MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Krista Hausermann

Phone Number:

Initial ☐ Public Comment ☒ Final ☐

Brief description of policy:

This policy provides an outline of Intensive Crisis Stabilization Services, encompassing the development of regional crisis hubs and clear guidance on community crisis stabilization services, inclusive of mobile crisis.

Reason for policy (problem being addressed):

To align programmatic functions and Medicaid coverage of Intensive Crisis Stabilization Services among adult, children, and certified community behavioral health clinics (CCBHC). It is estimated that at least half of Michigan's crisis teams serve both children and adults.

Budget implication:

☒ budget neutral
☐ will cost MDHHS $, and (select one) budgeted in current appropriation
☐ will save MDHHS $

Is this policy change mandated per federal requirements?

Not mandated per federal requirements, but strongly encouraged by SAMHSA. The children's side, with whom BPHASA is staying aligned, is mandated by the MKN lawsuit.

Does policy have operational implications on other parts of MDHHS?

BCCHPS and BPHASA will be responsible for implementation of policy changes.

Does policy have operational implications on other departments?

No

Summary of input:

☐ controversial
☒ acceptable to most/all groups
☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: ☒ Yes ☐ No If Yes, please provide status: ☒ Approved ☐ Pending ☐ Denied Date: 1/16/25 Approval Date:	Public Notice Required: ☒ Yes ☐ No If yes, Submission Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2508-BCCHPS	**Date:** March 31, 2025

Comments Due: May 5, 2025
Proposed Effective Date: July 1, 2025
Direct Comments To: Krista Hausermann
Address:
E-Mail Address: MDHHS-BHCRISIS@michigan.gov
Phone: **Fax:**

Policy Subject: Intensive Crisis Stabilization Services

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: Prepaid Inpatient Health Plans, Community Mental Health Services Programs, Ambulance providers

Summary: This policy provides an outline of Intensive Crisis Stabilization Services, encompassing the development of regional crisis hubs and clear guidance on community crisis stabilization services, inclusive of mobile crisis.

Purpose: To align programmatic functions and Medicaid coverage of Intensive Crisis Stabilization Services among adult, children, and certified community behavioral health clinics (CCBHC). It is estimated that at least half of Michigan's crisis teams serve both children and adults.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: None

State Plan Amendment Required: Yes ☒ **No** ☐ **If yes, date submitted:**	**Public Notice Required: Yes** ☒ **No** ☐ **Submitted date:**

Tribal Notification: Yes ☒ **No** ☐ **- Date:** October 22, 2024

THIS SECTION COMPLETED BY RECEIVER

☐ **Approved**	☐ **No Comments**
	☐ **See Comments Below**
☐ **Disapproved**	☐ **See Comments in Text**

Signature:	**Phone Number**
Signature Printed:	
Bureau/Administration *(please print)*	**Date**

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Prepaid Inpatient Health Plans, Community Mental Health Services Programs, Ambulance Providers

Issued: May 30, 2025 (Proposed)

Subject: Intensive Crisis Stabilization Services

Effective: July 1, 2025 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

The purpose of this bulletin is to update policy for Michigan Medicaid coverage of adult and child intensive crisis stabilization services (ICSS). This policy aligns the crisis continuum of care between adult and children's ICSS, clarifies the target populations for services to include substance use disorder (SUD), serious mental illness (SMI), serious emotional disturbance (SED), intellectual and developmental disabilities (IDD), and mild-to-moderate populations, and establishes the use of the Crisis Professional as a provider qualification. This policy supersedes bulletins MSA 14-63, MSA 17-25 and MSA 03-06.

Changes to the Medicaid ICSS policy identified within this bulletin are in addition to the ICSS requirements outlined in the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual.

I. General Information

ICSS programs are intended to avert psychiatric admissions and other out-of-home placements through supportive, timely behavioral health services, engagement with the individual and their support person(s), and connections to resources. ICSS programs provide crisis care individualized to the beneficiary and can support diversion from emergency rooms and criminal justice systems.

ICSS programs will provide services aligning with the Substance Abuse and Mental Health Services Administration (SAMHSA) national model for Behavioral Health Crisis Care. The SAMHSA national guidelines for Behavioral Health Crisis Care include the core components of Someone to Contact, Someone to Respond, and A Safe Place for Help.

ICSS programs must deliver services in accordance with all state and federal laws and regulations.

ICSS programs are composed of an array of services. Billing and reimbursement must be in accordance with the specific service provided and will depend on the individualized services necessary for the beneficiary to avert psychiatric admission and other out-of-home placements. For specific billing and reimbursement information, providers should refer to the MDHHS Behavioral Health Code Charts and Provider Qualifications document located on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Behavioral Health/Substance Abuse.

A. Background

As used in this policy, "individual" means children, youth, and adults. Differences in service requirements for children and adults are noted. For children's services, services occur in the context of the family.

ICSS programs support individuals and their families/caregivers in crisis to maintain an individual in their home or present living arrangement and avert psychiatric admission or other out-of-home placement. ICSS programs comprise a continuum of crisis care for all Michiganders with services working together to support the connection of individuals to resources after the crisis occurs. Each service must maximize natural and community supports in the provision of these services and maintain flexibility to prioritize the needs of the individual and their families/caregivers.

The following definition of crisis applies to all individuals.

A crisis is a situation in which at least one of the following applies:

- The individual or a parent/caregiver has identified a crisis and reports that (1) their capacity to manage the crisis is limited at the present time and (2) they are requesting assistance. This may include any situation which the caller deems a behavioral health or substance use crisis and is inclusive of crises as experienced for children and adults with IDD.
- The individual can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally.
- The individual exhibits risk behaviors and/or behavioral/emotional symptoms which are impacting their overall functioning; and/or the current functional impairment is clearly an observable change compared with previous functioning.

- The individual requires immediate intervention to be maintained in their home/present living arrangement to avoid psychiatric hospitalization or other out-of-home placement.

ICSS must be provided in the home or community where the crisis occurs, at the preference of the individual to alleviate the crisis situation, and to prevent displacement from the home or community. This may include structured connection to crisis resources at other agreed-upon safe community spaces. Ongoing stabilization services may be provided in office-based settings at the request of the individual or family/caregiver.

ICSS may not be provided in:

- Inpatient settings;
- Jails or detention centers; or
- Residential settings (e.g., crisis residentials or nursing facilities).

ICSS for children or youth are for ages birth to 21 and their families/caregivers who are in need of ICSS in the home or community. Adult Services are intended for individuals in need of ICSS in the home or community as defined in this section. These may include responses to individuals with mental health disorders, IDD, or SUD, and any co-occurrences thereof.

When an individual is experiencing crisis, their support person(s), including family/caregivers, may also be experiencing crisis. ICSS teams will support family and others through psychoeducation and community referrals. The family/caregivers should be included, informed, connected to ongoing resources, have the opportunity to provide information to treatment teams, and request and receive general education regarding associated diagnoses and/or disorders, medication, support services, advocacy groups, financial assistance, and coping strategies. Release of information will be needed for adult support persons beyond receiving general education regarding mental health disorders and providing information to treatment teams.

B. ICSS Program Approval

To use Medicaid funds for program services, each ICSS program must seek and receive MDHHS approval through a certification process, initially and every three years thereafter. Certification requirements are separate for adult and children's programs. ICSS programs which have been approved prior to this issuance are required to recertify. MDHHS reserves the right to request certification application updates more frequently than every three years to meet significant changes in the policy as defined by MDHHS.

ICSS program certification is separate from and in addition to certification that Crisis Stabilization Units must follow.

C. Qualified Staff

ICSS must be provided by a treatment team of Crisis Professionals under the supervision of a psychiatrist as defined under section 333.16109 of the Public Health Code (Act 368 of 1978). Crisis Professionals must meet MDHHS-approved training competencies which will include, but not be limited to, trauma-informed care, de-escalation strategies, and harm reduction techniques. This can be achieved through completion of the Behavioral Health Crisis Provider Training or through completion of equivalent training outlined by MDHHS.

Nursing services/consultation must be included as appropriate.

ICSS team members must operate within their scope of practice. Continuing crisis stabilization services may be provided by other credentialed staff within the scope of their certification or licensure.

Adults

New requirements have been added for adult peer staff.

The treatment team must include one or more certified peer support or certified recovery specialists who must have completed MDHHS-approved crisis training for peers within three months of hire.

Children

In addition to requirements listed above, Crisis Professionals who serve children, youth, and families must meet MDHHS-approved training competencies. MDHHS can grant provisional approval to Crisis Professionals to deliver ICSS for children while the Crisis Professional completes training requirements in those MDHHS-approved training competencies.

The children's treatment team must include paraprofessionals or peers with relevant experience operating within their scope of practice. Paraprofessionals must have at least one year of satisfactory work experience providing services to children with SED and/or IDD.

Peers must have (1) lived experience and (2) at least one year of satisfactory work experience providing services to children with SED and/or IDD.

D. Continuum of Care

A core component of ICSS is to collaborate and coordinate across the array of crisis and continuing crisis stabilization services. To ensure ICSS programs are delivered to fidelity, programs must demonstrate care coordination and care transition activities, policies, and procedures. To ensure care coordination, programs shall develop and maintain effective systems to notify established providers of individual involvement with the crisis system and engagement with continuing crisis stabilization services.

All ICSS components must have operational procedures to function as a cohesive system, providing collaboration and coordination across interagency and external agency networks. In accordance with contract requirements, state and federal law, Prepaid Inpatient Health Plans/Community Mental Health Services Programs (PIHPs/CMHSPs), Fee-for-Service (FFS) and Medicaid Health Plans (MHPs) must partner as needed in coordinating a crisis stabilization plan, knowing that ICSS may be only part of the services necessary to achieve desired outcomes.

E. Individual Plan of Service

A crisis stabilization plan must be developed for individuals and their family/caregivers who are not yet receiving specialty behavioral health services but are eligible for such services. Children's plans must be family-driven and youth-guided. Updates or development of these plans are intended to be completed prior to leaving the scene and left with the family/caregiver, as applicable, prior to the end of the session.

The intensive crisis stabilization team must determine what services are needed, both regular and crisis services, and facilitate transitions to those programs via warm handoffs. It is the responsibility of the primary therapist or case manager to follow-up with the individual.

If the individual is not receiving behavioral health services, they may still be eligible for continuing crisis stabilization services. The intensive crisis stabilization team is responsible for assessing the level of acuity and ensuring the crisis stabilization plan includes appropriate referrals to mental health assessment and treatment resources and any other resources the individual and their family/caregivers may need. The crisis stabilization plan must also include the next steps for obtaining needed services, timelines for those activities, and identification of the responsible parties.

F. Emergency Intervention Services

Emergency intervention services are emergency services needed to evaluate or stabilize an individual's crisis in the community or home setting. These services are furnished by a qualified Crisis Professional. Emergency intervention services are provided to an individual suffering from an acute problem of disturbed thought, behavior, mood, or social relationship which requires immediate intervention as defined by the individual or the individual's family or social unit (Michigan Mental Health Code Administrative Rules R330.2006and 42 CFR Part 422.113). Services do not require pre-authorization.

Under the ICSS benefit, the following emergency intervention services must be provided 24 hours a day/7 days a week:

- Crisis hub
- Mobile crisis or a combination of mobile crisis and community crisis response services

Under the ICSS benefit, the following emergency intervention services may be provided 24 hours a day/7 days a week:

- Behavioral Health Urgent Care
- Crisis Stabilization Unit

Under the ICSS benefit, the following emergency intervention services must be provided as required under the MDHHS Access Standards.

- Crisis Walk-in

Evaluation, intervention, and disposition, and the initiation of crisis stabilization plans are included in emergency intervention services. Access to a prescriber and medication management may also comprise emergency intervention services.

Pre-admission screenings in any setting are considered an emergency intervention service.

i. Crisis Hub

The crisis hub is a centralized around-the-clock access point designed to coordinate resources, services and provide real time information to those experiencing a crisis within the community. Crisis hubs receive calls from 911, 988, and the community.

The crisis hub must have real time knowledge of availability of every crisis service offered under the ICSS program in that region and is responsible for connecting callers to the most appropriate available crisis service. Each crisis hub must have a triage and dispatch protocol, outlining which services are the best fit for the caller and when to contact and/or include law enforcement. This protocol must prioritize the safety of the staff and caller, needs and service modality preference of the caller, and real time staff availability, ensuring that services are activated quickly and accessibly.

Crisis hub services must be available around the clock with the ability to answer calls, triage and dispatch in real time. The crisis hub must be staffed by a Crisis Professional.

Care coordination between the 988 Suicide and Crisis Lifeline and each crisis hub is required. The crisis hub must accept warm handoffs from 988 and keep complete agency account details and crisis service information up to date within the Behavioral Health Customer Relationship Management (BHCRM) system.

ii. Someone to Respond Services

ICSS programs must have the capacity to deploy Someone to Respond services through the crisis hub on a continuous basis. These are an alternative to going to the emergency room and may include screening, assessment, de-escalation, stabilization, and coordination with and referrals to health, social and other services and supports as needed.

Someone to Respond services must include the ability to:

- Rapidly respond to any non-imminently life-threatening emotional symptoms and/or behaviors that are disrupting the individual's functioning. For children, this is as described by the family/caregivers.
- Provide immediate intervention to assist individuals in de-escalating behaviors, emotional symptoms, and/or dynamics impacting the family unit and the individual's functioning ability.
- Prevent/reduce the need for care in a more restrictive setting (e.g., inpatient psychiatric hospitalization, detention, etc.) by providing community-based intervention and resource development.
- Provide pre-admission screening to assess the individual's need for psychiatric hospitalization.
- Effectively engage, assess, deliver, and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors, and improve functioning, including development of a crisis stabilization plan.

- Enhance the individual's ability to access any identified community-based supports, resources, and services, and to connect with them.
- Provide navigation resources and support, including psychoeducation, to the family, friends, and support persons experiencing a crisis.

Deployment models may include emergency intervention services under the Mobile Crisis Services and Community Crisis Response Services of this policy below. Two-person, in-person mobile crisis teams must make up at least a portion of 24/7 crisis service coverage in a given week.

a. Mobile Crisis Services

Mobile crisis services are emergent structured treatment and support activities provided by a mobile intensive crisis stabilization team that are designed to promptly address a crisis situation in home and community settings – wherever an individual is experiencing a crisis. Mobile crisis services will be dispatched for occurrences deemed a crisis by the individual, family/caregiver, or community member in contact with the crisis hub.

Mobile crisis stabilization teams must be able to travel to the individual in crisis for a face-to-face contact within one hour or less in urban counties and within two hours or less in rural counties from the time of the request.

Mobile crisis services must be provided by a two-person treatment team consisting of at least one Crisis Professional and a second Crisis Professional, paraprofessional, or certified peer. Both respondents must meet MDHHS staff qualification. A master's-level Crisis Professional is not required to respond in person; however, they must be made immediately available through telehealth for consultation, pre-admission screening, and support. Teams must have as-needed access to a psychiatrist for consultation.

<u>Children</u>

Crisis Professionals who provide crisis services to children must meet the educational, experience, and training requirements as described in the Behavioral Health Code Chart.

b. Community Crisis Response Services

Community crisis response services are emergent structured treatment and support activities provided by Crisis Professionals that are designed to promptly address a crisis situation in home and community settings. Many types of community-based crisis response fall under this category, such as telehealth, single responder co-response, or other alternatives. Community crisis response services are not intended to replicate nor replace two-person

mobile crisis services, but instead provide the ability for additional, individualized service options where needed.

MDHHS will review and approve community crisis response service structures as part of certification.

iii. A Safe Place for Help

a. Crisis Walk-In Services

Crisis walk-in services are timely, effective responses for all individuals who present with a crisis. For individuals who present urgent or emergent needs, immediate intervention shall be initiated and linkage to stabilization services will be provided. Requirements for crisis walk-in can be found in the MDHHS Access Standards.

b. Behavioral Health Urgent Care and Crisis Stabilization Units

The requirements to offer behavioral health urgent care services under the ICSS benefit are aligned with certified community behavioral health clinic (CCBHC) requirements and include:

- Walk-in mental health and SUD services for voluntary individuals who have acute needs that cannot wait for routine appointments.
- Physical or virtual location with availability outside of regular business hours.
- Appropriate staffing, including prescriber access.
- Triage, assessment, stabilization, and facilitated transitions as identified.

Crisis stabilization units have a separate certification process. (More information can be found by contacting MDHHS-CSU@michigan.gov.)

For specific billing and reimbursement requirements related to services rendered within a behavioral health urgent care and/or crisis stabilization unit, refer to the MDHHS Behavioral Health Code Chart for specific guidance.

G. Continuing ICSS

ICSS programs must also provide continuing crisis stabilization services to the individual following resolution of the immediate situation. These are not considered emergency services. Programs must utilize the crisis stabilization plan initially developed during the emergency intervention disposition. The crisis stabilization plan must include transition planning to ongoing behavioral health services as necessary and facilitate connections to community services.

The required components of continuing crisis stabilization services are:

- Lead crisis stabilization plan development and crisis case management based on medical necessity.
- Develop, review, and update crisis and safety plans.
- Develop and implement a crisis stabilization plan consistent with the level of need for the individual. Screening tools, including the Michigan Child and Adolescent Needs and Strengths (MichiCANS) for children and the Level of Care Utilization System (LOCUS) for adults, may be used to determine level of need.
- Utilize best practices in care coordination.
- Connect to sustainable supports and services, including use of natural/informal and formal system supports and/or care coordination with established providers.
- Ensure individuals and families/caregivers have access to the full array of services and establish protocols for warm handoffs.
- Utilize appropriate staff to effectively engage, assess, deliver, and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors, and improve functioning.
- Enhance the individual's and family/caregiver's ability to access any identified community-based supports, resources, and services.

Adult and Children's component services include:

- Assessments and identifying current strengths and needs of the individual and parent/caregiver (rendered by the treatment team).
- De-escalation of the crisis.
- Crisis and safety plan development.
- Brief intensive individual counseling/psychotherapy.
- Brief family therapy.
- Skill building.
- Psychoeducation.
- Referrals and connections to additional community resources.
- Collaboration and problem-solving with other care systems, as applicable.
- Psychiatric consult, as needed.

Planned ICSS can occur as part of a crisis plan as a proactive response to support the individual and family/caregivers, with the goal of stabilization and connection to ongoing services. In these planned situations, the response time is not required.

H. Telehealth

Services may be delivered via telehealth at either the outset of the crisis as part of screening, assessment, or stabilization, or in follow-up to the crisis for coordination and referrals as determined by the individual's need and preference. Continuing crisis stabilization will be offered in-person or via telehealth as appropriate.

Telehealth is allowed within the following guidelines:

- Individual, or family/caregiver preference as opposed to, or in combination with, an in-person response.
- Allowing professionals to provide immediate crisis intervention when not possible in-person.
- Safety concerns when weighed thoughtfully through the crisis hub's triage protocol.
- Severe weather that limits the safety of the responder.

(Refer to the Behavioral Health Code Chart for additional information on telehealth services and their billing requirements.)

I. Transportation

The transportation benefits outlined in this section pertain to a Crisis Stabilization Unit (CSU).

Emergency ambulance transportation to a CSU or other approved alternate destination, as allowed by state law, is a covered benefit for Medicaid beneficiaries of all ages. Refer to the MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, Transportation subsection and to the Ambulance chapter for additional information.

Claims for emergency ambulance transports to a CSU provided to dually eligible FFS Medicaid and Medicare beneficiaries must include a claim note that states "Crisis Stabilization Unit". If CSU is not reported on the claim, services may not be reimbursed by Medicaid. Diagnostic or therapeutic sites are recognized by the origin and destination code of "D" when reporting transportation modifiers.

Non-emergency medical transportation (NEMT) to a CSU is a covered benefit for Medicaid beneficiaries of all ages. (Refer to the Non-Emergency Medical Transportation chapter of the MDHHS Medicaid Provider Manual for additional information.)