

Nevada Medicaid Urgent Stabilization Program UM Guideline

Subject: Nevada Medicaid Urgent Stabilization Program
Status: Final

Current Effective Date: 11/29/2017
Last Review Date: 12/24/2019

Description

Urgent Stabilization Program (USP) services prepare individuals experiencing medical or behavioral health conditions (primary diagnosis) for independent living in the community. USP refers to the services rendered at a facility staffed 24 hours a day, 7 days a week by an awake direct care staff. The facilities offer a structured setting that is safe and secure and promotes the principles of recovery including mental and physical health, empowerment, self-management and rejoining/rebuilding a life in the community, outside of USP.

USP services are responsible for facilitating and providing comprehensive coordination of medical and behavioral health services, increasing members' strengths, and addressing needs to increase overall functioning and wellbeing in the community.

This guideline addresses medical necessity based on clinical criteria identified below. Requirements are also provided below.

USP program requirements:

1. The USP must have a comprehensive, individualized service plan completed with the member that includes:
 - a. Current diagnosis, current level of functioning assessment and highest level of functioning in the past year provided by the members treatment team to include physicians, Qualified Mental Health Professionals (QMHP), and/or Qualified Mental Health Associates (QMHA);
 - b. Current clinical information including severity of symptoms as evidenced by diagnostic assessments;
 - c. Current medications;
 - d. Current risk factors and risk history impacting current placement (e.g., fire setting);
 - e. Current safety and crisis plan for identified risks;
 - f. Detailed History of substance use (if applicable) ; last use
 - g. Functional impairments and supports (itemized);
 - h. Job and/or school information and history;
 - i. Co-occurring conditions (itemized including date of onset if known);
 - j. Family history of mental and medical illnesses;;
 - k. Medical and behavioral service history including anything of significance within the past 12 months ;
 - l. Measurable and time-limited service goals specific to the psychiatric and medical condition necessitating USP services;
 - m. Projected discharge date, plan, and expected barriers;
 - n. Independent living goals;

Nevada Medicaid Urgent Stabilization Program UM Guideline

Subject: Nevada Medicaid Urgent Stabilization Program

Current Effective Date: November 29, 2017

Status: Final

Last Review Date: 12/24/2019

2. Expected outcome and prognosis for USP services Inclusion of family or social supports in initial, concurrent and discharge service planning (requires the member's written consent or refusal). If member's clinical status has changed, notify Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) within 3 business days.
 - a. Inclusion of other treating providers with the member's written consent;
 - b. Documentation of education regarding available community resources;
3. A comprehensive individualized service plan must be completed and available to Anthem upon request within 30 days of the member's admission;
4. Service plans must be formulated for USP services with evidence of collaboration with other behavioral health/ medical services;
5. USP services are responsible for care coordination;
6. The individualized service plan must be updated every month or more frequently if clinically appropriate;
7. The individualized service plan must be completed face-to-face with the member with evidence of the member's desired recovery goals and written consent to include signature;
8. Direct care staff supports must be awake and available 24/7;
9. If member is displaying a risk to self or others, member must have a current documented and signed safety plan;
10. USP services must provide or procure a physical examination, including routine screening and special studies as determined by the examining physician within 30 days of admission. If member has received a physical examination within the past 30 days, provide documentation;
11. Concurrent review to be completed up to 15 days prior to the end of the authorized period.

Clinical Indications

Medically Necessary:

Clinical Criteria (CC)

USP is considered **medically necessary** when the member is manifesting symptoms and behaviors which represent a deterioration from the member's usual status and **All** of the following are present:

1. Must be 18 years of age or older, have capacity to consent to USP service as evidenced by written consent to the USP program service goals; **AND**
2. Documentation that the member has or is acquiring local identification and is applying for Emergency Rental Voucher; **AND**
3. Significant medical or behavioral impairments impede the member's ability to live successfully and independently in the community; a detailed statement of the member's impediments is required **AND**
4. A social environment characterized by temporary stressors or limitations that would undermine treatment that could potentially be improved with treatment while the member is in the Supportive Housing; **AND**
5. Ability to perform basic activities of daily living (ADL) (i.e., eating and bathing) with appropriate prompting*; **AND**
6. The member is medically stable; **AND**
7. There should be a reasonable expectation that the illness, condition will be stabilized and improved and that a short term, Supportive Housing service will result in the member's ability to live independently; **AND**

Nevada Medicaid Urgent Stabilization Program UM Guideline

Subject: Nevada Medicaid Urgent Stabilization Program

Current Effective Date: November 29, 2017

Status: Final

Last Review Date: 12/24/2019

8. The member must have the ability to recognize (or be taught to recognize) dangers that threaten personal safety or pose risks to others*; **AND**
9. Interventions will focus on the member's presenting symptoms and complaints that led to the member's decrease in cognitive, behavioral and medical functioning, which impede the member's ability to live successfully and independently in the community; **AND**
10. The individualized treatment plan must have specific, time-limited, and measurable goals documented, that explain why the member would benefit from USP. These goals should be consistent with the member's diagnosis and functional impairments; **AND**
11. The member demonstrates motivation for treatment and is capable of benefiting from the USP treatment plan.

***Note:** Conditions that are unlikely to be appropriate for USP include: chronic conditions such as intellectual disability, traumatic brain injury (TBI), dementia, pica, fire setting, impulsive self-harm, sexually inappropriate behaviors, registered sex offender status or other conditions that require ongoing skilled nursing, custodial or hospice care.

Continued Stay Criteria (CS)

USP is considered **medically necessary** when ALL Admission Criteria are still met and **ALL** of 1-6 below, and 7 or 8 are present:

1. The member continues to meet Admission criteria; **AND**
2. Documentation of voucher status, expected voucher run, and/or barriers to receiving a voucher; **AND**
3. Documentation of member's participation and engagement in services, as evidenced by updated clinical information, progress notes, and service plan; **AND**
4. Moderate functional impairment in activities of daily living, which are likely to improve with continued training; **AND**
5. Skills have not been restored to the point where sustained improvement is not likely if discharged, and the purpose of continued treatment is to ameliorate symptoms and prevent relapse; **AND**
6. The goals of USP are not primarily for providing support for functioning that is unlikely to improve with short-term USP, or for self-improvement; **AND**
7. Documentation of member's progress with the specific time-limited and measurable treatment plan/goals at the expected pace, as evidenced by adherence with treatment and improving severity of symptoms; continued progress is expected for the targeted skills with the treatment approaches being used; **OR**
8. If progress is not documented, either the diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or USP and the treatment plan has been re-evaluated and changed if appropriate to include new goals/targets.

Not Medically Necessary:

USP is considered **not medically necessary** when the above criteria are not met.

Exclusion:

1. USP service needs shall not be based solely on homelessness and/or incarceration.

Nevada Medicaid Urgent Stabilization Program UM Guideline

Subject: Nevada Medicaid Urgent Stabilization Program
Status: Final

Current Effective Date: November 29, 2017
Last Review Date: 12/24/2019

Discharge Criteria

The member meets all elements of this section:

1. Time-limited and measurable service goals have been met by the member and/or provider; the clinical documentation demonstrates member has met the individualized goals as evidenced by service plan updates;
2. Evidence that existing issues and needs can be addressed at a lower level of care;
3. Increased level of functioning and/or support that demonstrates an ability to remain safe and stable within the community;
4. Documentation that member has achieved measurable treatment plan goals and all program milestones;

OR

5. The member declines services and/or refuse to participate or engage;
6. Member is at baseline and additional services in this Level of Care (LOC) will not yield additional benefit. No reasonable expectation for continued progress.

Coding

Procedure / HCPCS Code	Modifier	Service Definition
T2033	U1, U2, U3	Residential care, not otherwise specified, waiver; per diem

Discussion/General Information

This guideline was prepared to reflect the state Nevada's Supported Housing Treatment guidelines.

Definitions

LOC: *Level Of Care*

QMHA: *Qualified Mental Health Associate* (for licensure details, see the Nevada Division of Health Care Financing and Policy, Medicaid Services Manual, Chapter 403.3 Provider Qualifications).

QMHP: *Qualified Mental Health Professional* (for licensure details, see the Nevada Division of Health Care Financing and Policy, Medicaid Services Manual, Chapter 403.3 Provider Qualifications).

Recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

Nevada Medicaid Urgent Stabilization Program UM Guideline

Subject: Nevada Medicaid Urgent Stabilization Program
Status: Final

Current Effective Date: November 29, 2017
Last Review Date: 12/24/2019

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on October 24, 2017.
2. HCPC Code: 2016 Alpha-Numeric HCPCS File, Downloaded from [CMS.gov](http://www.cms.gov) - A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Accessed on October 30, 2017.
3. Tennessee Supported Housing Guidelines, document #TNPEC-1240-15.
4. Nevada Division of Health Care Financing and Policy, Medicaid Services Manual, Chapter 400.
5. "Primer on using Medicaid for people experiencing chronic homelessness and tenants in permanent supportive housing 6.1 Medical Necessity criteria: implications for people living in permanent supportive housing" Retrieved from: <https://aspe.hhs.gov/reports/6-medical-necessity-criteria-who-can-receive-specific-services/61-medical-necessity-criter-0>
6. "Housing Services (Supportive Housing)" Retrieved from: <http://www1.nyc.gov/site/doh/health/health-topics/housing-services-supportive-housing.page>

Websites for Additional Information
--

1. **Nevada Division of Public and Behavioral Health (DPBH)**, Access on October 24, 2017

History		
Status	Date	Action
New	11/29/2017	Created Utilization Management Guideline
Reviewed and Approved	Dec. 2019	MOC Review and Approved