Sentara Health Plans

Medicaid

Community Stabilization, BH 32

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/15/2024. Appendix G: Comprehensive Crisis Services. Page 37

Community Stabilization services are available 24 hours a day, seven days a week, to provide for short-term assessment, crisis intervention, and care coordination to individuals experiencing a behavioral health crisis. Community Stabilization is a bridge service that supports an individual as they are making a transition between certain levels of care when there is a gap in availability of services. Services may include brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Services involve advocacy and networking to provide linkages and referrals to appropriate community-based services and assisting the individual and their natural support system in accessing other benefits or assistance programs for which they may be eligible.

Community Stabilization is a non-center, community-based service. Services are provided in community locations where the individual lives, works, participates in services or socializes. The goal is to stabilize the individual within their community and support the individual and natural support system during the following: 1) between an initial Mobile Crisis Response and entry in to an established follow-up service at the appropriate level of care if the appropriate level of care is identified but not immediately available for access 2) as a transitional step-down from a higher level of care if the next level of care is identified but not immediately available or 3) as a diversion from a higher level of care.

Critical Features of Community Stabilization include:

- Recovery-oriented, trauma-informed, culturally congruent and developmentally appropriate provision of services, integrating the Zero Suicide/Suicide Safer Care principles
- **Assessment** and screening, including explicit screening for suicidal or homicidal ideation
- **Care Coordination:**
    - Linkage and referral to ongoing services, supports and resources (examples: housing, peers, chaplaincy), as appropriate and least restrictive level of care
    - Coordination of specialized services to address the needs of co-occurring intellectual/developmental disabilities and substance use
    - Engaging peer/natural and family support to strengthen the individual's participation and engagement
- **Crisis Intervention:**
    - Brief Therapeutic Interventions
    - Crisis education, safety, prevention planning, and support
    - Interventions to integrate natural supports in the de-escalation and stabilization of the crisis
- **Skills Restoration**:
    - Skill Building
    - Psychoeducation

Covered Services components of Community Stabilization include:

- Assessment
- Care Coordination
- Crisis Intervention
- Health Literacy Counseling
- Individual and Family Therapy
- Peer Recovery Support Services
- Skills Restoration
- Treatment Planning

Required Activities

Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: MHS - Appendix G (updated 11.15.24)_Final.pdf, p 38

In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to Community Stabilization:

- **DBHDS Crisis Data Platform Engagement**: The provider must engage with the DBHDS crisis data platform as required by DBHDS.
- **Assessment:** At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. See the Assessment Requirements section for details.
- **Care Coordination:**
    - Community Stabilization services shall link/transition the individual to follow-up services and other needed resources to stabilize the individual within their community.
    - Active transitioning from Community Stabilization to an appropriate level of care shall be required; which includes care coordination and communication with the individual's MCO or FFS service authorization contractor, service providers and other collateral contacts.
    - Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
- **Crisis Intervention:** A safety plan is required. See the Safety Plan and Crisis ISP section for additional information.
- **Treatment Planning:**

    - A crisis ISP is required. See the Safety Plan and Crisis ISP section for additional information.
    - Discharge planning and transition to an appropriate level of care must begin at admission.
- **Additional Service Requirements:**
    - Services must be provided in-person with the exception of care coordination activities.
    - Services must be available to the individual participating in the service 24 hours per day, seven days per week, in their home, workplace, or other setting that is convenient and appropriate for the individual.
    - Service delivery must be individualized. Group delivery of service components is not appropriate for this service.

Criteria:

Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 39

Community Stabilization is considered medically necessary for **1 or more** of the following:

- **Admission** with **ALL** of the following:
    - 1. Documentation indicates evidence that the individual currently meets criteria for a primary International Statistical Classification of Diseases and Related Health Problems (ICD) diagnosis that correlates to a Diagnostic and Statistical Manual diagnosis; **and**
    - 2. The individual is at risk of repeat admissions to crisis services, emergency departments, or psychiatric inpatient services or dangerous decompensation in functioning and additional support is required to prevent inpatient admission; **and**
    - Prior to admission the individual must meet either #3 or #4 (**1 or more** of the following):
        - 3. The individual is currently residing in a Therapeutic Group Home or ASAM 3.1; **or**
        - 4. The individual is transiting from **one of the following** services and the necessary service is not immediately available:
            - i. 23-Hour Crisis Stabilization
            - ii. Acute Psychiatric Inpatient Services
            - iii. ASAM levels 3.1 – 4.0
            - iv. CSB Emergency Services
            - v. Hospital Emergency Department
            - vi. Mobile Crisis Response
            - vii. Partial Hospitalization Program (Mental Health or ARTS)
            - viii. Psychiatric Residential Treatment Facility (Mental Health or ARTS)
            - ix. Residential Crisis Stabilization Unit (RCSU)
            - x. Short-term detention or incarceration
            - xi. Therapeutic Group Home
            - If the individual meets criteria #4, then **ALL** of the following additional criteria must be met:
                - 5. Without immediate access to the identified community-based service, there is evidence that the individual would be at risk for a higher level of care during the transition to the next service; **and**
                - 6. Clinically appropriate behavioral health service referral(s) has been identified and a plan for the timeline of transition from Community Stabilization to that provider has been established. If the timeline for transition exceeds 2 weeks, the Community Stabilization provider should initiate referrals to additional follow-up service providers.
- Continuation of services with **ALL** of the following:
    - The individual continues to meet admission criteria
    - Treatment is rendered in a clinically appropriate manner and is focused on the individual's behavioral and functional outcomes as described in the treatment and discharge plan

- Safety plan includes support system involvement unless contraindicated
- There is documented, active discharge planning starting at admission
- There is documented active care coordination with other service providers. If care coordination is not successful, the reasons are documented, and efforts to coordinate care continue. If the timeline for this transition exceeds 2 weeks, the Community Stabilization provider has documented communications with additional, specific service providers to support alternative service options or potentially faster access to the recommended service type.

Discharge Guidelines:

Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 41

Once an individual meets criteria for discharge, services are no longer eligible for reimbursement.at least **1 or more** of the following discharge criteria is met:

- The individual no longer meets admission criteria
- A safe discharge plan has been established and an appropriate level of care has been initiated;
- An effective safety plan has not been established and the individual requires a higher level of care
- The individual and/or support system is not engaged in treatment. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues
- The individual's physical condition necessitates transfer to an acute, inpatient medical facility

Exclusions and Service Limitations:
Mental Health Services Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 37

Individuals who meet **1 or more** of the following criteria are not eligible to receive Community Stabilization services (with exception for transitions, see billing requirements section):

- The individual is receiving behavioral health services (MHS and ARTS) more intensive than standard outpatient psychotherapy/psychiatric services for mental health and substance use disorders or targeted case management service, unless approved by the individual's MCO or FFS service authorization contractor;
- The individual is receiving inpatient or specific residential treatment services including psychiatric residential treatment facility (PRTF) or ASAM levels 3.3 – 4.0, unless for the purposes of service transition or approved by the individual's MCO or FFS service authorization contractor;
- The individual's psychiatric condition is of such severity that it cannot be safely treated in this level of care;
- The individual's acute medical condition is such that it requires treatment in an acute medical setting.

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply:

- Temporary housing shall not be conditioned upon an individual receiving any crisis service and housing (including temporary housing) is not a reimbursable component of this service.
    - While loss or lack of housing may contribute to a behavioral health crisis, the solution to the housing need must be addressed through non-Medicaid funding or services related to housing.
    - Community Stabilization must address the behavioral health crisis triggered by the stressor of a housing problem using interventions and a plan directed explicitly at the behavioral health needs and symptoms.
- Providers are prohibited from using Medicaid reimbursement to cover housing costs for an individual and any funds used for this purpose will be retracted.
- Services may not be provided in groups where one staff person or a team of staff provides services to two or more individuals at the same time.

Document History:

Revised Dates:

- 2025: June – Implementation date of August 1, 2025. Cut and paste policy updated to match DMAS manual revision date 11.15.2024. Updated to new format.
- 2024: June - DMAS manual updated 8/21/2023. Housekeeping updates only. No criteria changes.
- 2023: June
- 2022: June, September

Reviewed Dates:

- 2026: Implementation date of September 1, 2026. No changes made.

Origination Date: December 2021

Coding:

Medically necessary with criteria:

Coding	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
S9482	Family stabilization services, per 15 minutes

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: This guideline is applicable to all Sentara Health Plan Virginia Medicaid products except Sentara Health Plan Virginia Medicaid FAMIS members.
- Authorization Requirements:
    - Pre-certification by the Plan is required.
    - Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 44
        - Community Stabilization requires a service authorization and service providers delivering Community Stabilization shall meet all the service requirements listed in this section.
        - Providers shall submit service authorization requests within one business day of admission for initial service authorization requests. If submitted after the required time frame, the begin date of authorization will be based on the date of receipt.
        - Service authorization requests must include, at a minimum:
        - A complete service authorization request form. The service authorization form must be submitted with the required DBHDS crisis data platform reference number. The provider is responsible for ensuring that the correct service-specific provider NPI and individual's Medicaid number is entered into the DBHDS crisis data platform.
        - Documented referral from discharging provider, if applicable. The referral must, at a minimum, include the name of the individual, the name and credentials of the referring provider, the reason

for the referral, anticipated length of service needed and the name of the community stabilization provider submitting the authorization.
        - The safety plan developed by the referring provider (Only for individuals being referred from Mobile Crisis Response, 23-Hour Crisis Stabilization or RCSU),
        - If an individual meets admission criteria for this service and housing is an assessed need, this should be noted as a need on the service authorization request submitted to support coordination of resources for the individual.
        - Service units are authorized based on medical necessity with a unit equaling fifteen minutes.
        - If additional services are clinically required, the provider shall submit an authorization request to the FFS contractor or MCO through a continued stay service authorization request submitted no earlier than 48 hours before the requested start date of the continued stay and no later than the requested start date accompanied by the following items:
        - A complete service authorization request form. The service authorization form must be submitted with the required DBHDS crisis data platform reference number.
            - 1. complete service authorization request form. The service authorization form must be submitted with the required DBHDS crisis data platform reference number.
            - 2. initial assessment; and
            - 3. current addendum to the initial assessment (can be in a progress note) that describes any new information impacting care, progress and interventions to date, a description of the rationale for continued service delivery, and evidence the individual meets medical necessity criteria;
            - 4. safety plan; and
            - 5. Crisis ISP; and
            - 6. Documentation of care coordination activities. Service authorization requests may require the submission of documentation of referrals to post-discharge services at the appropriate level of care based on the assessed needs of the individual; and
            - 7. Any housing needs must be noted on the service authorization request form for the purposes of care coordination. A current addendum to the above assessment (can be in a progress note) that describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery, and evidence the individual meets medical necessity criteria;
        - The information provided for service authorization must be corroborated and in the provider's clinical record. An approved service authorization is required for any units of Community Stabilization to be reimbursed.
        - Units billed must reflect the treatment needs of the individual and be based on the individual meeting medical necessity criteria.
        - The referring provider must determine what other services the individual is receiving prior to referring to Community Stabilization. It is the responsibility of both the referring provider and the Community Stabilization provider to determine if the individual has another community behavioral health provider and should contact the MCO/FFS contractor, caregivers and natural supports prior to initiating Community Stabilization services.
        - Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/.
    - Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 38
        - In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to Community Stabilization:
            - **DBHDS Crisis Data Platform Engagement**: The provider must engage with the DBHDS crisis data platform as required by DBHDS.
            - **Assessment:** At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. See the Assessment Requirements section for details.

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- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025, Jun 13). Retrieved Mar 24, 2026, from MCG 29th Edition: https://careweb.careguidelines.com/ed29/index.html

H 2216 - § 38.2-3412.1. Coverage for mental health and substance use disorders. (2023, Mar 22). Retrieved Mar 12, 2026, from Virginia Legislative Information System: https://legacylis.virginia.gov/cgi-bin/legp604.exe?231+ful+CHAP0186

Mental Health Services - Appendix G: Comprehensive Crisis Services. (2024, Nov 15). Retrieved Mar 24, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-11/MHS%20-%20Appendix%20G%20%28updated%2011.15.24%29_Final.pdf

Keywords:

SHP Community Stabilization, SHP Behavioral Health 32