



**State of Connecticut
Department of Social Services
Medical Care Administration
25 Sigourney Street
Hartford, CT 06106-5033**

PB 2006-86

**Policy Transmittal 2006-20
October 2006**

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Deputy Commissioner

Contact: Ondria Lucky
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January 1, 2007
Effective Date

TO: General Hospitals, Managed Care Organizations, and Connecticut Behavioral Health Partnership Administrative Service Organization
SUBJECT: Child and Adolescent Rapid Emergency Stabilization Service

The purpose of this policy transmittal is to introduce coverage for Child and Adolescent Rapid Emergency Stabilization Services. In the SFY06 legislative session, the increase in emergency room visits by children and adolescents for psychiatric and substance abuse problems was recognized as a major problem. This problem is exacerbated by disposition issues, which leave many children and adolescents in emergency rooms for prolonged periods beyond the initial assessment and treatment episode. The Department intends to provide coverage for hospitals that establish Child and Adolescent Rapid Emergency Stabilization Services (CARES), the purpose of which will be: 1) to more effectively evaluate and manage children and adolescents with emergent psychiatric and substance abuse problems; 2) to identify and resolve disposition issues that interfere with timely discharge from the emergency department; and 3) to provide brief inpatient care to facilitate a rapid transition back to the community.

Program Components

In order to qualify for reimbursement from the Department, a CARES unit must include the following components:

1. Provision of or linkage with a comprehensive, full service pediatric emergency department or a pediatric division of a general emergency department (ED), which will receive all emergency cases for initial medical/psychiatric evaluation.
2. A dedicated psychiatric emergency stabilization unit that provides comprehensive outpatient evaluation and management services and licensed hospital beds.
 - The comprehensive outpatient evaluation and management services must provide for medical assessment and psychiatric evaluation followed by a planned disposition to the appropriate level of care in the community.
 - The inpatient service must provide for brief treatment, stabilization, and discharge planning when it is anticipated that this will lead to appropriate disposition to a less

intense level of care within 72 hours. This program is not intended to substitute for inpatient hospitalization.

3. The program must provide linkage to aftercare services including urgent (within 2 calendar days) access to outpatient services and home-based psychiatric services.

Other program requirements

In order to qualify for reimbursement, the hospital must have an approved Certificate of Need that specifically provides for the operation of a CARES unit. The hospital must have experience in providing emergency medical/psychiatric services and offer or demonstrate a linkage to a continuum of outpatient services for children and adolescents including outpatient and home-based psychiatric services.

The psychiatric emergency stabilization unit must be located on the hospital campus and in or adjacent to the ED, but must be physically separate and apart from the hospital's existing inpatient psychiatric unit. The unit must provide a continuum of services with the pediatric ED and must receive in transfer from the pediatric ED: a) patients who require a comprehensive psychiatric evaluation; b) patients whose ED stay will be prolonged by disposition issues; and c) patients who can reasonably be anticipated to be appropriate for discharge following crisis treatment of 72 hours or less.

The program must be staffed 24/7 by psychiatric nurses and child psychiatrists. Other staff shall consist of professionals with expertise in psychiatric evaluation and diagnosis and disposition issues.

Reimbursement

The Department will reimburse the comprehensive outpatient psychiatric evaluation services at the rate of \$500 per evaluation. The evaluation will not be reimbursable for children who are admitted to the CARES inpatient service or hospital's inpatient psychiatric service. The Department will review the adequacy of the outpatient evaluation rate based on cost information submitted by the hospital during the first year of operation.

The Department will reimburse CARES inpatient services at the prevailing inpatient rates for the hospital under the Medicaid FFS and CT BHP programs. Under the CT BHP, inpatient services provided by the CARES unit will be eligible for reimbursement for no more than 3 days per admission. At the end of 3 days, the great majority of patients are expected to discharge to the community. On an exception basis, the Department will authorize medically necessary transfers to an inpatient psychiatric unit.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems. Policy transmittals can also be downloaded from EDS' Web site at www.ctmedicalprogram.com. Managed Care Organizations are requested to send this information to their network providers and subcontractors.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Unit, Ondria Lucky, at 860-424-5195.

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