

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Crisis Stabilization Unit and Specialty Psychiatric Hospital In Lieu of Service	<b>POLICY ID:</b> FL.UM.46
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 10/01/2021	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care), Serious Mental Illness (SMI), Children’s Medical Services (CMS) and Child Welfare (CW)
<b>REVIEWED/REVISED DATE:</b> 06/18, 05/19, 6/20, 8/20, 1/22, 2/23, 02/2024	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> Please refer to system of record – Archer	

**POLICY STATEMENT:**

To establish clinical criteria on which to review requests for Crisis Stabilization Unit services and Specialty Psychiatric Hospital In Lieu of Services for Sunshine Health’s MMA, Comprehensive, SMI, CMS and CW products.

**PURPOSE:**

The purpose to this policy is to establish clinical criteria on which to review requests for Crisis Stabilization Unit services and Specialty Psychiatric Hospital In Lieu of Services for Sunshine Health’s MMA, Comprehensive, SMI, CMS and CW products. The goal is to provide crisis stabilization unit services and Specialty Psychiatric Hospital when medically necessary, as an alternative to an existing state benefit and to define criteria and limitations established for the use of crisis stabilization services as a diversion for member’s emergency department visits, inpatient psychiatric hospital, or out-of-home placement.

**SCOPE:**

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care), Serious Mental Illness (SMI), Children’s Medical Services (CMS) and Child Welfare (CW) product lines. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

**DEFINITIONS:**

A Crisis Stabilization Unit is a freestanding Psychiatric Specialty Hospital providing a short-term alternative to inpatient psychiatric hospitalization and an integrated part of a designated public receiving facility under the authority of chapter 394, F.S. A CSU provides brief intensive services for individuals who are presented as acutely mentally ill on a 24-hour-a-day 7-day-a-week basis, under the licensing authority of the department. The purpose of a CSU is to examine, stabilize and redirect people to the most appropriate and least restrictive treatment settings consistent with their needs. Treatment is aimed at restoring the ability of the residents to maintain safety while enhancing their recovery, so they can successfully return to the community. Services include assessment and treatment services 24 hours a day, 7 days a week for children, adolescents and adults, psychiatric evaluation, medication management, psychiatrist rounds daily and other appropriate services as needed.

**POLICY:**

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved In Lieu of Services when medically necessary as an alternative to Inpatient Psychiatric Hospital Care Sunshine Health considers coverage of Crisis Stabilization Unit or Specialty Psychiatric Hospital services when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. The member must consent to the In Lieu of Services as an alternative to a covered state benefit.

**PROCEDURE:**

**Review Process**

Emergency stabilization services at any facility do not require prior authorization from Sunshine Health. However, after day 1 post stabilization, the admission is subject to prior authorization for continued stay.

To assist in determining the medical necessity of Crisis Stabilization Unit Services In Lieu of Service, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director or delegated vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02

- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05

**Specific Clinical Information/Criteria**

The requesting practitioner must provide information relative to the In Lieu of Service that is being requested.

Crisis Stabilization Unit or Specialty Psychiatric Hospital services are considered medically necessary when all of the following criteria are met:

- Members with a mental health disorder where CSU or Specialty Psychiatric Hospitals services can shorten the length of stay in an inpatient psychiatric facility or eliminate the need for an inpatient psychiatric hospital stay.
- For member’s meeting InterQual Adult and Geriatric Psychiatry - Inpatient Criteria and InterQual Child and Adolescent Psychiatry- Inpatient Criteria

**Provider Type Specification**

- Designated public receiving facility under the authority of chapter 394, F.S./Licensed Crisis Stabilization Unit=or Specialty Psychiatric Hospital

**Information Required for Review**

The following information and documentation should be submitted with any request for Crisis Stabilization Unit or Specialty Psychiatric Hospital services, in order to assess medical necessity:

- Medical documentation to support the criteria as noted above in the “**Specific Clinical Information/Criteria**” section.
- Documentation that the member has consented to the In Lieu of Service as an alternative to a covered state benefit.
- Emergency stabilization services at any facility do not require prior authorization from Sunshine Health. However, once the member’s emergency condition is stabilized, an authorization for on-going care is required within two (2) business days following the admission.

**Redetermination**

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s Utilization Management department information on the member’s status in order for a review for a subsequent approval using InterQual Inpatient Criteria: Episode Day 2-13 and Episode Day 14-X, Extended Stay

**Discharge Criteria**

- Member no longer meets Medical Necessity Criteria.
- Transfer to another service/level is more clinically appropriate.
- Member/family requests discharge and admission is voluntary

**Limitations / Exclusions**

The following limitations or exclusions apply:

- Member can be safely maintained and effectively treated at a less intensive level of care
- Member has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications
- The primary problem is social, legal, economic (i.e., housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration
- No other exclusions if medically necessary but would be subject to medical necessity review to assure that the level of services is commiserate with the care provided. Members receiving these services more than 15 days per month will be subject to IMD exclusions.

**REFERENCES:**

InterQual Adult and Geriatric Psychiatry - Inpatient Criteria  
 InterQual Child and Adolescent Psychiatry- Inpatient Criteria

FL.UM.05 Timeliness of UM Decisions and Notifications policy and procedure

FL.UM.02 Use of Clinical Criteria

FL.UM.02.02 Clinical Decision Criteria and Application

FL.UM.02.01 Medical Necessity Review

**ATTACHMENTS: N/A**

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** State review and approval required for any substantial changes and upon request

#### REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy developed to meet the needs of new contract requirements: 2018 ITN Readiness Review.	06/20/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs. Current version of InterQual 2019 updated.	06/30/2020
Updated for integration and to incorporate SMI and FLCMS specialty products	Removed specific details of InterQual 2019 criteria - Replaced under <b>Purpose-</b> an existing state benefit with "Inpatient Psychiatric Hospital Care" -Removed the year from InterQual -Updated References section	08/25/2020
Update	Added Specialty Psychiatric Hospital to P&P. Added delegated vendor for clinical reviews.	01/14/2022
Annual Review	Changed FLCMS to CMS	02/07/2023
Annual Review	Updated Policy ID Added Policy ID and Name to "Footer" Made minor grammatical changes	02/2024

#### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.