



ADMINISTRATIVE MEMORANDUM

Transmittal:	21-ADM-01R4			
To:	Executive Directors of Agencies Authorized to Provide Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) CSIDD Program Directors OPWDD Regional Offices and State Operations Offices CCO/HHs			
Issuing OPWDD Office:	Division of Program Implementation – Regional Offices; CSIDD Unit			
Date:	Issued January 6, 2021; <u>Revised September 28, 2022</u>			
Subject:	Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) Service Requirements and Billing Standards			
Suggested Distribution:	Central Office Leadership Team CSIDD Administrative Staff Quality Improvement Staff Billing Department Staff Care Managers and Supervisors Regional Office CSIDD Liaisons Regional Office Eligibility/Front Door Staff			
Contact:	Division of Program Implementation – Regional Offices; CSIDD Unit CSIDDCOF@opwdd.ny.gov			
Attachments:	CSIDD Referral Documentation Checklist CSIDD Consultant Approval Form Request for Extension of CSIDD Services Form CSIDD Monthly Tracker			
Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
		14 NYCRR 619; 635-16	MHL §§ 13.07; 13.09; 13.15; 13.17; 16.00; 16.03; 16.05; 16.13 State Plan Amendment (SPA) #19-0014	18 NYCRR 504.3(a)

PURPOSE

This Administrative Memorandum (ADM) defines the service, billing, and documentation requirements for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). This ADM applies to all provider agencies certified by the Office for People With Developmental Disabilities (OPWDD) to deliver CSIDD. CSIDD providers must comply with all other applicable State and Federal requirements.

This ADM was originally issued on January 6, 2021. It was revised on March 24, 2021 to apply retroactively to October 1, 2020, March 31, 2021, and June 8, 2021 to include additional billing information. **It has now been revised to clarify documentation requirements for assessment and billing. The additional revisions appear in bold and are underlined.**

DISCUSSION

Scope of CSIDD Services

CSIDD is a Medicaid State Plan service for individuals who are eligible for OPWDD services and who are age 6 or older and meet medical necessity criteria. CSIDD services are voluntary, short-term targeted services for individuals with intellectual and/or developmental disabilities who have significant behavioral or mental health needs. This is a high-intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, mobile emergency services, and are at risk of losing their residential placement and/or other services because of significant behavioral and/or mental health needs and related presentation. CSIDD is a time-limited crisis service designed to help stabilize individuals within their existing care networks.

Referral and Authorization Process

All referral requests for CSIDD must be initiated through the appropriate regional CSIDD provider. Within two (2) hours of receiving the referral, the CSIDD provider must contact the individual and their family/caregiver to explain the service, discuss the referral being made, and ascertain their interest in this voluntary service. Once agreement to participate has been confirmed, the CSIDD provider must work with the referral source to compile the formal referral packet. A formal referral packet includes all the components outlined in the CSIDD Referral Documentation Checklist and include:

- **A screening form providing, at minimum, information regarding:**
 - **General demographics**
 - **Current diagnoses**
 - **Caregiver and living situation**
 - **Reason for Referral, including current frequency and intensity of symptoms/concerns, interventions that have been attempted and their effectiveness, as well as benefits**

expected from enrollment into CSIDD:

- Confirmation of CSIDD enrollment eligibility, as outlined in 14 NYCRR 635-16.3;
 - Consent forms for all parties involved in the individual's care as well as consents forms required for billing;
 - A completed Behavioral Presentation Intensity Review (BPIR) Protocol for re-admissions within a year of discharge; and
- Any other relevant supporting documentation that assists with determining if the individual is appropriate and eligible for CSIDD.

The CSIDD provider must send the complete referral packet to the OPWDD Developmental Disabilities Regional Office (DDRO). This information packet is used by the DDRO to review the case, determine the appropriateness of CSIDD for an individual, and to score the initial BPIR Protocol, **as needed** (see section 3). The CSIDD provider will be notified by the DDRO whether:

- The referred individual is authorized for CSIDD;
- The referred individual is not authorized for CSIDD; or
- The DDRO requires additional information from the referral source.

If the individual referred for CSIDD is authorized, the CSIDD provider must assign a Clinical Coordinator who will contact the individual and/or family/caregiver within seventy-two (72) hours of assignment to begin clinical consultation and to schedule the intake meeting. The intake meeting should:

- Be conducted in-person¹;
- Include the individual, their family/caregiver, and all active members of their system of support; and
- Focus on understanding the reason for referral, review clinical history, determine the individual's needs, assess the physical and mental state of the individual, and identify any special requirements.

If the individual referred for CSIDD is not authorized, the CSIDD provider must direct the referral source to more appropriate services.

Additional reporting requirements for all referrals are noted within Section 5 of this ADM: CSIDD Monthly Tracker.

Levels of Intensity (Intervention/Involvement)

14 NYCRR 635-16.5(c) requires that CSIDD providers conduct assessments for the individual, including the use of standardized clinical questionnaires required by OPWDD. Clinical assessments must include the:

- Aberrant Behavior Checklist (ABC);
- Matson Evaluation for Medication Side Effects (MEDS) (if applicable);

¹ During the COVID-19 state disaster emergency, intake meetings may be conducted in accordance with OPWDD's April 10, 2020, Revised Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities by Facilities and Programs Certified or Operated by OPWDD During COVID-19 Emergency.

- Behavioral Presentation Intensity Review (BPIR) Protocol; and
- All other standardized clinical questionnaires that assist in the determination of beneficial interventions and necessary supports both while enrolled in CSIDD and after discharge.

The BPIR informs the DDRO about the reimbursement tier for CSIDD services and evaluates the individual's general mental health and behavioral health needs. The BPIR must be administered by CSIDD staff who are trained in the administration of the tool. **The BPIR Administration Training must be completed on an annual basis, and competency assessment must be completed upon completion of the training.** The BPIR provides a Total Severity Rating directly corresponding to the intensity level (see 14 NYCRR 635-16.5). Completing the assessment is not a billable service.

The initial BPIR administration is deferred until after the first quarter of CSIDD enrollment. All newly enrolled individuals receive a Tier 4 intensity level for reimbursement purposes. For individuals who are experiencing instability within one year of discharge, the BPIR must be administered at re-admission to determine intensity level.

If the DDRO authorizes CSIDD, the BPIR must be re-administered by the CSIDD provider:

- Quarterly; and
- Upon any significant life event that is likely to impact the individual's level of behavioral intensity. These events may include, but are not limited to:
 - Serious illness or sudden unexpected death of a family member or person close to the individual;
 - Family Stressors (e.g., divorce, marriage, or loss of job);
 - Moving to a new area, new home, or a change of roommate;
 - Natural disasters; or
 - Pandemics.

The specific life event and how its impact is resulting in the need for higher or lower intensity services must be documented and maintained to be accessible upon request.

Treatment and Discharge Planning

Treatment and discharge plans must be based on the assessed needs of the individual and their system of support. As required by 14 NYCRR 635-16.5(g), the CSIDD team must review the CSIDD treatment plan at least monthly to assess for changes in the needs of the individual and ensure services are provided timely.

The CSIDD treatment plan is developed using the assessments administered during the intake process and is updated at any time the Individual experiences a significant change in his or her behavioral and/or mental health presentation. The treatment plan is comprised of a clinical summary, impressions, goals, specific CSIDD service components that will be offered, and discharge plans.

Evidence of reviews may include but are not limited to:

- Service delivery notes referencing treatment and/or discharge plans;
- Revisions of treatment plans; and
- Modification of discharge plans.

The date of the most recent treatment plan review must be documented on the Monthly Tracker as outlined in Section 5 of this ADM: CSIDD Monthly Tracker.

Discharge from CSIDD must occur within the quarter following a BPIR assessment of Stable status (Level 1). The discharge plan and provisional discharge date must be re-evaluated monthly within this transition process.

In cases where an individual has reached Stable status and is nearing the anticipated discharge date but requires additional services to maintain stability, a request to extend CSIDD services beyond the anticipated discharge date may be submitted to the DDRO for approval. Requests to extend CSIDD services must include a Request for Extension of CSIDD Services Form and clear evidence that the request is clinically necessary. This evidence must include, but is not limited to:

- A recently administered BPIR (within five (5) business days of the request for extension);
- The current treatment plan;
- Reasons for extension request; and
- The goals anticipated to be reached within the requested extension period.

If the DDRO approves the Request for Extension the CSIDD provider may resume services as outlined within the treatment and discharge plans. If the Request for Extension is denied, the CSIDD provider must work with the individual's system of support to ensure all necessary services are in place at the time of discharge.

CSIDD Monthly Tracker

All referrals submitted to the DDRO, whether approved or denied, must be included on the tracking sheet developed by OPWDD (see attachment *CSIDD Monthly Tracker*). CSIDD providers must submit this tracking sheet every month to the DDRO no later than the first **business day** of every month following the month of service delivery. OPWDD Central Office should be copied on these submissions to the DDRO. Information contained in the monthly tracker includes, but is not limited to:

- General identifying information;
- Referral submission date;
- Authorization or denial date;
- Reason for denial and alternate services offered/referred to, if applicable;
- Current assigned BPIR tier;
- Dates on which assessments and reviews are due;
- Total number of days enrolled in CSIDD to date; and
- Any other information requested by OPWDD.

Upon discharge from CSIDD, the CSIDD provider must remove the individual from

the Active Cases tab of the tracker and add the individual to the Inactive Cases tab. The Inactive Cases tab includes but is not limited to:

- General identifying information;
- Referral submission date;
- Discharge date;
- Reason for discharge; and
- Total number of days enrolled in CSIDD.

Interdisciplinary Treatment Team & Training

The disciplines required to participate as core constituents of the interdisciplinary treatment team are outlined in 14 NYCRR 635-16.5. In order to meet these requirements, the CSIDD provider may request approval to hire a consultant by submitting a CSIDD Consultant Approval Form to OPWDD Central Office. If approved by OPWDD Central Office, the consultant may be hired by the CSIDD provider for the purposes outlined in the submitted CSIDD Consultant Approval Form.

All CSIDD staff, including consultants, must have at least one year of relevant experience with the behavioral health aspects of individuals with I/DD and complete training in the mental health aspects of individuals with developmental disabilities. These trainings may include, but are not limited to:

- Trauma-informed care
- Strength-based treatment planning;
- Positive Behavioral Approaches;
- Supporting challenging behaviors;
- Emergency mental health evaluations and treatment;
- Treatment and support adaptations for mental health conditions in individuals with developmental disabilities;
- Other clinical and therapeutic treatment modalities;
- ABC/MEDS and/or other assessment tools used;
- Behavior data collection and reporting; and
- Other relevant trainings.

BILLING REQUIREMENTS

Only CSIDD providers certified by OPWDD can bill for CSIDD services. The Clinical Director, Medical Director or consultant must approve of, and have ultimate responsibility for, all services delivered by the CSIDD team. The Clinical Director's, Medical Director's or qualified consultant must **be enrolled in the New York State Medicaid program as either a billing provider or an Ordering/Prescribing/Referring/Attending (OPRA) provider and** include their National Provider Identifier (NPI) on all CSIDD **claim submissions in order to receive payment.**

CSIDD services are reimbursed on a monthly fee schedule based on the level of involvement of the clinical team **and must be met from the date of admission through the remainder of the month.** The DDRO determines the billing tier, at

least quarterly, based on the individual's BPIR and other relevant information. The BPIR must be completed by the CSIDD providers. The BPIR results provide a Total Severity Rating corresponding to CSIDD billing standards and informs the rate schedule (i.e., Stable, Mild, Moderate, Intensive). Failure to submit the BPIR to the DDRO in a timely fashion may result in the individual's billing tier level to be inaccurate as the prior level may not reflect the individual's current needs.

Claims must be submitted on the first of the month following service delivery. For example, the October 1st, 2020 implementation date of CSIDD services will result in the first billing date of November 1st, 2020. Services will be reimbursed at the rate of the billing tier determination. If an emergency or situation out of the control of the CSIDD provider prevents the completion of the minimal service delivery as indicated, the CSIDD provider must document efforts made to provide those services and will be allowed to bill a lower level of service delivery for which they meet the service delivery requirements. Any services provided beyond what is indicated by the billing tier assigned by the DDRO will not be reimbursed.

CSIDD providers must submit referral packets to the DDRO at least 5 business days prior to the first of the month of anticipated billing to allow adequate time to determine authorization of the service and subsequently deliver any required services if authorized. Referrals submitted after the 5-business-day waiting period before the first of the month may result in the CSIDD provider being unable to submit a claim for that month.

In Regions where no CSIDD provider has been designated, referrals for crisis supports should be directed to the DDRO. DDROs may conduct outreach to neighboring DDROs to see if the neighboring region's CSIDD provider will opt to provide services, which may be provided remotely. Individual CSIDD authorizations and extensions are granted by the DDRO for the CSIDD provider delivering services. The DDRO of the region in which the individual resides must also be informed of admissions, discharges, and changes in services.

Other Billing Circumstances

Effective March 31, 2021, CSIDD providers cannot bill for services provided to individuals upon the individuals' admission to a community-based Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), correctional facility, Extended Treatment Unit (ETU), Intensive Treatment Option (ITO) or a hospital setting for an extended hospitalization, except as described below. Services provided to individuals in these settings on or before March 31, 2021, are reimbursable. Effective June 8, 2021 CSIDD providers cannot bill for services provided to individuals upon the individuals' admission to a residential school setting. Services provided to individuals in residential school settings on or before June 8, 2021 are reimbursable.

- **Community-Based Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), Residential Schools and Correctional Facilities**

When an individual who is currently enrolled in CSIDD is admitted into a

community-based ICF/IID or residential school or has an incident resulting in incarceration, a CSIDD claim can be submitted for services delivered only up to the date of admission into the community-based ICF/IID or residential school or correctional facility. No CSIDD claims are permitted during the period of time between the date of admission and the date of discharge from a community-based ICF/IID or residential school or correctional facility. CSIDD services can resume upon discharge from these settings.

For the period of time between admission to and discharge from an ICF/IID or residential school or correctional facility, the individual can be considered “on hold” or be discharged from CSIDD, at the CSIDD provider’s clinical discretion.

- **Extended Treatment Units (ETUs), Intensive Treatment Options (ITOs), and Extended Hospitalizations**

When an individual who is currently enrolled in CSIDD is admitted into an ETU, ITO, or is in need of an extended hospitalization, a CSIDD claim can be submitted for services delivered during the calendar month of the individual’s admission. The CSIDD provider may also provide and bill for transition planning services during the calendar month of the individual’s discharge from the ETU, ITO, or extended hospitalization.

For the period of time beginning the first day of the calendar month following the month an individual is admitted to an ETU, ITO, or hospital through the last day of the calendar month preceding the month of the individual’s discharge, the individual can be considered “on hold” or be discharged from CSIDD, at the CSIDD Provider’s clinical discretion.

An individual’s “on hold” status can be reflected on the CSIDD Monthly Tracker. This would indicate that individual is still active in CSIDD but would not be billable.

SERVICE DOCUMENTATION REQUIREMENTS

CSIDD provides individualized services driven by the contents of the treatment and discharge plans informed through continuous assessment. Billing tier determination, informed by the BPIR directly correlates to the CSIDD Billing Standards, which defines the amount of clinical team outreach and plan review that can be claimed for reimbursement.

Billable services under CSIDD Billing Standards are outlined in 14 NYCRR 635-16.5. Service delivery notes are required and must include, but are not limited to:

- General identifying information;
- The date and location the service was provided;
- A description of services provided during the contact (which may include reference to the treatment/discharge plan); and
- The name, title, and signature of the CSIDD staff providing the service;

CSIDD providers must ensure the required number of services are delivered to meet the minimum level of clinical staff involvement outlined in the CSIDD Billing Standards, maintain these records, and ensure these records are accessible upon request.

ADDITIONAL CSIDD PROVIDER REQUIREMENTS

START Certification

CSIDD Providers are required to become and remain certified by the National Center for START Services (NCSS) at the Institute on Disability at the University of New Hampshire to ensure all designated CSIDD providers are expertly and efficiently implementing the START Model. START Certification is valid for 2 years and must be renewed and maintained through NCSS.

Operational Resource Centers

All CSIDD Providers must operate at least one Resource Center in their designated Region. A Resource Center must be fully operational and accepting admissions within the first 18 months of program development and must remain operational throughout program implementation, unless granted exception from OPWDD CSIDD Providers must comply with the requirements set forth in 14 NYCRR Subpart 635-7 for physical plant requirements for an Individualized Residential Alternative/ Free Standing Respite (IRA/FSR) (see ADM 2017-01R), as well as any other applicable law, regulation and/or guidance for the Resource Center (see ADM 21-ADM-07 for additional details).

OTHER DOCUMENTATION REQUIREMENTS

CSIDD in Life Plans

Care Coordination Organization/Health Home Care Managers must update OPWDD LifePlans to reflect the transition from START to CSIDD services during the individual's next semi-annual Life Plan Review but no later than one year from effective date of CSIDD (i.e., October 1st, 2021).

The CSIDD provider should maintain a copy of the Life Plan in their record. CSIDD must be listed in Section IV of the person's Life Plan and include the following: Name of Provider: Provider name (location: Varies), Type of Service: "Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)", Frequency: "Monthly", Duration: "time limited", Effective Date: 10/1/20 if transitioned from START or the date of enrollment.

DISPUTE RESOLUTION AND HEARING RIGHTS

If there is disagreement about the CSIDD services, the individual and/or their representative may request an informal resolution with the CSIDD provider. The

CSIDD provider must have informal dispute resolution processes in place to accommodate these requests.

RECORDS RETENTION

New York State regulations require Medicaid providers to prepare records demonstrating its right to receive Medicaid payment for a service. These records must be contemporaneous and kept for six (6) years from the date the service was provided, or the service was billed, whichever is later as required by 18 NYCRR 504.3(a).