West Virginia Medicaid Community Psychiatric Supportive Treatment UM Guideline

Subject: West Virginia Community Psychiatric Supportive Treatment UM Guideline
Status: Final

Current Effective Date: January 10, 2018

Purpose, Definition and Description

Purpose: To support the delivery of Community Psychiatric Supportive Treatment services in a manner consistent with the expectations of the West Virginia Medicaid Program as specified and required by the West Bureau for Medical Services (BMS) in Chapter 502 Behavioral Health Clinic Services and Chapter 503 Behavioral Health Rehabilitation Services.

Definition: Community Psychiatric Supportive Treatment is an organized program of services designed to stabilize the conditions of a person immediately following a crisis episode. These are currently delivered in Crisis Stabilization Units. An episode is defined as the brief time period of days in which a person exhibits acute or severe psychiatric signs and symptoms. (If a Medicaid member experiences more than one crisis, each crisis is considered a separate crisis episode). This physician-driven service is intended for persons whose condition can be stabilized with short-term, intensive services immediately following a crisis without the need for a hospital setting and who, given appropriate supportive care, can be maintained in the community. Due to the comprehensive nature of this service, no other services (other than Targeted Case Management) may be reimbursed when Community Psychiatric Supportive Treatment is on-going. These services are not intended for use as an emergency response to situations such as members running out of medication or loss of housing. Any such activities will be considered as non-reimbursable activities. Since this service is intended to address an episode, it must be rendered on consecutive days of service. Community Psychiatric Supportive Treatment cannot be rendered on alternate days such as Tuesday and Thursday or only on Mondays, Wednesdays, and Fridays; with other days of non-service (such as holidays or weekends) or other intervening services interrupting the episode. Community Psychiatric Supportive Treatment is an acute and short-term service. Community Psychiatric Supportive Treatment Programs must be available seven days a week to anyone who meets the admission criteria. Availability may include mornings, afternoons, evenings, etc. There must be a minimum of two staff present onsite at all times Community Psychiatric Supportive Treatment is provided. One staff must have at least high school degree or equivalency, trained in systematic de-escalation, and must have training related to the targeted population being treated (i.e. substance abuse, mental health). The other staff must have an LPN or higher degree in the medical field. Additional staff must be added as necessary to meet the needs of increased utilization and/or increased level of need. Staffing must be sufficient to assure that each member receives appropriate individual attention, as well as assure the safety and welfare of all members. The program must have access to a psychiatrist/physician/physician extender to provide psychiatric evaluations, medication orders at all times. Much of the structured, staff-directed activity or face-to-face activity which has been

documented in an activity note can be considered billable time. Some examples of billable versus non-billable time are as follows:

Activities include, but not limited to:

1) Structured, staff-directed activities such as therapies and counseling;
2) Time spent by staff in the process of interviewing/assessing members whether for social history, discharge planning, psychological reports, etc.;
3) Time spent in treatment team meetings or staff consultation;
4) Time spent by staff monitoring one member when specifically ordered by the physician/psychiatrist for reasons of clinical necessity (The physician/psychiatrist's order must state the frequency and duration of the time to be spent monitoring.);
5) Routine observation/monitoring by staff ordered by physician/psychiatrist limited to 10 minutes per hour (can include member's sleep, meal, grooming time). Routine observation time cannot exceed two hours per day. The physician must document the need for the observation as related to the Medicaid Member's qualifying behavioral health condition/crisis episode.

The following elements are required components of Community Psychiatric Supportive Treatment:

1) Comprehensive Psychiatric Evaluation at intake to contain documentation of:
    a. Reason for admission/presenting problems: Purpose of evaluation is to assess symptoms in order to determine need for crisis stabilization services, determine need for changes to medication regimen, and develops an initial plan of care as appropriate;
    b. Presenting problems/reason for the evaluation including list of any collateral interviews conducted
    c. History and description of present illness
    d. Past psychiatric history including description of any past suicidal or homicidal behavior or threats;
    e. History of alcohol and other substance use including longest period of sobriety, history of prior treatment attempts, and medical risks associated with detoxification as appropriate;
    f. General medical history including list of current medications, current medical providers, and past treatment attempts (may be completed by ancillary staff person);
    g. Developmental, psychosocial, and sociocultural history;
    h. Occupational and military history (may be completed by ancillary staff person);
    i. Legal history (may be completed by ancillary staff person);
    j. Family history (may be completed by ancillary staff person);
    k. Review of systems (sleep, appetite, pain levels, other systems directly linked to the patient's psychiatric symptoms);
    l. Focused physical examination including appearance and vital signs, musculoskeletal review of gait and station and description of any specific physical anomalies and allergies;
    m. Mental status examination including assessment of insight, judgment, and general cognitive functioning;
    n. Assessment of daily functionality and activities of daily living (ADLs) (may be completed by ancillary staff person);

o. Diagnostic conclusions and prognosis;
p. Treatment recommendations including clear statement of justification for recommendation for admission to Crisis Support Unit and reasoning for elimination of lesser level of care;

2) Daily psychiatric review and examination;
3) Ongoing psychotropic medication evaluation and administration;
4) Intensive one-on-one supervision, when ordered by a physician/psychiatrist;
5) Individual and small group problem solving/support, as needed;
6) Therapeutic activities consistent with the member's readiness, capacities, and the service plan;
7) Disability-specific interdisciplinary team evaluation and service planning before discharge from Community Psychiatric Supportive Treatment. Discharge service planning must include consideration of the antecedent condition that led to admission to Community Psychiatric Supportive Treatment;
8) Psychological/functional evaluations specific to the disability population where appropriate; **AND**
9) Family intervention must be made available to the families of members as appropriate. Community Psychiatric Supportive Treatment must be provided at a site licensed by West Virginia Department of Health and Human Resources for the delivery of Behavioral Health Clinic Services. [3]

Clinical Indications

Medically Necessary:

Admission Criteria for one or more of the following:

A. Acute Psychiatric signs and symptoms
B. Danger to self/others
C. Medication management/active drug or alcohol withdrawal

A. PSYCHIATRIC SIGNS AND SYMPTOMS (1 and 2 must be met)

1) The member is experiencing a crisis due to a mental health condition or impairment in functioning due to acute psychiatric signs and symptoms. The member may be displaying behaviors and/or impairments ranging from:
    a. Impaired abilities in the daily living skills domains; **OR**
    b. Severe disturbances in conduct and emotions; **OR**
    c. The crisis results in emotional and/or behavioral instability that may be exacerbated by:
        i. Family dysfunction;
        ii. Transient situational disturbance;
        iii. Physical or emotional abuse;
        iv. Failed placement;
        v. Other current living situation; **AND**

2) The member is in need of a structured, intensive intervention because less restrictive services alone are not adequate or appropriate to resolve the current crisis and meet the member's needs based on the documented response to prior treatment and/or interventions.

B. DANGER TO SELF/OTHERS

The member is in need of an intensive treatment intervention to prevent hospitalization (e.g. the member engages in self-injurious behavior but not at a level of severity that would require inpatient care, the member is currently physically aggressive and communicates verbal threats, but not at a level that would require hospitalization).

C. MEDICATION MANAGEMENT/ACTIVE DRUG OR ALCOHOL WITHDRAWAL (Either criterion 1 or 2 must be met)

1) The member is in need of a medication regimen that requires intensive monitoring/medical supervision or is being evaluated for a medication regimen that requires titration to reach optimum therapeutic effect.
2) There is evidence that the member is using drugs and/or alcohol that are likely to result in clinically-significant withdrawal symptoms which require medical supervision.

Continued Stay Criteria: Continued stay review may occur after 144 units (three days) of service to determine if medical necessity continues to be met (Member must meet criteria 1, 2 or 3)

1) The acute psychiatric signs and symptoms and/or behaviors that necessitated the admission persist **AND**:
   a. Psychiatric signs and symptoms were documented at admission; **AND**
   b. Treatments and interventions tried are documented*; **OR**
2) New symptoms and/or maladaptive behaviors have:
   a. Appeared; **AND**
   b. Have been incorporated into the care plan and modified the discharge date of the member; **AND**
   c. Can be treated safely in the Community Psychiatric Supportive Treatment setting; **AND**
   d. Support that less intensive level of care would not adequately meet the member's needs; **OR**
3) Member progress toward crisis resolution and progress:
   a. Clearly and directly related to resolving; **AND**
   b. Warrants admission to Community Psychiatric Supportive Treatment have been observed and documented; **AND**
   c. Continues at this level of care.

*Note: A modified care plan must be developed which documents treatment methods and projected discharge date based on the change in the care plan.[3]

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Not Medically Necessary:
When Community Psychiatric Supportive Treatment criteria above are not met.

Coding

Procedure / HCPC Code	Modifier	Service Definition
H0036	-	Community Psychiatric Supportive Treatment*

*One unit equals fifteen (15) minutes. No more than 48 units may be billed per day.

Non-billable activities:

1) Activity which is recreation or leisure in nature, such as basketball, exercise, reading newspaper, watching television and or videos;
2) Social activity such as talking with other members, visiting with family members or significant others, releasing the member from the program on pass;
3) Time in which the member is sleeping, eating, grooming (except as outlined above).

Documentation

1) Documentation must contain an activity note containing a summary of:
    a. Events leading up to the crisis;
    b. therapeutic intervention used; **AND**
    c. The outcome of the service;
2) The activity note must include:
    a. The signature and credentials of the staff providing the intervention;
    b. Place of service;
    c. Date of service; **AND**
    d. The actual time spent providing the service by listing the start-and-stop times.
3) A physician, physician extender, supervised psychologist, or licensed psychologist must review all pertinent documentation within 72 hours of the conclusion of the crisis and document their findings. The note documenting this review must include:
    a. Recommendations regarding appropriate follow up; AND
    b. Whether the treatment plan is to be modified or maintained;
    c. The signature and credentials of the physician, physician extender, supervised psychologist, or licensed psychologist; **AND**
    d. The date of service;
    e. The signature will serve as the order to perform the service. If a supervised psychologist is utilized to provide approval for this service, the supervised psychologist must have completed an appropriate training in crisis intervention and systematic de-escalation.
4) Providers must maintain a permanent clinical record for all members of this service in a manner consistent with applicable licensing regulations.[3]

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Discussion/General Information

This guideline was prepared to reflect the state of West Virginia's Community Psychiatric Supportive Treatment guidelines.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. HCPC Code: 2017 Alpha-Numeric HCPCS File, Downloaded from CMS.gov - A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Accessed on August 31, 2017.
2. West Virginia Department of Health and Human Resource, Bureau for Medical Services, Division Adult Behavioral Health.
3. West Virginia Department of Health and Human Resource, Bureau for Medical Services, Office of Children, Youth and Families.
4. West Virginia Department of Health and Human Resource, Bureau for Medical Services Provider Manual, Chapter 502 Behavioral Health Clinic Services, Revised 10/13/2015.
5. West Virginia Department of Health and Human Resource, Bureau for Medical Services Provider Manual, Chapter 503 Behavioral Health Rehabilitation Services, Revised 4/25/2016.
6. Memorandum from the State of West Virginia WV Bureau for Medical Services regarding Crisis Stabilization dated November 1, 2017

Websites for Additional Information

1. West Virginia Department of Health and Human Resources

History

Status	Date	Action
New	10/6/2017	Developed
Revised	12/22/017	Revised