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**Crisis Intervention Benefit:
Children's Crisis Residence Program
Benefit and Billing Guidance
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Introduction

Children's Crisis Residences, licensed by the New York State Office of Mental Health (NYS OMH), have been an integral part of the children's continuum of care for many years. There are a small number of Crisis Residence programs operating throughout the state; many are state-operated, while others are run by community-based providers. These programs have historically been funded through State and local government initiatives and were not Medicaid reimbursable, and therefore, not an available benefit under Medicaid managed care.

As a part of the Children's Medicaid Transformation, the services provided by Crisis Residence programs serving children became an expanded resource for Medicaid enrolled children and are now available under both Medicaid managed care and fee-for-service. As a result, children and their families who are in need of immediate interventions and supports for a child's psychiatric crisis can more easily access this program. The programs serving children under 21 described in this manual include those available under the Crisis Stabilization/Residential Supports component of Crisis Intervention services authorized under the Medicaid State Plan.

There are three Crisis Residence Programs, which include Children's Crisis Residences, available to youth up to age 21; and Intensive Crisis Residence and Residential Crisis Support, available for youth ages 18 and older. Medicaid provides reimbursement for youth up to age 21 under the Children's Crisis Stabilization/Residential Supports benefits. Crisis Residence services for adults aged 21 and over enrolled in Medicaid Managed Care are authorized through the NYS 1115 Waiver Crisis Intervention benefit. For adults ages 21 and over, Medicaid reimbursement for the Crisis Residence component of the Crisis Intervention Benefit is only available through Medicaid Managed Care Plans (MMCPs). For more information about the adult crisis residence benefit and billing refer to the Adult Crisis Residence Benefit and Billing Guidance.

Services provided by Crisis Residence programs are one component of a comprehensive continuum of crisis services, intended to help avert extended emergency room visits and inpatient hospitalizations. Community-based crisis services available within the continuum include crisis hotlines, mobile crisis intervention and other crisis service components under Children and Family Treatment Supports and Services (CFTSS), as well as, Comprehensive Psychiatric Emergency Programs (CPEPs). For children in crisis who are identified as needing a short-term higher level of care, the expanded benefit of a Crisis Residences can now offer children and their families the greater level of service and support needed to help ensure a more successful return home.

This document is organized into the following six sections:

- I. Purpose of Manual;
- II. Crisis Residence Program Descriptions;

- III. Medicaid Provider Requirements;
- IV. Medicaid Managed Care Requirements;
- V. Rate Codes and Billing;
- VI. Utilization Management.

I. Purpose of Manual

This manual serves as billing guidance for Children's Crisis Residences established through Part 589 of 14 NYCRR - Operation of Crisis Residence regulations. These regulations establish standards for the operation of Crisis Residence programs and require programs to be licensed by the NYS OMH to provide short-term residential support to individuals who are exhibiting symptoms of mental illness and who are experiencing a psychiatric crisis. The intent of the program is preventative in nature, to be utilized to facilitate crisis de-escalation and stabilization with the goal of ultimately preventing emergency room visits, acute psychiatric inpatient hospitalization, and the need for residential or out-of-home placement.

This manual has been developed to provide billing guidance for use by Medicaid Managed Care Plans (MMCPs) and Children's Crisis Residential providers. MMCPs must reimburse licensed Crisis Residence providers for treatment services provided and meet network requirements as outlined in this guidance.

This manual does not supersede any regulatory guidance and the material articulated here is subject to change.

II. Crisis Residence Program Description

The intent of a Children's Crisis Residence Program (CCR) is to stabilize a child who is experiencing a psychiatric crisis and restore the child to a level of functioning that supports their transition back to a lower level of care. Children in need of a Crisis Residence may require such a level of care after having been diverted from inpatient hospitalization or after presenting at other emergency services, such as a CPEP or an Emergency Department. In addition, children in the community who may have required mobile crisis intervention services or other community-based behavioral health services, may be determined appropriate for additional services through a crisis residence program, until such time as they can return home or to the community safely and with ample supports.

The Crisis Residence will work to transition the child and ensure the receipt of adequate community-based services and supports to prevent or reduce future psychiatric crises. The crisis residence provides 24/7 monitoring and supervision, as well as intensive crisis treatment and support for the child, family and caregivers to facilitate the child's successful return to home and/or the community. Children under the age of 21 are eligible to receive Crisis

Stabilization/Residential Supports services in a Crisis Residence. While children under the age of five years old may be eligible for a Children's Crisis Residence, they are unlikely to meet the medical necessity criteria required for an overnight residential service and may be more appropriately served through community-based emergency services, such as mobile crisis intervention.

Determination of whether a Children's Crisis Residence, Residential Crisis Support or Intensive Crisis Residence programs is most appropriate for a youth aged 18-20 will be made by the individual and the provider(s).

The program and environment are designed to:

- stabilize the child's psychiatric crisis symptoms and prevent unnecessary inpatient or residential admission;
- restore the child to a level of functioning and stability that supports the child's transition to community-based services and supports;
- mobilize the resources of the family and community to support the child's on-going treatment and recovery needs in order to prevent future crises, or to reduce the intensity and duration of crises that may arise.
- provide a safe and therapeutic living environment where services are delivered through a trauma-informed approach, and are consistent with the child's conditions and needs

Admission Criteria

Programs must clearly define their admission criteria in accordance with the following:

- Child is under the age of 21
- Child must meet medical necessity for the Crisis Residence program
- Must be experiencing or be at risk of a psychiatric crisis
- Not at imminent risk of harm to self or others
- Parent or guardian provides consent for any child/youth not of the age to self-consent

In order to bill Medicaid, Children's Crisis Residence Programs are expected to deliver the following components of the Medicaid Service Crisis Stabilization/Residential Supports:

1. Comprehensive Intake Assessment including:
 - a. Mental Health assessment
 - b. Risk assessment and crisis planning
 - c. Health screening for physical conditions
2. Service Planning
3. Care Coordination
4. Individual and family counseling including:

- a. Alleviating psychiatric symptoms, maintaining stabilization and preventing escalation of mental health symptoms including providing a relief or break for the child/youth
 - b. Consulting with psychiatric prescribers and urgent psychopharmacology intervention including medication monitoring and medication management and training, as needed
 - c. Resolving conflict, de-escalating and monitoring of high-risk behavior, including providing one-to-one monitoring and behavior supports
5. Family Support

These are components of the Medicaid Crisis Stabilization/Residential Supports benefit provided in the course of admission to a crisis residence program, in conjunction with ongoing treatment and support services. Children cannot be admitted to a Children's Crisis Residence program for the sole purpose of receiving any one of the above program components as a standalone service.

Program Standards

Children's Crisis Residence Programs will:

- utilize a community-based site offering a therapeutic, supportive, home-like environment;
- be staffed and open 24 hours a day, seven days a week;
- provide a safe, smoke-free, physical environment, as evidenced by compliance with relevant building safety standards;
- allow the child to have visitors to maintain contact with the parent/guardian, family members or other identified collaterals considered to be supportive to their care. Visitation is allowed at any time that is convenient and practical for the child, as well as the operations of the crisis residence program;
- provide services in a culturally and linguistically competent, person-centered, trauma informed manner;
- minimally, provide three meals a day, personal care items and clean bedding.

The expected length of the child's stay is less than 21 days. For children enrolled in a Medicaid managed care plan (MMCP), the provider must obtain authorization from the MMCP for a length of stay that exceeds 28 days. For children enrolled in Medicaid fee-for-service (FFS), the provider must obtain authorization from the OMH Regional Field Office for a length of stay that exceeds 28 days.

III. Medicaid Provider Requirements

Medicaid Enrolled Provider

In order for licensed Children's Crisis Residence providers to be eligible to receive Medicaid payment, they must be enrolled as a Medicaid provider. Information on how to become a Medicaid provider is available on the eMedNY website: <http://www.eMedNY.org>

Enrollment Status

Providers are responsible for verifying a child's enrollment in Medicaid and whether they are enrolled in a MMCP. Claims will not be paid if the child is not enrolled in Medicaid or the claims are billed to the incorrect plan. Providers can verify a child's enrollment in Medicaid using ePaces.

Medicaid Fee-For-Service Claiming (eMedNY)

Claims for services delivered to an individual in receipt of FFS Medicaid are submitted by providers to eMedNY. See <http://www.eMedNY.org> for training on use of the eMedNY system. Claim submissions need to adhere to the 90-day timely filing rules for Medicaid FFS.

IV. Medicaid Managed Care Requirements

Medicaid Managed Care Plan Contracting

MMCPs must ensure access to Crisis Residence programs for their enrollees, as outlined in this guidance. The State will conduct ongoing reviews for network adequacy for Crisis Residence services.

[*Children's Medicaid System Transformation Behavioral Health State Plan Services Transition to Medicaid Managed Care*](#) mandates MMCPs to contract with an adequate number of Crisis Intervention services providers. MMCPs will be required to offer a contract to all OMH licensed Crisis Residence providers operating in their service area.

As Crisis Residence services are a component of the Crisis Intervention benefit, MMCPs are required to reimburse OMH licensed Crisis Residence providers for Crisis Stabilization/Residential Supports services delivered to their enrollees regardless of the provider's contracting status, per section 10.13(d.ii.D) of the [*Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/ Health and Recovery Plan Model Contract*](#). The State will inform MMCPs of the OMH licensed Crisis Residence providers approved to operate in

each county.

To facilitate payment for children enrolled in a Medicaid Managed Care Plan (MMCP), the Crisis Residence provider must be contracted with the child's MMCP for the service rendered. Single Case Agreements (SCA) may be executed between a MMCP and a provider if an agreement is not already in place. MMCPs must execute a Single Case Agreement (SCA) for providers who are not considered in-network for the provision of Children's Crisis Residence services.

Medicaid Managed Care Organization Credentialing

MMCPs must accept the OMH Crisis Residence licensure (verified by a current Operating Certificate authorized by OMH) in place of, and not in addition to, any MMCP credentialing process for individual employees, subcontractors or agents of Crisis Residential providers. The State's licensure of a Crisis Residence provider will meet the MMCP's credentialing requirement to assure that Crisis Residence providers possess the qualifications to provide residential crisis services.

- The MMCP must assure that Crisis Residence provider agencies are OMH licensed and State designated, and the provider agency staff have not been disqualified or debarred from providing such services under Medicare and/or Medicaid programs, by the federal or State government.

V. Rates and Billing

MMCPs and providers shall adhere to the billing requirements outlined in this document.

MMCPs must reimburse both participating and non-participating Crisis Residence providers for services provided to their enrollees in accordance with these billing guidelines. As required by 10.13(d.ii.D) of the [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract](#), MMCPs shall pay non-participating Crisis Residence providers at the same rate as participating providers.

MMCPs must allow for both paper and electronic claims to be submitted.

Government Rates

NYS law requires that MMCPs pay Government rates (otherwise known as Medicaid fee-for-service rates) for Children's Crisis Residence programs. MMCPs will be required to pay government rates for as long as required by NYS law.

Use the following billing codes for Crisis Residence Services:

Program Type	Age Range	Rate Code	CPT Code	Modifier	Unit Measure	Length of Stay Limit
Children's Crisis Residence	Under 21	7945	H2013	HA	Per Diem	28 days per admission; unless otherwise approved by MMCP/OMH
Residential Crisis Support	18-20	7943	H2013	HA, TF	Per Diem	28 days per admission
Intensive Crisis Residence	18-20	7944	H2013	HA, HK	Per Diem	28 days per admission

Note: Costs for room and board are not included in the rate for crisis residential services as these costs are not reimbursable by Medicaid.

Regions

Regions as defined by the Department of Health, assigned to providers based upon the geographic location of the provider's headquarters, are defined as follows:

- Downstate: 5 boroughs of New York City, counties of Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Dutchess, Sullivan and Ulster.
- Upstate: Rest of state

Billing

Only Crisis Residence providers licensed by NYS OMH are permitted to bill fee-for-service or MMCPs for services provided.

Each Crisis Residence program type has its own rate code, CPT code, and modifier combination that must be used.

All claims must be submitted with the appropriate rate code for the service provided above. Please see the [New York State Children's Health and Behavioral Health Services Billing and Coding Manual](#) for details on MMCP claiming and encounter reporting requirements. For additional Medicaid Managed Care claiming and billing resources, please refer to the information available on the [Managed Care Technical Assistance Center \(MCTAC\) website](#) and the [MCTAC Interactive Billing Tool](#).

VI. Utilization Management

Pursuant to Section 10.21(a) of the [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/ Health and Recovery Plan Model Contract](#), MMCPs must adhere to utilization management and level of care guidelines for making initial and ongoing mental health level of care decisions and with utilization management criteria approved by the Office of Mental Health. In addition, MMCPs must utilize evidence-based, peer reviewed, and age-appropriate medical necessity criteria that has been reviewed and approved by the Office of Mental Health, in consultation with the Department of Health, as required by NYS Public Health Law §4902. When developing medical necessity criteria MMCPs must ensure alignment with utilization management guidance in the [Children's Crisis Residence Program Guidance document](#) and the [OMH Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Services](#).

Prior authorization for Medicaid Managed Care enrollees to access Crisis Residence Services is prohibited.¹ Crisis Residence providers must notify the plans within two business days of admission. OMH is developing a Crisis Residence Admission Notification Form that contains the necessary information providers must submit to a MMCP within two business days of the individual's admission. MMCPs may use this form or develop their own but can only require providers to submit the information contained in the Crisis Residence Admission Notification Form.

MMCPs are required to work collaboratively with the Crisis Residence provider to share relevant information that supports the child's treatment, care coordination and discharge planning. If there are barriers to discharge, a discussion between MMCP and the Crisis Residence provider must identify strategies to resolve them. The frequency of communication should reasonably reflect the complexity of the child's treatment and care coordination needs.

Lengths of stay must not exceed 28 days *unless* the OMH Regional Field Office (for children who are billed fee-for-service) or the Managed Care Organization (for children enrolled in managed care) provides authorization for an extension upon review of submitted documentation to demonstrate clinical appropriateness for continued stay.

When determined, Crisis Residence providers must notify the MMCP of the individual's discharge date. Individuals admitted to Crisis Residence programs may still receive previously authorized community-based outpatient services or new outpatient services identified as part of the child's Crisis Residence service plan. MMCP authorization of these services cannot be restricted because of an individual's Crisis Residence admission.

¹ [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/ Health and Recovery Plan Model Contract](#), Emergency Services- Section 10.13(e), and Mental Health Services- Section 10.21(i).