

CMS Focus on Full Crisis Continuum

Centers for Medicaid and Medicare Services (CMS) sent a letter to State Medicaid Directors promoting a full continuum of crisis service.

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EINPresswire.com/ -- This week, the Centers for Medicaid and Medicare Services (CMS) sent a [letter to State Medicaid Directors](#) promoting a full continuum of crisis services to meet the needs of individuals with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). On the same day, DHHS Secretary Alex Azar addressed the National Association of Medicaid Directors and [announced](#) an opportunity for short term residential treatment in IMDs using Medicaid funds within a demonstration project.

Secretary Azar stated, "Today, CMS will be sending a letter to state Medicaid directors laying out how to apply for waivers for flexibility ... to treat serious mental illness. ... [W]e will strongly emphasize that inpatient treatment is just one part of what needs to be a complete continuum of care, and participating states will be expected to take action to improve community-based mental health care. There are effective methods for treating the seriously mentally ill in the outpatient setting, which have a strong track record of success and which this administration supports. ... Both tools are necessary and both are too hard to access today."

Dr. Brian Hepburn with the National Association of State Mental Health Program Directors (NASMHPD) applauded these strong efforts which align with the key priorities of the Beyond Beds Technical Assistance Coalition Assessment Working Papers. NAMI's Mary Giliberti called it a landmark day and a time to encourage states to improve outpatient services, including crisis stabilization services. She also thanked the administration for listening to the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report to Congress, "The Way Forward."

Crisis Now co-chair David Covington stated, "With the recent passage of the National Suicide Prevention Hotline Improvement Act, and the strong call to action from CMS and DHHS leadership this week, the nation now has a clear vision to ensure an effective response for all in psychiatric emergency equal to medical care." He also thanked the [CrisisNow.com](#) founding partners: NASMHPD, the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, and the National Council for Behavioral Health. The Crisis Now: Transforming Services is Within

Our Reach task force recommendations were prominently featured in the CMS communication: Improved Access to Services Across the Continuum of Care Including Crisis Stabilization Services

Adults with SMI and children with SED need access to a continuum of care since these conditions are often episodic and the severity of symptoms can vary over time. However, the only treatment

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RE: Opportunities to Design
Innovative Service Delivery
Systems for Adults with a
Serious Mental Illness or
Children with a Serious
Emotional Disturbance

options in many regions are inpatient care for acute treatment needs and outpatient care for less serious conditions and on-going maintenance therapy, with little availability of intermediate levels of care. As a result, individuals with serious mental health conditions often go into inpatient facilities or EDs when they could be better served in community-based settings. Furthermore, without supports needed to help transition from acute care back into their communities, adults with SMI are at heightened risk for relapse and readmission...

Strategies for ensuring ... appropriate levels of care to meet their needs include encouraging use of evidence-based assessment tools, e.g. the LOCUS and CASII (or CALOCUS), that link clinical assessments with standardized "levels of care" using methods for matching the two. It is also important that the care provided to individuals with SMI or SED is trauma-informed. Another strategy is to increase availability of intensive outpatient and crisis stabilization programs designed to divert Medicaid beneficiaries from unnecessary stays in EDs and inpatient facilities as well as criminal justice involvement. Core elements of crisis stabilization programs include regional or statewide crisis call centers coordinating access to care in real time, centrally deployed mobile crisis units available 24 hours a day and seven days a week, and short-term, sub-acute residential crisis stabilization programs.

About RI International (d/b/a for Recovery Innovations, Inc.)

RI is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what's strong, not what's wrong. More than 50% of our employees report a lived experience with mental health, and our retreat model crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally.

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