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Crisis Intervention Benefit: Mobile Crisis Component Benefit and Billing Guidance

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A new Crisis Intervention benefit[1] became effective in Medicaid Managed Care[2] in New York City in 2015, and for the remainder of New York State (State) in 2016. The Crisis Intervention benefit is comprised of several service components that are available to children, youth, and adults. The benefit components include Mobile Crisis services as well as residential and stabilization services.

Mobile crisis providers are currently operating in many areas of the State, and some are funded through State and local government initiatives. The Mobile Crisis Component of the Crisis Intervention benefit is designed to integrate new mobile crisis services into the existing behavioral health crisis community response systems.

This document outlines guidance for the Mobile Crisis component of the Crisis Intervention Benefit. Medicaid reimbursement for this benefit is only available through Medicaid Managed Care Organizations (MMCOs). MMCOs must reimburse for services provided under the Crisis Intervention benefit and meet network requirements as outlined in this guidance.

Comprehensive Psychiatric Emergency Program (CPEP) providers are also authorized to provide mobile crisis outreach services as part of the CPEP benefit, and CPEP services are available to all Medicaid recipients.

The State will release guidance on additional service components reimbursable under the Crisis Intervention benefit as they are developed.

[1] The Crisis Intervention benefit is authorized under New York State's 1115 waiver as a demonstration benefit.
[2] The Crisis Intervention Benefit is available to enrollees in Mainstream Medicaid Managed Care Plans, Health and Recovery Plans, and HIV Special Needs Plans.

This document is organized into the following four sections:

I. Overview: Mobile Crisis Component of the Crisis Intervention Benefit;
II. Definitions;
III. Mobile Crisis Service and Provider Standards; and
IV. Rates and Billing Requirements.

I. Overview: Mobile Crisis Component of the Crisis Intervention Benefit

The Mobile Crisis component of the Crisis Intervention Benefit includes the following services and corresponding activities. Each service is eligible for reimbursement separately when delivered in accordance with this guidance.

- Telephonic triage and crisis response;
- Mobile crisis response;
- Telephonic crisis follow-up; and
- Mobile crisis follow-up.

The goals of these services are engagement, symptom reduction, and stabilization. These services can be provided to an adult or child who appears to be experiencing, or is at imminent risk of experiencing, a behavioral health (psychiatric and/or substance use) crisis. These services are designed to interrupt and/or ameliorate a crisis by:

- Providing services in the community where the individual is experiencing a crisis;
- Assessing the immediate crisis and facilitating resolution and de-escalation;
- Assisting the individual to use community and family/support systems with the intent of preventing the reoccurrence of similar events in the future;
- Engaging the individual to identify follow-up services and assist the individual to access these services that are necessary to manage and/or prevent further behavioral health crisis experiences; and
- Engaging with the individuals' caretaker and /or family members when appropriate**.**

II. Definitions

1. <u>Behavioral Health Crisis</u>

A. Behavioral Health Crisis

A Behavioral Health (BH) crisis is an unplanned event that requires a rapid response. A BH crisis includes instances in which a person cannot manage their primarily psychiatric and/or substance use related symptoms without de-escalation or intervention. A BH crisis

may also be defined as a situation in which an individual's experience with daily life challenges has resulted in, or puts them at risk of, an escalation in psychiatric and/or substance use symptoms.

B. Behavioral Health Crisis Intervention

Behavioral Health Crisis intervention is defined as an activity which uses therapeutic communication, interactions and supporting resources to interrupt and/or ameliorate acute BH distress and associated behaviors.

C. Behavioral Health Crisis Intervention Service: Qualifying Episode

A qualifying BH crisis intervention episode begins with the provider's initial contact with the individual. The end of the crisis episode is defined by the amelioration of the individual's presenting symptoms or, if clinically indicated, when the person is transferred to the recommended level of care.

2. Mobile and Telephonic Behavioral Health Crisis Service Components

The Crisis Intervention Benefit includes the following mobile and telephonic response service components:

A. Telephonic Crisis Triage and Response

Upon contact by the individual or referent, a provider will answer the call to determine the appropriate service response to the crisis. Referents may include families, providers, crisis hotlines, 911 operators, law enforcement or other sources, depending on what resources are available in the locality. Telephonic crisis triage and response coverage must be available 24 hours a day, 7 days a week and 365 days a year. A provider can only bill for telephonic crisis triage and response if they provide this service to an individual enrolled in Medicaid Managed Care or a collateral.

Telephonic crisis triage response includes a preliminary assessment to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted

treatments for substance use;
- Presenting problem and review of immediate needs; and
- Identification of supports.

If crisis triage indicates the need for further evaluation and/or crisis response, the telephonic crisis response may include:

- Therapeutic communication and interaction to alleviate psychiatric or substance use symptoms;
- Development of a safety plan or crisis prevention plan;
- Referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care; and
- Facilitating timely access to services required to address the crisis related needs of the individual, including mobile crisis response, stabilization, withdrawal and stabilization service, respite, or psychiatric or substance use disorder (SUD) inpatient hospitalization.

B. Mobile Crisis Response

Mobile crisis teams are dispatched to an individual's home or any community setting where a crisis may be occurring, to provide brief intervention and facilitate access to other crisis/behavioral health services. They provide appropriate care and support while avoiding unnecessary law enforcement involvement, emergency department use and hospitalization. However, mobile crisis response may include co-response with local law-enforcement, if possible, given local arrangements.

Mobile crisis response *may* include:

- Initial assessment and ongoing assessment of behavioral health symptoms and crisis related needs;
- Involvement of identified family and friends to resolve the individual's crisis;
- Therapeutic communication and interaction to alleviate psychiatric or substance use symptoms;
- Development of a safety plan or crisis prevention plan;
- Psychiatric consultation and urgent psychopharmacology intervention;
- Referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care, including crisis respite;
- Linkage to stabilization and/or local SUD such as 24/7 open access centers[3];

[3] Regional services can be identified at: https://www.oasas.ny.gov/RegionalServices/index.cfm

- Secure access to higher levels of care if required; and
- Certified Peer services, including:
  - Engagement;
  - Assistance with developing crisis diversion plans or relapse prevention plans; and
  - Assistance with the identification of natural supports and access to community services during and after a crisis.

C. Mobile and Telephonic Follow-Up Services

Mobile Crisis service providers may bill MMCOs for mobile and telephonic follow-up services provided to a recipient of a qualifying crisis service. Follow-up services are eligible for reimbursement if provided within 14 days of the qualifying crisis episode[4]. Follow-up services may be delivered face-to-face or through telephonic contact and may include, but are not limited to, the following types of activities:

- Therapeutic communication and interactions to maintain stabilization following a crisis episode and prevent escalation of BH symptoms;
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, including crisis respite; and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

III. Mobile Crisis Service and Provider Standards

1. <u>Service Standards</u>

- Services will be person-centered, trauma informed, and culturally and linguistically

[4] See definition section for definition of qualifying crisis episode.

competent;

- Mobile and Telephonic Crisis Response Services will be available 24 hours per day, seven days per week, and 365 days per year;
- Mobile Crisis Response will provide an in-person intervention within 3 hours of the determination of need;[5]
- Services will be provided upon the individual's presentation for the service, either face-to-face or telephonically;[6]
- Depending on local conditions, Mobile and Telephonic Crisis Response Services should be integrated with local emergency systems (e.g., 911, local crisis hotlines) and law enforcement, up to and including co-response, to be able to provide the safest and best-coordinated crisis response;
- With the individual's permission and whenever possible, contact should be made with family members, adult or children's SPOA where applicable, and/or other collaterals with pertinent information to inform the assessment. Follow-up activities and efforts to enroll the individual and/or family/caregiver to supports and/or services will be documented; and
- Only Mobile Crisis service providers approved by the State will be eligible to bill Medicaid Managed Care using this benefit[7]. See 'Approval of Mobile and Telephonic Crisis Response Providers' section below for details. These provider agencies must be enrolled in the Medicaid program.

2. Staffing Standards

Mobile and Telephonic Crisis Response Services must be provided by one of the following individuals licensed in New York State as follows:

- Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist;
- Nurse Practitioner in Psychiatry (NPP);
- Registered Nurse/Licensed Practical Nurse;
- Clinical Nurse Specialist;
- Physician Assistant with OMH waiver approval;
- Licensed Psychologist;
- Unlicensed Psychologist employed by State or County Government[8];

[5] Crisis Intervention services authorized for children under the Children and Family Treatment and Support Services (CFTSS) will be implemented in January 2020. These crisis intervention services require a 1-hour response time.
[6] *Medicaid Managed Care Model Contract,* Appointment Availability Standards- Section 15.2 (a)(ii).
[7] Crisis Intervention services authorized for children under the Children and Family Treatment and Support Services (CFTSS) will be implemented in January 2020. Providers designated by the State to provide CFTSS Crisis Intervention services will bill Medicaid fee-for-service and Medicaid Managed Care using separate rates and billing guidelines.
[8] Under New York State law, unlicensed psychologists may be employed by a federal, state, county or municipal agency or other political subdivision.

- Licensed Psychoanalyst;
- Licensed Social Worker (Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW));
- Licensed Marriage & Family Therapist;
- Licensed Mental Health Counselor (LMHC); and
- Licensed Creative Arts Therapist.

Unlicensed staff and qualified peers are eligible to provide some crisis intervention services, as outlined in the *Billing and Rates* section below, and under the supervision of an LMSW, LCSW, licensed psychologist, LMHC, NPP, or MD.

Unlicensed and qualified/certified staff include:

- Limited Permit staff (Permits issued by NYSED);
- Students within approved NYS State Education Department (NYSED) programs;
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC);
- Non-licensed staff deemed qualified and experienced by the provider agency;
- Certified Recovery Peer Advocate (CRPA); and
- Qualified peer advocates, family peer advisors and certified peer specialists may assist with developing crisis diversion plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with natural supports and linkages to community services and may accompany a licensed practitioner providing mobile crisis response.

3. NYS Mobile Crisis Provider Standards

- All staff providing Mobile Crisis services at a provider agency must undergo and clear an OMIG Medicaid Exclusion List, NYS Justice Center Staff Exclusion List, NYS criminal background check and State Central Register.
- Provider agencies and staff must adhere to all Medicaid enrollee exclusion requirements.
- Provider agencies and staff must be enrolled in the NYS Provider Medicaid program as directed by NYS DOH.
- All staff working on Mobile Crisis Teams must obtain training on the administration of Naloxone (Narcan).

4. Approval of Mobile and Telephonic Crisis Response Providers

NYS OMH, in consultation with OASAS, counties, and the City of New York, approves all Mobile Crisis providers eligible to deliver Mobile Crisis services under this benefit. The State

will inform MMCOs of Mobile Crisis providers approved by the State for each county.

5. Medicaid Managed Care Organization Credentialing

Medicaid Managed Care Organizations shall accept the State-issued provider approval in place of, and not in addition to, any MMCO credentialing process for individual employees, subcontractors or agents of Mobile Crisis providers. The State's approval of a Mobile Crisis provider will meet the MMCO's credentialing requirement to assure that Mobile Crisis providers possess the qualifications to provide Mobile Crisis services.

The MMCO must still assure that individuals within the Mobile Crisis provider agency have not been disqualified or de-barred from providing such services under the Medicare/Medicaid programs by the federal or State government.

6. Documentation of Mobile and Telephonic Crisis Response Services

Mobile and Telephonic Crisis Response services activities must occur within the context of a potential or actual psychiatric crisis[9]. Mobile Crisis services must be documented in the individual's chart in accordance with Medicaid regulations. This is necessary to identify discrete billable crisis response services delivered in a qualifying episode and/or 14-day follow-up.

7. Provider Oversight

OMH and OASAS will have shared oversight of the Crisis Intervention benefit and will coordinate with other NYS agencies as applicable. Counties and the City of New York will provide oversight of those agencies/providers consistent with current operations (e.g. could include site visits or outcome reports). Counties and the City of New York will ensure coordination of existing crisis services.

The State reserves the right to make oversight visits and rescind provider approvals to deliver Mobile Crisis services.

8. Network Development and Monitoring

MMCOs must ensure access to Crisis Intervention services for their enrollees, as outlined in this guidance. The State will conduct ongoing reviews for network adequacy for Mobile Crisis services.

Per section 21.19 (d), "Crisis Intervention Services Providers" of the *Medicaid Managed*

[9] *Medicaid Managed Care Model Contract,* Appendix K- Section 48. Crisis Intervention Services.

Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Model Contract (Medicaid Managed Care Model Contract), MMCOs are mandated to offer contracts to all State-approved mobile crisis providers in their service area.

Because Mobile Crisis services are Crisis Intervention services, MMCOs are required to reimburse State-approved providers regardless of the provider's contracting status. See section 10.13(d.ii.D) of the *Medicaid Managed Care Model Contract*.

9. Utilization Management

Prior authorization for Mobile or Telephonic Crisis Response Services is not allowed. MMCOs may not subject Mobile Crisis services to utilization review[10]. Mobile Crisis service activities must occur within the context of a potential or actual psychiatric crisis[11].

IV. Rates and Billing Requirements

1. Rates

MMCOs shall reimburse both participating and non-participating Mobile Crisis providers for services provided to their enrollees in accordance with these billing guidelines.

Beginning October 1, 2019, and for one year thereafter, MMCOs are to reimburse participating and non-participating providers for Mobile Crisis services at no less than the NYS calculated rates, unless the State approves an alternative reimbursement arrangement. These rates are attached to this guidance and posted to the OMH and OASAS websites[12].

The State will reevaluate reimbursement requirements after the first year. In the event of inadequate access, the State may exercise authority to establish government rates.

2. Billing

Mobile Crisis service providers may bill for mobile and telephonic follow-up services provided to a recipient of a qualifying crisis service. Follow-up services are eligible for reimbursement if provided within 14 days of the qualifying crisis episode[13].

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[10] *Medicaid Managed Care Model Contract,* Emergency Services- Section 10.13(e), and Mental Health Services- Section 10.21(i).
[11] *Medicaid Managed Care Model Contract,* Appendix K- Section 48. Crisis Intervention Services.
[12] Mobile Crisis recommended rates can be accessed here:
OMH website: https://www.omh.ny.gov/omhweb/bho/crisis-intervention.html
OASAS website: https://www.oasas.ny.gov/mancare/SUDOP_OTP.cfm
[13] See definition section for definition of qualifying crisis episode.

There are multiple billable services, differentiated by duration and provider type.

All claims must be submitted with the appropriate rate code for the service provided (see below). Please see the New York State Health and Recovery Plan (HARP) / Mainstream Behavioral Health Billing and Coding Manual for details on MMCO claiming processes.

A. Telephonic Crisis Triage and Response

Provider Type	Rate Code	CPT Code	Modifier	Unit Measure	Unit Limit/Day
Licensed Professional	4609	H2011	GT	15 Minutes	Up to 90 minutes (6 Units)
Unlicensed/Certified Peer	4610	H2011	GT, HO	15 Minutes	up to 90 minutes (6 Units)
Licensed Professional	4611	S9485	GT	Per Diem	90 minutes- 3 hours (1 Unit)
Unlicensed/Certified Peer	4612	S9485	HO	Per Diem	90 minutes- 3 hours (1 Unit)

B. Mobile Crisis Response

Provider Type	Rate Code	CPT Code	Modifier	Unit Measure	Unit Limit/Day
One Person Response: Licensed	4615	H2011	HE	15 Minutes	Up to 90 minutes (6 Units)
Two-person Response: Licensed and Unlicensed /Certified Peer	4616	H2011	HK	15 Minutes	Up to 90 minutes (6 Units)
Two-person Response: Both Licensed	4617	H2011	HE, HK	15 Minutes	Up to 90 minutes (6 Units)
Two-person Response: Licensed and Unlicensed/Certified Peer	4618	S9485	HE, U5	Per Diem	90 – 180 minutes (1 Unit)
Two-person Response: Both Licensed	4619	S9485	HE, HK, U5	Per Diem	90 – 180 minutes (1 Unit)
Two-person Response: Licensed and Unlicensed/Certified Peer	4620	S9485	HE	Per Diem	At minimum 3 hours of face-to-face contact (1 Unit)
Two-person Response: Both Licensed	4621	S9485	HE, HK	Per Diem	At minimum 3 hours of face-to-face contact

C. Telephonic Follow-Up Services

Provider Type	Rate Code	CPT Code	Modifier	Unit Measure	Unit Limit/Day
Licensed professional	4613	H2011	TS, GT	15 Minutes	Up to 60 minutes (4 Units)
Unlicensed/Certified Peer	4614	H2011	TS, HM	15 Minutes	Up to 60 minutes (4 Units)

D. Mobile Follow-Up Service

Provider Type	Rate Code	CPT Code	Modifier	Unit Measure	Unit Limit/Day
One Person face-to-face Response: Licensed	4622	H2011	TS	15 Minutes	Up to 90 minutes (6 Units)
One Person face-to-face Response: Unlicensed /Certified Peer	4623	H2011	TS, HE	15 Minutes	Up to 90 minutes (6 Units)
Two-person face-to-face Response: Licensed and Unlicensed/Certified Peer	4624	H2011	TS, SC	15 Minutes	Up to 90 minutes (6 Units)