



January 6, 2023

Web Announcement 2975

## Attention Provider Type 12 (Hospital, Outpatient) Specialty 250 (Crisis Stabilization Center): Overview of Crisis Services

The Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), submitted a State Plan Amendment (SPA) #NV-22-0005 to the Centers for Medicare & Medicaid Services (CMS) regarding reimbursement methodology for Crisis Stabilization Centers (CSC) on March 30, 2022. A [public workshop](#) was held on December 13, 2021, with a presentation regarding CSCs and reimbursement for them. The public hearing for the SPA, pages [4.19-A](#) and [4.19-B](#), as well as the [Medicaid Services Manual \(MSM\) policy changes](#) was held on March 29, 2022, with changes being effective March 30, 2022 (with the reimbursement methodology SPA still dependent upon CMS approval).

New policy for Crisis Stabilization Centers is within [MSM Chapter 400](#), Section 403.6I. These changes are being done to ensure that crisis stabilization services provided under hospitals with a Crisis Stabilization Center endorsement are covered and reimbursable services under Nevada Medicaid. The goal of Assembly Bill (AB) 66, later amended in the Senate Bill (SB) 156 during the 2021 Nevada Legislative Session, is to add a place to go as a critical element of the crisis continuum of care, along with 988 National Suicide and Crisis Lifeline and mobile crisis, to support an array of crisis services critical in caring for individuals experiencing a behavioral health crisis.

Crisis stabilization services are behavioral health services designed to: De-escalate or stabilize a behavioral health crisis and, when appropriate, avoid admission of a patient to another inpatient mental health facility or hospital and connect the patient with providers of ongoing care as appropriate for the unique needs of the patient. Crisis Stabilization Centers' best patient outcomes may include immediate care and a positive behavioral health crisis response.

Crisis Stabilization Centers provide a "no-wrong door" access. Per the [Nevada Revised Statutes \(NRS\) 449.0915](#), Crisis Stabilization Centers will accept all patients without regard to:

- race
- ethnicity
- gender
- socioeconomic status
- sexual orientation
- place of residence
- any social conditions that affect the patient
- the ability of the patient to pay, or
- whether the patient is admitted voluntarily pursuant to NRS 433A.140 or admitted under an emergency admission pursuant to NRS 433A.150, or
- whether as walk-ins or drop-offs from law enforcement or a mobile crisis team.

The primary objective of the CSC will be to promptly conduct a comprehensive assessment of an individual and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that can be managed at a lower level of care. Crisis Stabilization Centers are to perform an initial assessment on any patient who presents to the center, regardless of the severity of the behavioral health issues the patient is experiencing, and have equipment and personnel necessary to conduct a medical examination pursuant to NRS 433A.165. The CSC considers whether each patient would be better served by another facility and transfers the patient to another facility when appropriate. Case management services will assist patients to obtain housing, food, primary health care and other basic needs along with the coordination of aftercare for patients, including at least one follow-up contact with a patient not later than 72 hours after the patient is discharged.

NRS 695G.320 has been amended per the SB 156 legislation to require managed care organizations (MCOs) that provide health care services to recipients of Medicaid or the Children's Health Insurance Program (CHIP) to negotiate and enter a contract with hospitals that have received an endorsement for a Crisis Stabilization Center. MCOs will then need to include those hospitals in their network of providers under contract to provide services to such persons. During the first year of Crisis Stabilization Center services there will be a carve-out for MCOs, meaning recipients with MCO coverage will be reimbursed through Fee-For-Service (FFS). NRS 695C.194 reads the same though is worded for health maintenance organizations.

### **Crisis Stabilization Services Development - Work in Progress**

- **Next Steps**

- Nevada's SPA 22-0005 is on pause with CMS under Request for Additional Information (RAI) status. Moving forward, Nevada plans to submit new language defining Crisis Stabilization services within the coverage section of the State Plan. This coverage will provide access to crisis stabilization services within Crisis Stabilization Centers under a hospital setting, but also provide opportunity for community providers, such as Certified Community Behavioral Health Centers (CCBHCs), to perform this critical level of crisis services to Nevada's communities.
- SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. The proposed daily default rate is currently \$563 per day, pending CMS approval. Once a full fiscal year of services has been provided under the Crisis Stabilization Center, providers will be eligible to complete a cost report and have their rate based on actual and allowable costs reported within this cost report.
- DHCFP will continue conversations to determine minimum standards of care provided by Crisis Stabilization Centers if they are not able to perform the required all-inclusive services to an individual. If a Crisis Stabilization Center is unable to meet these requirements, they will not be reimbursed the all-inclusive daily rate, but may be reimbursed for the minimum service provided by individual Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) code.
- Regarding Prior Authorizations: Crisis Stabilization Centers will not be required to submit a prior authorization for crisis stabilization services. If, however, it is determined that a recipient will need an inpatient hospital admission, then the hospital must follow prior authorization guidelines per existing hospital policy. Recipients entering a Crisis Stabilization Center with a crisis would be an emergency admission, which would allow a hospital to admit a recipient and submit a prior authorization within 5 business days of this admission.
- Implementation will be closely monitored by the Division to ensure services are rendered in a timely manner and legislative intent is met.

For further information, please send an email to the DHCFP Behavioral Health unit at [BehavioralHealth@dhcp.nv.gov](mailto:BehavioralHealth@dhcp.nv.gov).