



**Department
of Health**

**Office of
Mental Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health, DOH

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

**Crisis Intervention Benefit:
Adult Crisis Residence
Benefit and Billing Guidance
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The Crisis Intervention benefit¹ became effective in Medicaid Managed Care² in New York City in 2015, and in the remainder of New York State (State) in 2016. The Crisis Intervention benefit is comprised of three service components available to adults aged 21 and older, including Mobile Crisis (implemented 2019), Crisis Residence (described in this guidance), and Crisis Stabilization services. The State will release guidance regarding Crisis Stabilization services at a later date.

Crisis Residence services are authorized for youth up to age 21 through the Children's Crisis Intervention benefit authorized under the Medicaid State Plan Early and Periodic Screening Diagnostic and Treatment Program (EPSDT). Individuals aged 18 to 20 may be admitted to an adult Crisis Residence program (described below) but these services are covered and reimbursed by Medicaid under the Children's Crisis Intervention benefit. Please refer to the Children's Crisis Residence benefit and billing guidance for more information.

Crisis Residence providers are already operating in many areas of the State and have been funded to date through State and local government initiatives, Delivery Service Reform Incentive Payment (DSRIP), and other grants. Similar services are also currently provided to eligible individuals enrolled in Health & Recovery Plans (HARPs) as Adult Behavioral Health Home and Community-Based Services (BH HCBS) short-term crisis respite services. Existing providers who obtain an OMH license to operate a Crisis Residence will be eligible for Medicaid Managed Care reimbursement.

The Crisis Residence component of the Crisis Intervention benefit is designed to reimburse providers to integrate Crisis Residence services into existing behavioral health crisis response systems. Crisis Residence programs are an important part of the statewide comprehensive crisis service continuum. These programs differ regionally according to local needs and resources. Crisis Residence programs work with community-based organizations, hospitals, schools, law enforcement, and other entities to address the needs of individuals experiencing a mental health crisis.

The purpose of this document is to provide an overview of the types of services provided by Crisis Residence programs for adults aged 18 years and older and guidance about the Medicaid Managed Care benefit and billing requirements for adults aged 21 and older.

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). MMCPs must reimburse OMH licensed Crisis Residence providers and meet network requirements as outlined in this guidance.

¹ The Crisis Intervention Benefit is authorized under New York State's 1115 waiver as a demonstration benefit.

² The Crisis Intervention Benefit, under the 1115 waiver authority, is available to individuals 21 and older enrolled in Mainstream Medicaid Managed Care Plans, Health and Recovery Plans, and HIV Special Needs Plans.

For youth ages 18 to 20, Crisis Residence services are also available under Medicaid fee-for-service (FFS), as authorized in the Medicaid State Plan under the EPSDT benefit. Providers who serve youth ages 18 – 20 must adhere to the Children’s Crisis Residence benefit and billing guidance when serving these individuals and billing Medicaid. **Children’s Crisis Residence benefit and billing guidance has been issued separately.**

This document is organized into the following five sections:

- I. Overview: Crisis Residence Component of the Crisis Intervention Benefit;
- II. Crisis Residence Program Descriptions;
- III. Crisis Residence Program Standards;
- IV. Medicaid Managed Care Plan Requirements for Crisis Residence Programs; and
- V. Rates and Billing Requirements.

I. Overview: Crisis Residence Component of the Crisis Intervention Benefit

Crisis Residence programs are licensed and regulated pursuant to OMH regulations in Part 589 of Title 14 of the New York Codes, Rules, and Regulations.³ These regulations establish standards for the operation of Crisis Residence programs to provide short-term residential support to individuals who are exhibiting symptoms of mental illness and are experiencing a psychiatric crisis.

Crisis Residence programs provide short-term interventions to individuals experiencing a psychiatric crisis. These programs address the cause of the individual’s psychiatric crisis and avert or delay the need for emergency department stabilization or acute psychiatric inpatient hospitalization. Programs provide supports to stabilize and transition individuals back into the community. Crisis Residence programs are appropriate for individuals who are experiencing a period of acute stress significantly impairing their capacity to cope with normal life circumstances. Programs provide mental health services to address an individual’s psychiatric and behavioral health needs.

Crisis Residence programs are an integral part of the State’s coordinated behavioral health crisis response continuum of care. They offer a safe place for the stabilization of psychiatric symptoms and provide services ranging from support to treatment.

Crisis residences are:

³ Part 589 Operation of Crisis Residence regulations are available at:
https://omh.ny.gov/omhweb/policy_and_regulations/adoption/adoption-part-589.pdf

- Recovery oriented: Services are provided based on the principle that all individuals have the capacity to recover from mental illness and/or substance use disorders. Services are strength-based and determined by the individual's own path to recovery;
- Person-centered: The strengths, needs, preferences, experiences and cultural backgrounds of individuals are reflected in the services and supports identified in an individual's service plan;
- Trauma-informed: Services are provided within the context of understanding trauma, and recognize and are responsive to the effects of trauma; and
- Culturally and linguistically competent: Congruent behaviors, attitudes, and policies in a system, agency or among professionals enabling them to work effectively in cross-cultural situations.

Crisis Residence programs are not permanent housing arrangements. Programs are short-term (up to 28 days) and provide psychiatric crisis symptom stabilization in a safe and supportive environment.

II. Crisis Residence Program Descriptions

The adult Crisis Residence programs serve individuals aged 18 and older, and include the following services:

1. Residential Crisis Support

A. Residential Crisis Support Definition

Residential Crisis Support is a voluntary residential program for individuals experiencing symptoms of mental illness and/or challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports. Individuals receive Residential Crisis Support Program services for up to 28 days.

Expected outcomes of this service are crisis symptom(s) stabilization and a return to a pre-crisis level(s) of functioning, through connections to recipient-identified community services and supports.

B. Residential Crisis Support Services Components

Residential Crisis Support Programs perform an assessment to determine if the individual meets admissions criteria. The assessment will include goal(s) to stabilize psychiatric crisis symptoms, identification of treatment and/or community providers, referral source for

housing, employment status, strengths, barriers & limitations, identification of what has worked and not worked in the past, cultural/linguistic/religious considerations and recovery goals.

Crisis Residences provide Residential Crisis Support services for individuals age 18 and over, which must include the following components:

- Service Planning
 - Engagement with identified supports;
 - Safety planning;
 - Integration of direct care and support services;
- Care Coordination
 - Case management activities that emphasize discharge planning;
 - Collaboration and linkages with service options in the community that provide continuation of ongoing treatment and rehabilitation;
- Peer Support

Other services required under Residential Crisis Support Programs also include:

- Assistance in personal care and activities of daily living;
- Medication management and training;
- Medication monitoring; and
- Crisis respite.

For individuals 18-20, additional services are expected in order to bill Medicaid, per the Children's Crisis Residence Benefit and Billing Guidance, which include the following:

- Mental Health Assessment
- Individual and Family Counseling
- Family Support

2. Intensive Crisis Residence

A. Intensive Crisis Residence Definition

Intensive Crisis Residence is a voluntary residential treatment program for individuals experiencing a psychiatric crisis, including acute escalation of mental health symptoms. The program is short-term (up to 28 days).

Individuals in need of Intensive Crisis Residence services are at imminent risk for loss of functional abilities and may raise safety concerns for themselves and others without this level of care. The immediate goal of Intensive Crisis Residence program is to provide treatment

and supports to help the individual stabilize and return to previous levels of functioning. Intensive Crisis Residence programs can also be used as an inpatient hospitalization step-down service after discharge.

B. Intensive Crisis Residence Services Components

Intensive Crisis Residence Services are provided based on a comprehensive assessment, which must include goal(s) to stabilize psychiatric crisis symptoms, identification of treatment services and treatment and/or community providers, employment status, strengths, barriers & limitations, a referral source for housing, identification of what has worked and not worked in the past, cultural/linguistic/religious considerations, and goals for recovery.

Intensive Crisis Residence Programs must provide all the required Residential Crisis Support Program services, in addition to treatment services. Treatment services are provided by licensed mental health professionals, within their scope of practice. Intensive Crisis Residence Programs must include the following components, but are not limited to:

- Comprehensive Assessment
- Service Planning
 - Engagement with identified supports;
 - Safety planning;
 - Integration of direct care and support services;
- Care Coordination
 - Case management activities that emphasize discharge planning;
 - Collaboration and linkages with service options in the community that provide continuation of ongoing treatment and rehabilitation;
- Individual and family counseling
 - Medication therapy;
 - Individual and group counseling; and
 - Engagement and support to address co-occurring disorders.

Other services required under Intensive Crisis Residence Programs also include:

- Assistance in personal care and activities of daily living;
- Medication management and training;
- Medication monitoring; and
- Crisis respite.

*Residential Crisis Support and Intensive Crisis Residence programs authorized under Medicaid will also be designated by the State Provider Designation Team to allow for Medicaid billing and payment for individuals 18-20 years old.

III. Crisis Residence Program Standards

1. Provider Oversight

Crisis Residence Providers must be licensed by OMH in order to provide services under the Crisis Intervention Benefit and be reimbursed by MMCPs.

OMH licensed Crisis Residence provider agencies must:

- Adhere to all Medicaid enrollee exclusion requirements; and
- Enroll in the NYS Provider Medicaid program, as directed by NYS Department of Health (DOH).

2. Crisis Residence Setting Standards

Crisis Residence programs must comply with OMH's Part 589 regulations and meet the following standards:

- The site offers a supportive home-like environment with single occupancy rooms;
- Provide a smoke-free environment;
- Be staffed 24 hours a day, seven days a week;
- Allow residents to leave and return from the residence as needed, offering flexibility to maintain employment and accomplish other daily tasks to the greatest extent possible;
- Provide a safe physical environment, as evidenced by compliance with relevant building safety standards;
- Allow the resident to have visitors to maintain contact with the people the resident considers to be his or her significant others. Visitation is allowed at any time that is convenient and practical for the resident, as well as the operations of the Crisis Residence program;
- Provide services in a culturally and linguistically competent, person-centered, trauma informed manner; and
- Provide access to three meals a day, personal care items, and clean bedding.

IV. Medicaid Managed Care Plan Requirements for Crisis Residence Programs

1. Medicaid Managed Care Plan Credentialing

Medicaid Managed Care Plans must accept the program's OMH license to fulfill the MMCPs' credentialing requirements. The MMCP may not individually credential any Crisis Residence staff.

The MMCP must assure that Crisis Residence provider agencies are licensed by OMH, and

their staff have not been excluded or de-barred from providing services reimbursed by the Medicare and/or Medicaid programs, or by any other federal or State program.

2. Network Development and Monitoring

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

Section 21.19(d) of the [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract](#) mandates MMCPs 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. The State will inform MMCPs of the OMH licensed Crisis Residence providers approved to operate in each county. Note that MMCPs are required to reimburse OMH licensed Crisis Residence providers for services delivered to their enrollees regardless of the provider's contracting status, pursuant to Section 10.13(d)(ii)(D) of the [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract](#).

3. Utilization Management

Pursuant to Section 10.21(a) of the Medicaid Managed Care 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. To aid MMCPs in developing compliant medical necessity criteria, OMH has issued [OMH Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Services](#).

When developing medical necessity criteria for youth ages 18 to 20, 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.⁴ Crisis Residence providers determine whether an individual is appropriate for admission based on OMH-approved admission criteria. MMCPs may conduct utilization management, other than prior authorization, only when State-approved predefined, clinical,

⁴ *Medicaid Managed Care Model Contract*, Emergency Services- Section 10.13(e), and Mental Health Services- Section 10.21(i).

and/or quality improvement-based triggers are met and only in a manner that complies with state and federal behavioral health parity laws.

If utilization management is conducted for Crisis Residence services, coverage determinations must be based on the MMCP's evaluation of all of the following domains, which should be clearly described in the MMCP's approved clinical review criteria:

- Risk of harm;
- Functional status;
- Co-morbidity;
- Level of stress and support in the recovery environment;
- Treatment and recovery history; and
- Engagement and recovery status.

Residential Crisis Support and Intensive Crisis Residential programs are consistent with Medically Monitored Residential Service in the Level of Care Utilization System (LOCUS) published by the American Association for Community Psychiatry. This level of care is appropriate for any individual with a mental health diagnosis who is experiencing psychosocial stressors that exceed their capacity to cope. Environmental stressors rather than clinical acuity, is the deciding factor for admission to this level of care. The main purpose of this program is to connect the individual to more permanent community services and prevent a deterioration in clinical status.

In line with the OMH Guiding Principles, clinical review criteria that only take into consideration current symptoms and current level of risk in determining continued stay is not appropriate and will not be approved for use. For example, the MMCP may not deny continued stay if an individual's crisis symptoms have stabilized but their living situation or medical comorbidity poses an imminent threat of decompensation, and a plan for the resolution of that situation is included in the Crisis Residence's service plan for that individual. Clinical review is an interactive process between the MMCP and the provider to review the progress and barriers for services, and if necessary, problem-solve challenges to discharge.

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

Crisis Residence providers must notify MMCPs within two business days of an enrollee's admission. OMH developed a suggested Crisis Residence Admission Notification Form. This form is not required; however it 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.

When determined, Crisis Residence providers must notify the MMCP of the individual's discharge date. Lengths of stay cannot exceed 28 days per admission in an OMH licensed Crisis Residence.

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

V. Rates and Billing Requirements

1. Rates

Pursuant to Section 10.13(d)(ii)(D) of the [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract](#). MMCPs must reimburse both participating and non-participating Crisis Residence providers for services, and rates for non-participating providers must be the same rate as participating providers.

NYS developed per diem recommended rates for Crisis Residence programs, intended for use as a reference and to aid in negotiations, however, rates will be determined through MMCP and provider negotiation⁵ and do not include room and board.

The State will reevaluate reimbursement requirements after the first year. In the event of inadequate access, the State may exercise authority to establish government rates.

2. Billing

Only Crisis Residence providers licensed by NYS OMH are permitted to bill MMCPs for services provided to a Medicaid Managed Care enrollee.

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 (see below). Please see the [New York State Health and Recovery Plan \(HARP\) / Mainstream Behavioral Health Billing and Coding Manual](#) for details on MMCP claiming and encounter

⁵ These rates can be accessed on the OMH website here: https://omh.ny.gov/omhweb/medicaid_reimbursement/

reporting processes.

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](#).

Program Type	Rate Code	CPT Code	Modifier	Unit Measure	Length of Stay Limit
Residential Crisis Support	4625	T2034	HE - Mental Health Program	Per Diem	28 days per admission
Intensive Crisis Residence	4626	T2034	ET - Emergency Services	Per Diem	28 days per admission

For Crisis Residence services provided to youth ages 18 to 20, please use rate codes below. For more information, refer to the Children’s Crisis Residence Benefit and Billing guidance.

Program Type	Age Range	Rate Code	CPT Code	Modifier	Unit Measure	Length of Stay Limit
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