

Michigan Department of Health and Human Services

Bulletin Number: MSA 17-25

Distribution: Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs)

Issued: September 1, 2017

Subject: Intensive Crisis Stabilization Services for Children

Effective: October 1, 2017

Programs Affected: Medicaid

The purpose of this bulletin is to revise the Intensive Crisis Stabilization Services Section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter within the Michigan Medicaid Provider Manual. Revisions provide clarification of services by adding descriptive details, for children birth to 21 years of age.

Intensive crisis stabilization services are structured treatment and support activities provided by a mobile intensive crisis stabilization team that are designed to promptly address a crisis situation 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 who has recently returned from a psychiatric hospitalization or other out of home placement. 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).

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

- The parent/caregiver has identified a crisis and reports that their capacity to manage the crisis is limited at this time and they are requesting assistance.
- The child or youth can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally.
- 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.
- 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.

The goals of intensive crisis stabilization services are as follows:

- To rapidly respond to any non-imminently life threatening emotional symptoms and/or behaviors that are disrupting the child or youth's functioning;
- To provide immediate intervention to assist children and youth and their parents/caregivers in de-escalating behaviors, emotional symptoms and/or dynamics impacting the child or youth 's functioning ability;
- To 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;
- To effectively engage, assess, deliver and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors and improve functioning; and
- To enhance the child or youth and parent/caregiver's ability to access any identified community-based supports, resources and services.

Approval

The PIHP must seek and receive MDHHS approval, initially and every three years thereafter, for the intensive crisis stabilization services in order to use Medicaid funds for program services.

Population

These services are for children or youth, ages 0 to 21, with SED and/or I/DD, including autism, or co-occurring SED and SUD and their parents/caregivers who are currently residing in the catchment area of the approved program and are in need of intensive crisis stabilization services in the home or community as defined in this section. Mobile intensive crisis stabilization teams must be able to travel to the child or youth in crisis for a face to face contact in one hour or less in urban counties and in two hours or less in rural counties from the time of the request for intensive crisis stabilization services.

Services

Component services include:

- Assessments (rendered by the treatment team)
- De-escalation of the crisis
- Family-driven and youth-guided planning
- Crisis and safety plan development
- Intensive individual counseling/psychotherapy
- Family therapy
- Skill building
- Psychoeducation
- Referrals and connections to additional community resources
- Collaboration and problem solving with other child or youth serving systems, as applicable
- Psychiatric consult, as needed

Qualified Staff

Intensive crisis stabilization services must be provided by a mobile intensive crisis stabilization team consisting of at least two staff who travel to the child or youth in crisis. One team member must be a Master's prepared Child Mental Health Professional (or Master's prepared Qualified Intellectual Disabilities Professional [QIDP], if applicable) and the second team member may be another professional or paraprofessional under appropriate supervision. Team members must have access to an on-call psychiatrist by telephone, as needed. At minimum, all team members must be trained in crisis intervention and de-escalation techniques.

Location of Services

Intensive crisis stabilization services must be provided where necessary to alleviate the crisis situation, and to permit the child or youth to remain in their usual home and community environment.

Exceptions: Intensive crisis stabilization services may not be provided in:

- Inpatient settings;
- Jails or detention centers; or
- Residential settings (e.g., Child Caring Institutions, Crisis Residential).

Individual Plan of Service

Intensive crisis stabilization services may be provided initially to alleviate an immediate crisis. However, following resolution of the immediate situation, an existing individual plan of service and crisis and safety plan must be updated or, for children or youth who are not yet recipients of CMHSP services but are eligible for such services, a family-driven and youth-guided follow-up plan must be developed.

If the child or youth is a current recipient of CMHSP services, mobile intensive crisis stabilization team members are responsible for notifying the primary therapist, case manager, or Wraparound facilitator, as applicable, of the contact with the mobile intensive crisis stabilization team the next business day. It is the responsibility of the primary therapist, case manager, or wraparound facilitator to follow-up with the child or youth and parent/caregiver. The child or youth, parent/caregiver and the relevant treatment team members must revisit the current individual plan of service and crisis and safety plan and make adjustments where necessary to address current treatment needs.

If the child or youth is not yet a recipient of CMHSP services but is eligible for such services, the follow-up plan must include appropriate referrals to mental health assessment and treatment resources and any other resources the child or youth and parent/caregiver may require. The mobile intensive crisis stabilization team is responsible for providing necessary information and referrals. The follow-up plan must also include the next steps for obtaining needed services, timelines for those activities, and identify the responsible parties. Mobile intensive crisis stabilization team members must contact the parent/caregiver by phone or face-to-face within seven business days to determine the status of the stated goals in the follow-up plan.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Chris Priest, Director
Medical Services Administration