to the assessment, individualized crisis planning, discharge planning, and care coordination
- The facility ensures that all staff participate in ongoing supervision appropriate to their discipline and level of training and licensing. For Certified Peer Specialists this supervision includes peer supervision.

TREATMENT, DOCUMENTATION AND DISCHARGE PLANNING:

- Upon admission, CCS must assign a facility-based case manager or other appropriate staff to be responsible for assessment, risk management/safety planning, discharge planning, and ensuring a smooth transition to any needed medically necessary services
- A Behavioral Health multidisciplinary team is assigned to each Member within 24 hours of admission. This team includes a licensed behavioral health clinician and a prescriber. The team completes a comprehensive assessment and initial treatment plan within 24 hours of admission. The team may also include other disciplines as necessary including Peer and Recovery coaches. The Team is responsible for modifying the members care plan as appropriate throughout the members stay
- The CCS Provider is expected to **notify CCA BH UM @ 866-610--2273 of admission to CCS within 24 hours of admissions**
- The identified **CCS team is expected to contact the CCA Care Team using CCA's Provider Services Line 866-420-9332 (option #4)** to discuss member medical and or behavioral health history and current supports in place. As a payor and provider, CCA is able to discuss detailed information about a Members current providers and treatment as well as historically effective treatment

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- A psychiatrist or designee conducts a psychiatric assessment, including a medication evaluation, of each individual within 24 hours of admission during weekdays. On weekends and holidays, a master's-level clinician may alternatively conduct an assessment and review the assessment, including the current medication regimen, and initial CCS treatment plan, with a psychiatric clinician by phone within six hours of the admission. A psychiatrist or designee then conducts a psychiatric assessment within 24 hours, i.e., on Monday for weekend admissions or the subsequent day for holiday admissions
- Subsequent to the psychiatric assessment and medication evaluation, a psychiatric clinician provides ongoing, face-to-face assessment, stabilization, treatment, and medication management services to the Member during the duration of his or her stay, as indicated by the members treatment plan
- All consultations indicated in the member treatment plan should be ordered within 24 hours of admission and provided in a timely manner
- CCS staff provides 24-hour observation, supervision, and support, and daily re-evaluation and assessment of readiness for discharge
- The CCS staff engages Members in structured therapeutic programming seven days per week, including treatment activities designed to stabilize the individual; restore functioning; strengthen the resources and capacities of the individual, family, and other natural supports; prepare for timely return to a natural setting and/or least restrictive setting in the community; develop and/or strengthen an individualized risk management/safety plan; and link to ongoing, medically necessary treatment and support services
- The CCS staff provides psycho-education, including information about recovery, rehabilitation, crisis self-management, and how to access recovery and rehabilitation services available in the individual's specific community
- Depending on the treatment preferences of the individual, CCS staff actively involves family and other natural supports at a frequency based on individual needs
- The CCS staff carefully coordinates treatment with existing and/or newly established treatment providers including **contacting the CCA Care Team using CCA's Provider Services Line 866-420-9332 (option #4)** to discuss member medical and or behavioral health history and current supports in place. As a payor and provider, CCA is able to discuss detailed information about a Members current providers and treatment as well as historically effective treatment including:
 - Identification of current clinical services, covered services, natural and community supports
 - Identification of members state agency affiliation and case worker is sometimes known
 - Identification with barriers to aftercare plan and strategies to address these barriers
 - Identification of transportation needed to engage member with the aftercare plan
 - Members current CCA Care Plan including members strengths and challenges with meeting care plan goals
- Discharge planning should be:
 - Developed in collaboration with the member
 - Coordinated with any state agencies that are involved in the members care
 - Be coordinated with the CCA Care Partner in addition to the CCA BH UM team

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- Documented with attestation of members involvement with the discharge plan
- Inclusive of a risk management/safety plan from the ESP and/or the CCA Care Partner
- Inclusive of all CCS scheduled aftercare appointments, list of medications, medication scripts if needed. All aftercare appointments must be offered and scheduled within 7 days of discharge
- Inclusive of any family members and/or other natural supports in the discharge planning process if the member desires their inclusion
- Documentation should be:
 - Risk management and safety planning and documentation of that plan should be created with the member
 - Documentation of the aftercare plan and the risk and safety plan should be discussed with the **the CCA Care Team using CCA's Provider Services Line 866-420-9332 (option #4)** to ensure continuity of care and member returning safely back to the community
 - All documentation should be accessible to the ESP staff in the event that there is another crisis, evaluation and/or admission to the CCS

COMMUNITY AND COLLATERAL LINKAGES:

- With Member consent, treatment providers, family members, and other collaterals are contacted within 24 hours of admission, including any members with state agency involvement
- The identified CCS team is expected to **contact the CCA Care Team using CCA's Provider Services Line 866-420-9332 (option #4)** to discuss member medical and or behavioral health history and current supports in place. As a payor and provider, CCA is able to discuss detailed information about a Members current providers and treatment as well as historically effective treatment
- The CCS adheres to established program procedures for determining the necessity of a referral to a hospital when a Member requires nonpsychiatric medical screening or stabilization
- The ESP and CCS maintain knowledge of, and relationships with, behavioral health levels of care and other resources to which the CCS makes referrals for aftercare
- CCS and other ESP management and direct care staff hold regular meetings and communicate on clinical and administrative issues to enhance continuity of care

QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to members, including their families
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for CCS level of care
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations and instructions of CMS and/or EOHHHS relating to addressing and reporting Serious Reportable Events (SREs). Network



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providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual.

REIMBURSEMENT:

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: [HERE](#)

BILLING PROCEDURES:

Claims are to be submitted on the applicable industry standard claim forms and shall include, at a minimum, the following information:

- Member's name and address
- Member's Date of Birth
- Member's CCA ID Number
- CCA Provider Number
- Date of Service
- Diagnosis, using appropriate and applicable code
- Services, equipment, supply or treatment/procedure provided, using applicable coding (i.e., HCPCS) *
- Provider's Usual Charges

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).



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Approvals:

<u>Peggy Johnson</u> CCA Senior Clinical Lead [Print]	<u>Chief of Psychiatry</u> Title [Print]
 Signature	<u>7/1/2021</u> Date
<u>Doug Hsu</u> CCA Senior Operational Lead [Print]	<u>VP, Medical Policy & Utilization Review</u> Title [Print]
 Signature	<u>7/1/2021</u> Date
<u>Lori Tishler</u> CCA CMO or Designee [Print]	<u>SVP, Medical Services</u> Title [Print]
 Signature	<u>7/1/2021</u> Date