

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 02.2019-24  
(A-19)**

Introduced by: Sachin R. Patel, M.D., M.P.H., F.A.C.E.P., ISMS Member

Subject: Supporting Legislation to Improve Care and Reimbursement for  
Psychiatric Crisis Stabilization in Acute Care Hospital Settings

Referred to: Council on Economics

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1           Whereas, ISMS supported the CMS Federal 1115 Waiver to spend \$2 billion on  
2 the Better Care Illinois Behavioral Health Initiative, which includes support for Crisis  
3 Intervention Services to support the stabilization and recovery of patients undergoing an  
4 acute psychiatric crisis; and

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6           Whereas, ISMS has no existing policy specifically advocating for more efficient  
7 reimbursement for acute psychiatric crisis patients; and

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9           Whereas, current reimbursement models disincentivize hospitals from building  
10 on-site acute psychiatric stabilization units for immediate face-to-face psychiatric care  
11 after initial emergency room evaluation and management; and

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13           Whereas, experience has shown that optimal care for the majority of acute  
14 psychiatric patients occurs outside the emergency room setting after initial emergency  
15 room evaluation determines the need for further ongoing treatment; and

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17           Whereas, there are limited statewide psychiatric care facilities that are available  
18 in the State of Illinois where patients can be transferred to, resulting in significant  
19 emergency department boarding of psychiatric patients awaiting transfers for definitive  
20 psychiatric stabilization care; and

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22           Whereas, the emergency department boarding of acute psychiatric emergency  
23 patients results in sub-optimal care for all non-psychiatric patients presenting to our  
24 emergency rooms by unnecessarily consuming human and physical resources while  
25 awaiting disposition; and

1           Whereas, an existing bundled reimbursement provision in the CMS Medicaid  
2 manual, Procedure Code S9484, allows for face-to-face acute crisis intervention services  
3 to be paid at an all-inclusive bundled hourly rate to enrolled hospitals and enrolled  
4 licensed mental health center facilities; and

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6           Whereas, it is not clear that code S9484 can be used for ongoing management of  
7 an on-site acute psychiatric crisis stabilization unit in the State of Illinois; and

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9           Whereas, other states' experience shows that code S9484 allows for  
10 reimbursement for face-to-face care provided at an on-site acute psychiatric stabilization  
11 unit, which has led to growth in the number of such care units and the subsequent  
12 expansion in the capacity to care for and stabilize patients in those states; and

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14           Whereas, such a scenario would allow for patients to be moved out of the  
15 emergency department in a timely fashion into an on-site acute crisis stabilization unit  
16 where psychiatric care can be initiated, and where care provided will be reimbursed; and

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18           Whereas, code S9484 would not be applicable for care provided while patients  
19 are boarded in the emergency department; and

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21           Whereas, the implementation of code S9484 in various states' Medicaid  
22 programs has led to growth in the number of acute crisis stabilization units and  
23 substantial improvement in emergency departments and hospital length of stay for acute  
24 psychiatric crisis patients; therefore, be it

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26           RESOLVED, that ISMS support regulations or cause to be introduced legislation  
27 that allows Medicaid bundled code S9484 under Illinois Medicaid to be used to  
28 reimburse psychiatric stabilization care given in crisis stabilization units at acute care  
29 hospitals.

**Fiscal Note:**

N/A

**Existing ISMS policy related to this issue:**

The Importance of Mental Health Education and Services:

- ISMS recognizes the importance of mental health in the quality of a person's life and the devastating impact mental illness can have for an individual and one's

family. Knowing that modern medicine has much to offer, ISMS supports the training of physicians in mental health care, the education of the public in recognizing mental illness and the development of private and public services for care.

- **The Physician's Role in Mental Health Services:** ISMS recognizes the primacy of the physician in the diagnosis and treatment of mental illness. Involuntary psychiatric hospital certification of any patient must, without exception, involve a physician licensed to practice medicine in all its branches. The discharge of any patient from a psychiatric institution must remain the responsibility of a physician.
- **Continuing Medical Education for Department of Mental Health and Developmental Disabilities Physicians:** The Department of Mental Health and Developmental Disabilities (DMHDD) [Department of Human Services] should adopt a firm policy for the continuing education of physicians employed by its various mental health centers, allocating funds necessary to provide high-quality continuing medical education relevant to the needs of these physicians.
- **Cooperation between County Medical Societies and DMHDD:** Each constituent county society should cooperate fully with and support local units of the DMHDD in their patient care efforts, specifically seeking to encourage: (1) Local general hospitals to accept mental health patients who can be helped by short-term treatment, leaving to state institutions the responsibility for such chronic and long-term cases which local hospitals cannot presently handle; (2) Local general hospitals and practitioners to retain in their own care those geriatric patients who have ailments of primarily a physical nature; (3) Local physicians, local hospitals, and local skilled nursing facilities to provide primary and secondary care for psychiatric problems to the extent possible; given facilities and physician time available; (4) Arrangements for emergency mental health care, i.e., crisis intervention, to be available area wide.
- **Patient Visits:** The number of times a patient is seen should not be the sole criterion of the necessity or adequacy of psychiatric care. The level of care needed by the patient must be a major factor in determining the delivery of that care. Each hospital or hospital system should establish its own standard of psychiatric care to include the level of care needed by that patient, and should monitor the adequacy of psychiatric care by means other than frequency of visits.

- Community Mental Health Services: ISMS supports and encourages the development of community options for services to the chronically mentally ill in the private and public sectors, although the Society opposes using such alternatives to inappropriately discharge these persons to inadequate services and living conditions, thereby increasing the number of homeless mentally ill. (HOD 1987 Amended; Last BOT Review 2013)