



## **ADULT Crisis Residence**

### **PROGRAM DESCRIPTION**

Crisis residence provides 24-hour rapid crisis stabilization and multi-disciplinary evaluation for individuals who do not meet criteria for an acute or sub-acute inpatient level of care, but need help transitioning to community services/ supports (i.e. connect with case manager, outpatient, etc). This level of care is not used to address lack of housing, but can be provided to individuals who are awaiting placement in structured housing or residential treatment and are at demonstrated risk for decompensation without ongoing structure in the interim. Referrals originate from the crisis response centers or as step-down when individuals no longer meet acute inpatient criteria but require more stabilization before discharge. Individuals must have a discharge plan when stepping down from acute inpatient or crisis response center. Individuals must also have the capacity to safely travel to and from the crisis residence in order to receive outpatient services. Individuals who are at risk for withdrawal or with certain medical conditions are not appropriate for this level of care.

### **MEDICAL NECESSITY CRITERIA (OMHSAS-approved)**

#### **Admission Criteria (must meet criteria I, II, III, IV, and V)**

- I. The individual must have a primary psychiatric diagnosis made by a licensed psychiatrist.
- II. The individual's current condition requires immediate intervention and including a review of past history, there is reasonable expectation that initiation of crises residential level of care would prevent the need for acute or sub-acute inpatient psychiatric treatment.
- III. The individual cannot be treated at a lower level of care because of the following: (Must meet one of the following)
  - A. There is a need for regular periodic monitoring and assessment of the response to treatment following an inpatient stay.
  - B. There is substantive increase either sudden or building in the severity of the symptoms of illness or a decrease in the level of functioning significant enough for immediate intervention to prevent meeting medical necessity criteria for a more acute level of care.
  - C. There is a temporary withdrawal or absence of a primary support system which given the history of the individual is likely to result in B above.
- IV. The individual must be able to participate in programming in the community
- V. The individual must be able to administer his or her own oral medications.

**Continued Stay Criteria (must meet criteria I, II, III and IV)**

- I. The individual continues to need the intensity of treatment as defined under Admission Criteria.
- II. The individual is actively participating in community based treatment and discharge planning.
- III. The withdrawal of Adult Acute Stabilization and Diversion Services at this point in the individual's treatment is likely to result in the rapid re-occurrence of symptoms or behavior and which cannot be managed at a lower level of care.
- IV. Discharge Planning must be in progress and must reflect adequate and timely implementation of treatment and supports which are responsive to the person's individual needs.

**Discharge Indicators (must meet either criteria I and II, or criterion III)**

- I. The individual no longer meets criteria as defined by Admission and Continued Stay Criteria and improvement will not be compromised with treatment at a lower level of care.
- II. The individual can safely be discharged to a less restrictive setting with appropriate linkages in place that includes living arrangements and readily available follow-up care.
- III. The person's psychiatric and/or medical condition is such that he/she can no longer be treated safely or effectively at this level of care and needs a more restrictive setting.