

Crisis Stabilization question

However as physicians around the commonwealth tell people in general to stay at home with a temperature of 100 degrees for 2 weeks, what specifically is dmas recommending for clients being served that meet that criteria and are currently in crisis stabilization programs that dont have quarantine status living situations?

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Date: March 23, 2020 at 4:27:15 PM EDT

To: DENNIS PARKER

Cc: Kim Hutchinson

Subject: Re: Crisis Stabilization question

Hello,

H2019 can be done in the community as an outpatient service or within a unit as a facility service.

For outpatient and/or facility based crisis stabilization, within the memo it states:

"For any services without specific guidance below:

- Face-to-face services shall not be required, but documentation shall justify the rationale for the service through a different model of care.
- Providers shall maintain appropriate documentation if the plan to provide or continue care deviates from the normal protocol or plan of care."

The Memo also explains that telehealth includes just audio interventions that can be provided.

For crisis stabilization units (facility based) crisis services. Providers should be referring to guidance from CDC regarding best practices for facilities. Also, if members are needing to be quarantined because they are ill on the crisis stabilization unit, they should be working with their department of health and more information can be found on the VDH webpage. If individuals are needing to be quarantined and hospitals are attempting to step them down to a psychiatric crisis stabilization unit, we would encourage providers and clinicians to evaluate the appropriateness of this transfer or step down. Please also note service authorization requirements and medical necessity criteria will still have to be met.

The DMAS memo also allows telehealth in the Delivery of Behavioral Health Services:

DMAS will allow for telehealth (including telephonic) delivery of all behavioral health services with several exceptions. Services that will be allowable via telehealth include:

- Care coordination, case management, and peer services
- Service needs assessments (including the Comprehensive Needs Assessment and the IACCT assessment in mental health and the Multidimensional Assessment in ARTS) and all treatment planning activities

- Outpatient psychiatric services
- Community mental health and rehabilitation services (including crisis services)
- Addiction Recovery and Treatment Services

We hope that providers are able to adapt their models of care given the amount of flexibility that has been provided thus far and we will continue to evaluate the needs.

Please let us know if you have any other questions.

Thank you!