



New York Crisis Stabilization Centers

January 2023



Crisis Stabilization Centers

Crisis Stabilization Centers (CSCs) provide voluntary support, assistance, and urgent treatment to individuals across the lifespan.



There are 2 levels of care:

- ✓ Supportive Crisis Stabilization Center
- ✓ Intensive Crisis Stabilization Center

Supportive Crisis Stabilization (SCSC)

The Center provides voluntary services with an emphasis on peer and recovery support. All SCSC services are on-site, twenty-four hours per day, seven days per week. Recipients may receive services in a Voluntary Supportive Crisis Stabilization Center for up to twenty-four hours.

Services provided to recipients at a SCSC include, but are not limited to, the following:

- Assistance with coping skills to help manage urges to use substance
- Assistance with emotional self-regulation, including the use of coping strategies and grounding techniques
- Providing support for emotional distress that does not require medication management
- Providing psychoeducation
- Delivering support and assistance when feeling overwhelmed and unaware of how to connect to treatment
- Providing collaborative assistance in developing or revising safety plans and/or providing support for the use of existing safety plans when the recipient's provider is not available
- Linking recipients with referrals for emergency housing, health care, food, disability services, substance use, and mental health services

Intensive Crisis Stabilization Center (ICSC)

Intensive Crisis Stabilization Center (ICSC) provides voluntary crisis treatment services with an emphasis on peer and recovery support in a safe and therapeutic environment. ICSC offers urgent response and/or treatment services to recipients experiencing an acute mental health and/or substance use crisis. ICSCs will provide stabilization and referral services twenty-four hours per day, seven days per week on site. Recipients may receive services in an ICSC for up to twenty-four hours.

Services provided to recipients at a SCSC include, but are not limited to, the following:

- Assistance with coping skills to help manage urges to use substance
- Assistance with emotional self-regulation, including the use of coping strategies and grounding techniques.
- Providing support for emotional distress that does not require medication management
- Providing psychoeducation
- Delivering support and assistance when feeling overwhelmed and unaware of how to connect to treatment
- Providing collaborative assistance in developing or revising safety plans and/or providing support for the use of existing safety plans when the recipient's provider is not available
 - Linking recipients with referrals for emergency housing, healthcare, food, disability services, substance use, and mental health services
 - Behavioral interventions and medication management for mental health, substance use, and co-occurring disorders
 - Management of mild to moderate substance withdrawal and intoxication
- Psychosocial assessments

Services at the Crisis Stabilization Centers

All CSCs are required to provide the following services for the purposes of assessment and stabilization of mental health and/or substance use crisis symptoms

- ✓ Triage and Screening
- ✓ Assessment
- ✓ Therapeutic Interventions
- ✓ Care Collaboration with a Recipient's Friends, Family, and/or Care Providers
 - Crisis Counseling
 - Psychoeducation
 - De-escalation/Intervention Strategies
- ✓ Discharge and Aftercare Planning

Additional Services Provided at Intensive Crisis Stabilization Centers

In addition to the services described above, the Intensive Crisis Stabilization Centers must provide the following services:

Psychiatric Diagnostic Evaluation and Plan
Psychosocial Assessment
Medication Management and Training
Medication Therapy
Mild to Moderate Detoxification Services
Medication for Addiction Treatment (MAT)



Staff for Supportive & Intensive Crisis Stabilization Centers

The multidisciplinary team will include, but not be limited to:

- A registered nurse, who is onsite twenty-four hours a day, seven days a week, to ensure adequate screening, assessment and care for all recipients.
- A Psychiatrist or Psychiatric Nurse Practitioner.*
- A Credentialed Alcoholism and Substance Abuse Counselor
- A Certified Peer Specialist. In addition to the above referenced staff, all CSCs will have
- A Program Director who is responsible for the CSCs overall administrative direction
- An on-duty staff member who, by virtue of training or experience, is competent to engage or treat children, adolescents and adults
 - Other clinical, professional and support staff to ensure adequate provision of services. This may include but not be limited to social workers, LPNs, psychologists, mental health aides, mental health counselors, marriage and family therapists, family peer advocates, and other staff as indicated.

Staffing Requirements at Intensive Crisis Stabilization Centers ICSCs have additional staffing needs and requirements in addition to the staffing requirements for both SCSCs and ICSCs described above.

ICSCs must have the following staff disciplines on-duty* 24-7:

- A Psychiatrist or Psychiatric Nurse Practitioner*
- Medical Director
- A Credentialed Alcoholism and Substance Abuse Counselor
- A Certified Peer Specialist

*On-duty means the individual is physically present or on-call and available which includes the ability to come on-site as needed. A medical director must be designated to oversee the ICSC. The medical director may serve as medical director of more than one program certified by the Offices.

*Medical services provided by the ICSC ICSCs are strongly encouraged to have a minimum on-site presence of a psychiatrist or psychiatric nurse practitioner for the day shift, 7 days per week.

*SCSCs are not expected to provide medication management services on-site, SCSCs may utilize the Psychiatrist or Psychiatric Nurse Practitioner as a supervisory and/or consultation role.

Medication Procedures

Support Crisis Stabilization Centers will create procedures to monitor, store, review, and access home medications brought into the Center by recipients while receiving services. Procedures should include appropriate recordkeeping and supervision associated with the use of home medications while at the Center.

Intensive Crisis Stabilization Centers have the ability to provide medication, when indicated, to stabilize a recipient's mental health or substance use crisis. In some circumstances, a recipient may be experiencing acute distress, discomfort, or agitation, and timely access to medications to treat the underlying symptoms or conditions will be of great benefit.



Training

Training for all staff is critical to ensure staff are comfortable in their roles and ability to provide high-quality care to all recipients. It is recommended that all CSC staff be offered, at minimum, the following suggested training components as part of their employee orientation and continuing education opportunities.

- Trauma Informed Care
- Vicarious Trauma and Self-Care
- Crisis management and de-escalation techniques
- Behavioral Health Equity
- Specific issues in working with individuals identifying as LGBTQ +
- Overdose Prevention
- Harm Reduction
- How to Assess for Risk to self and others
- Psychiatric Disorders
- Substance Use/Substance Use Disorders
- Co-occurring Disorders
- Wellness and Safety Planning
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Youth and Family Engagement
- Domestic Violence
- Peer Engagement
- Engagement of youth in the treatment planning process
- Information Sharing
- An overview of the organization's Policy and Procedures, including:



Recommended Violence Screening and Assessments Tools

- Behavior Activity Rating School (BARS)
- Brøset Violence Checklist
- Dynamic Appraisal of Situational Aggression – Inpatient Version
- Historical Clinical Risk-20
- Overt Aggression Scale
- Staff Observation Aggression Scale/Revised
- Short Term Assessment of Risk and Treatability (START) Recommended Screening Tools for Suicidality
 - Ask Suicide Screening Questions (ASQ)
- PHQ 9 • ED -Safe patient Safety Screener
- Columbia Suicide Severity Rating Scale – Triage Version (C-SSRS)
- Suicide Behavior Questionnaire Revised (SBQ-R) Recommended Assessment Tools for Suicidality
- Suicide Assessment 5-step Eval. And Triage
- Scale for suicide ideation • Beck Scale for suicide ideation
- Child suicide potential scale
- Decision Support tool
- Behavioral Health Screening- ED Levels of Care Determinations
- LOCADTR • LOCUS • CALOCUS Recommended Screens for Substance Use
- National Institute of Drug Abuse (NIDA) Quick Screen
- NIDA Modified Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- The Alcohol Use Disorders Identification Test-Concise (AUDIT-C)
- The Drug Abuse Screening Test-10 Item (DAST-10) Recommended Assessments for Substance Withdrawal
- The Clinical Institute Withdrawal Assessment of Alcohol - Revised (CIWA-Ar)
- The Clinical Institute Withdrawal Assessment Scale - Benzodiazepines (CIWA-B)
- The Clinical Opioid Withdrawal Scale (COWS)



Claims and Billing



Medicaid Managed Care Coding

Crisis Stabilization Centers

Rate Code	Rate Code Description	Procedure	Procedure Code description	Modifier
4630	Intensive Crisis Stabilization Center - Brief	S9484	Crisis Intervention Mental Health Services	HH, HK
4631	Intensive Crisis Stabilization Center - Full	S9485	Crisis Intervention Mental Health Services, Per Diem	HH, HK
4632	Supportive Crisis Stabilization Center - Brief	S9484	Crisis Intervention Mental Health Services	HH
4633	Supportive Crisis Stabilization Center - Full	S9485	Crisis Intervention Mental Health Services, Per Diem	HH

Medicaid Managed Care Claiming

Claims will be submitted using the 837i (institutional) or UB-04 (paper) claim form. This will allow for the use of rate codes which will inform the Plans of the type of BH program submitting the claim and the service being provided.

Providers will enter the rate code in the header of the claim as a value code. This is done in the value code field by first typing “24” and following that immediately with the appropriate four-digit rate code*.

Billing Requirements:

- UB-04 claim form; 837i
- Value Code “24”
- Rate Code*
- Revenue Codes
- CPT/HCPCS Codes
- Procedure Modifiers
- Date of Service
- Service Units

*Please note that when submitting paper claims to UnitedHealthCare, you must include two zeros (.00) following the rate code.

There is an interactive UB on MCTAC:

[Billing | MCTAC \(ctacny.org\)](https://ctacny.org)

The image shows a portion of a UB-04 claim form. A red box highlights the '39 VALUE CODES AMOUNT' field, which contains '00'. A red arrow points from a callout box on the right to this field. The callout box contains the following text:

39. Value Codes
a - d) Value Code
a - d) Value Code Amount

Providers will enter the rate code in the header of the claim as a value code. This is done in the value code field by entering "24" followed immediately with the appropriate four digit rate code.

[Click here for Rate Codes for OMH Programs](#)

Based on licensure or certification, programs submit one claim per rate code per day, per week, or per month.

REQUIRED

Note for Empire Blue Cross Blue Shield HealthPlus and BlueCross BlueShield of WNY - Value Code must be followed by "00"

Note for Excellus - Value Code must be followed by "00"

**MMC-HARP, Essential Plan, CHP (n/a to commercial)

For United Value Code must be followed by "00" on the paper claim only; NOT the electronic submission. That include value code "24" under CODE

Emblem Health/Beacon requires situationally

Commercial Claims

Crisis Stabilization Centers will be covered under commercial plans that are fully insured in the state of New York.

Claims will be submitted using the 1500 HCFA form* as services will be paid per fee schedule.

Claims should be billed with the appropriate Procedure Code:

S9484 Intensive Crisis Stabilization Center- Brief

S9485 Intensive Crisis Stabilization Center Full

Also, the following modifiers should be used as primary on each claim:

HK - Intensive Crisis Stabilization

HH - Supportive Crisis Stabilization

*There are no rate codes required on the 1500 forms.

Your 1500 Claim Form should include the following information:

- 1) Group/agency name (Box 31)
- 2) The NPI number (Box 24J)
- 3) The group/agency name, address, and phone number (Box 33)
- 4) The group/agency NPI number (Box 33a)

The diagram shows a portion of the 1500 HCFA form with four callout boxes pointing to specific fields:

- Box 31: Group/Agency Name** points to field 31: SIGNATURE OF PHYSICIAN OR SUPPLIER.
- Box 33: Group/Agency Name, Address & Phone** points to field 33: SERVICE FACILITY LOCATION INFORMATION.
- Box 24J: Group/Agency NPI Number** points to field 24J: NPI.
- Box 33a: Group/Agency NPI Number** points to field 33a: NPI.

Other visible fields include 25: FEDERAL TAX ID NUMBER, 26: PATIENT, 27: YES, 28: TOTAL CHARGE, 29: AMOUNT PAID, and 30: Paid for NUCC Use. The form footer includes 'NUCC Instruction Manual available at: www.nucc.org', 'PLEASE PRINT OR TYPE', and 'APPROVED OMB-0938-1197 FORM 1500 (02-12)'.

- Do not put the name of the Rendering Clinician on the claim form.
- It is important to bill with the CPT codes shown on the group/agency fee schedule in order for claims to be processed and paid correctly.
- For Community Mental Health Centers/Licensed Outpatient Agencies (CMHCs) contracted and credentialed at the group/agency level for outpatient services, authorizations for services will be issued at the group/agency level, not under the specific treating clinician's name. The authorization will cover services rendered by any of the clinicians of the group.

If your claims are not submitted following the guidelines above or if information is incomplete, you run the risk of receiving claims denials.

Claims Submission

1

Electronic Claims Submission

Electronic Data Interchange (EDI) is an electronic-based exchange of information. Performing claim submission electronically offers distinct benefits:

- It's fast – eliminates mail and paper processing delays
- It's efficient – electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- It's complete - you get feedback that your claim was received by the payer
- It's cost-efficient - you eliminate mailing costs; the solutions are free or low-cost

You may use any clearinghouse vendor to submit claims

Payer ID for submitting Managed Medicaid, Commercial and Oscar claims is **87726**

Payer ID for submitting claims to Oxford is **06111**



2

Paper Claims Submission:

Paper claims submitted via U.S. Postal Service should be mailed to:

Managed Medicaid:

Optum Behavioral Health
P.O. Box 30760
Salt Lake City, UT 84130-0760



Commercial, Oscar and Oxford:

Please refer to the member's ID card for the correct claims address as it varies by plan.

Electronic Payments and Statements (EPS) – Optum Pay

With Optum Pay, claim payments are deposited directly into your bank account as soon as possible.

To enroll by phone call 877.620.6194 (7 a.m. to 6 p.m. Central time, Monday – Friday). Or use this link:

[Electronic Payments and Statements \(EPS\) \(providerexpress.com\)](https://providerexpress.com)

Claim submission deadline:

Managed Medicaid – 120 days

Commercial, Oscar and Oxford – 90 days

Q&A

Thank you!!



Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2022 Optum, Inc. All rights reserved.