

Short-Term Crisis Stabilization

Definition

Short-term Crisis Stabilization - consist of face-to-face mental health and substance abuse services provided to individuals within the home and community. The service involves brief, concentrated interventions to stabilize psychiatric conditions or behavioral and situational problems including substance abuse, prevent escalation of psychiatric symptoms, reduce the risk of harm to self or others, avert loss of housing, and wherever possible to avoid the need for hospitalization or other more restrictive placement. Services and interventions are highly individualized and tailored to the needs and preferences of the participant, with the goal of maximizing independence and supporting recovery.

Provider Qualifications/Conditions for Participation

Certificate: Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC) or is a DMHAS designated Local Mental Health Authority (LMHA) or contracted affiliate of an LMHA

Other Standards: The supervisor must be a licensed clinician. Short-term Crisis Stabilization staff shall have three years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities) The agency must meet the State of Connecticut certification standards to provide Short-term Crisis Stabilization services defined by the Department of Mental Health and Addiction Services

Entity Responsible for Verification: DMHAS/ABH

Frequency of Verification: Upon enrollment and reenrollment

Agency based: A Short-term Crisis Stabilization staff member shall:

- Be at least 18 yrs old;
- Possess at least a high school diploma or GED; and
- Possess a valid Connecticut driver's license
- Three years experience in the provision of mental health services

Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator;
- Report changes in the participant's condition or needs;
- Maintain confidentiality;
- Meet the participant's needs as delineated in the waiver Recovery Plan;
- Implement cognitive and behavioral strategies;
- Function as a member of an interdisciplinary team;

Respond to fire and emergency situations;

- Accept supervision in a manner prescribed by the department or its designated agent;
- Maintain accurate, complete and timely records that meet Medicaid requirements;
- Use crisis intervention and de-escalation techniques;
- Provide services in a respectful, culturally competent manner; and
- Use effective and evidence-based Short-term Crisis Stabilization practices.

Covered services

Short-term Crisis Stabilization services of at least 15-minutes duration provided to the participant in his/her home and in other community settings. These services include:

1. Observation, evaluation and monitoring in order to reduce the participant's risk of harm to self or others, and to determine whether additional supports are necessary;
2. Practical problem-solving advice and assistance designed to address and remediate the antecedent causes of an emerging psychiatric or behavioral crisis;
3. Crisis intervention and supportive counseling designed to stabilize functioning, reduce stress, calm the participant and prevent further deterioration;
4. Communication with supervisory staff to report the participant's condition and whether any additional assistance is needed;
5. Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator; and
6. Travel with a participant when the Short-term Crisis Stabilization provider is also engaged in a qualifying waiver service activity.

Limitations

Coverage of Short-term Crisis Stabilization services shall be subject to the following limitations:

1. Short-term Crisis Stabilization services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits;
2. Short-term Crisis Stabilization services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider;
3. A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Short-term Crisis Stabilization services to a participant during a specific time period (i.e., billable unit of time);
4. The department shall not pay for:
 - a. Time spent by the provider solely for the purpose of transporting participants;
 - b. Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature;
 - c. Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history;
 - d. Programs, services or components of services that are not included in the fee established by the department;
 - e. Services or components of services provided solely for social, recreational, educational or vocational purposes; and
 - f. Costs associated with room and board for participants.

Non-billable Activities

The following activities are not billable, but have been factored into payment rates:

1. Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;
2. Telephone contact with the participant;
3. Telephone contact with the department or its designated agent for the purpose of requesting or reviewing authorization;
4. Completion of progress notes or billing documentation;
5. Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among CSP team members, including for the purpose of treatment planning;
6. No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
7. Short-term Crisis Stabilization services of less than fifteen minutes duration for procedures whose billing codes are defined in 15-minute increments; and
8. Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan or service data or other information.

SHORT-TERM CRISIS STABILIZATION:

Agency must be accredited by a nationally recognized accrediting body (CARF or Joint Commission). Each individual must have at least 3 years experience working with individuals with mental health disorders, de-escalation training and experience, and the proven ability to stay safe in the community. The team must also be able to take direction from the local Crisis Team. Must have USPRA Certification or Certified DMHAS-sponsored De-escalation Training, Behavior Management Strategies (BMS), and 3 years experience with individuals with MI.

Please include a resume or summary of work experience for each staff listed below

Last Name, First Name	Degree/ Experience	License	FTE	Job Title	Name and Specific Experience **			
					USPRA Certification	DMHAS De-escalation Training, Behavioral Management Strategies (BMS)	Dates of training	3 Yrs experience with individuals with MI
				Supervisor. Must be licensed clinician				<input type="checkbox"/>
				Crisis Support Staff				<input type="checkbox"/>
				Crisis Support Staff				<input type="checkbox"/>
				Crisis Support Staff				<input type="checkbox"/>

Language Competence: In addition to English, please identify the languages available to participants

American Sign Language	German	Korean	Swedish
Arabic	Greek	Laotian	Tagalog (Philippines)
Armenian	Hebrew	Norwegian	Vietnamese
Chinese	Hindi	Polish	Yiddish
Dutch	Hungarian	Portuguese	Other:
Farsi	Italian	Russian	
French	Japanese	Spanish	

Supervisor Documentation Requirements for Short Term Crisis Stabilization Service

If the supervision for this service is not provided by the Chief Clinical Officer for the agency, please indicate if the supervisory functions for this program are provided by a staff or contracted position.

- Employed by Agency

If the position is employed by the agency please include a copy of the employee's current license.

- Under Contract with Agency

If contracted with the agency, please provide a letter describing the arrangement by which this person is providing supervisory services and a copy of the contracted supervisor's current license.

Primary Service Locations

Program Name:
Address:
Program Name:
Address:
Program Name:
Address:



Checklist for application for Short Term Crisis Stabilization below

If applying for Short Term Crisis Stabilization services also include the following documents in your application:

If the supervisor is employed as staff by the agency:	
a copy of the supervisor's current license	<input type="checkbox"/>
Resume or summary work history for every Short Term Crisis Staff	
Supervisor	<input type="checkbox"/>
Support Specialist	<input type="checkbox"/>
Support Specialist	<input type="checkbox"/>
If the supervisor for this service is not an agency employee, supply:	
a letter describing the supervisory arrangement	<input type="checkbox"/>
a copy of the contracted supervisor's current license	<input type="checkbox"/>