

**SERVICE DESCRIPTION**  
**Crisis Residential Services**

*This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:*

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

**1. Definition or Description of Service**

- a. Crisis Residential Services are intended to provide a short-term alternative to inpatient psychiatric services for Individuals experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay.
- b. Services must be provided to Individuals in licensed crisis residential foster care or group home settings not exceeding 16 beds in size. Homes/settings must have appropriate licensure from the State and must be approved by MDHHS to provide specialized crisis residential services. Services must not be provided in a hospital or other institutional setting.
- c. The PIHP must seek and maintain MDHHS approval for the crisis residential program in order to use Medicaid funds for program services.

**2. Practice Principles**

- a. Services are designed for a subset of Individuals who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered/Family Driven, Youth-Guided, and recovery/resiliency-oriented approach.
- b. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff that have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- c. The Provider will be in compliance with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- d. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service (IPOS).

**3. Credentialing Requirements** *Refer to current Medicaid Provider Manual for updated requirements.*

- a. The Provider will assure that licensed professional staff licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. The Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- c. The Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
- d. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- e. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- f. Providers of services must:
  - i. Be at least 18 years of age.

- ii. Be able to practice prevention techniques to reduce transmission of any communicable diseases in the environment where they are providing support.
- iii. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
- iv. Be in good standing with law as outlined in the MDHHS/PIHP contract.

**4. Service Requirements**

- a. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to the Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the individual's IPOS is in need of revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual's primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.
- h. Services must be designed to resolve the immediate crisis and improve the functioning level of the Individuals to allow them to return to less intensive community living as soon as possible. The covered crisis residential services include:
  - i. Psychiatric supervision;
  - ii. Therapeutic support services;
  - iii. Medication management/stabilization and education;
  - iv. Behavioral services;
  - v. Milieu therapy; and
  - vi. Nursing services.
  - vii. Individuals who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about crisis, substance abuse, identity, values, choices and choice-making, recovery and recovery planning. Recovery and recovery planning is inclusive of all aspects of life including relationships, where to live, training, employment, daily activities, and physical well-being.
  - viii. Child Crisis Residential Services may not be provided to children with serious emotional disturbances in a Child Caring Institution (CCI) unless it is licensed as a "children's therapeutic group home" as defined in Section 722.111 Sec. 1(f) under Act

No. 116 of the Public Acts of 1973, as amended. The program must include on-site nursing services (RN or LPN under appropriate supervision). On-site nursing must be provided at least one hour per day, per resident, seven days per week, with 24-hour availability on-call.

- ix. Adult crisis residential services must include on-site nursing services (RN or LPN under appropriate supervision).
  - (1) For settings of six beds or fewer: on-site nursing must be provided at least one hour per day, per resident, seven days per week, with 24-hour availability on-call.
  - (2) For 7-16 beds: on-site nursing must be provided eight hours per day, seven days per week, with 24-hour availability on-call.
- i. Treatment services must be clinically-supervised by a psychiatrist. A psychiatrist need not be present when services are delivered, but must be available by telephone at all times. The psychiatrist must provide psychiatric evaluation or assessments at the crisis residential home or at an appropriate location in the community. A psychiatric evaluation completed by a treating psychiatrist that resulted in the admission to the program fulfills this requirement as long as the program psychiatrist has consulted with that physician as part of the admission process. Medication reviews performed at the crisis residential home must be performed by appropriately licensed medical personnel acting within their scope of practice and under the clinical supervision of the psychiatrist.
- j. The covered crisis residential services must be supervised on-site eight hours a day, Monday through Friday (and on call at all other times), by a mental health professional possessing at least a master's degree in human services and one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services and at least two years of experience providing services to beneficiaries with serious mental illness.
- k. Treatment activities may be carried out by paraprofessional staff who have at least one year of satisfactory work experience providing services to beneficiaries with mental illness, or who have successfully completed a PIHP/MDHHS-approved training program for working with beneficiaries with mental illness.
- l. Peer support specialists may be part of the multidisciplinary team and can facilitate some of the activities based on their scope of practice, such as facilitating peer support groups, assisting in transitioning individuals to less intensive services, and by mentoring toward recovery.
- m. Services may be provided for a period up to 14 calendar days per crisis residential episode. Services may be extended and regularly monitored, if justified by clinical need, as determined by the interdisciplinary team.
- n. Services must be delivered according to an individual plan based on assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the beneficiary (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible, and must also be involved in follow-up services. The plan must contain:
  - i. Clearly stated goals and measurable objectives, derived from the assessment of immediate need, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
  - ii. Identification of the activities designed to assist the beneficiary to attain his/her goals and objectives.
  - iii. Discharge plans, the need for aftercare/follow-up services, and the role of, and identification of, the case manager.
- o. If the length of stay in the crisis residential program exceeds 14 days, an interdisciplinary team must develop a subsequent plan based on comprehensive assessments. The team is comprised of the beneficiary, the parent or guardian, the psychiatrist, the case manager and other professionals

whose disciplines are relevant to the needs of the beneficiary, including the individual ACT team, outpatient services provider or home-based services staff, when applicable. If the beneficiary did not have a case manager prior to initiation of the intensive/crisis residential service, and the crisis episode exceeds 14 days, a case manager must be assigned and involved in treatment and follow-up care. (The case manager may be assigned prior to the 14 days, according to need.)

- p. For children's intensive/crisis residential services, the plan must also address the child's needs in context with the family's needs. Educational services must also be considered, and the plan must be developed in consultation with the child's school district staff.
- q. Provider will provide transportation to each Individual for treatment purposes, which occurs in Provider's geographic area and is not reasonably provided by other sources and/or funding.

**5. Training Requirements**

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

**6. Eligibility Criteria/Access Requirements/Authorization Procedures**

- a. Crisis residential services may be provided to adults or children who are assessed by, and admitted through, the authority of the local CMHSP. Individuals must meet psychiatric inpatient admission criteria but have symptoms and risk levels that permit them to be treated in such alternative settings. Services are designed for Individuals with mental illness or Individuals with mental illness and another concomitant disorder, such as substance abuse or developmental disabilities. For Individuals with a concomitant disorder, the primary reason for service must be mental illness.
- b. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- c. Waiver eligibility requires verification of no change in waiver status.
- d. The [PIHP Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures, and Provider Manuals may be found by accessing the specific CMHSP websites.