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MEMORANDUM

TO: Mobile Crisis Provider Agencies and County Directors of Community Service (DCS)/Mental Health Commissioners.

FROM: New York State (NYS) Office of Mental Health (OMH), Bureau of Crisis Emergency and Stabilization Initiatives and the Division of Integrated Community Services for Children and Families

DATE: February 1, 2024

SUBJECT: State Plan Amendment Updates to Mobile Crisis Services

On June 29, 2023, NYS received approval from the Centers for Medicare and Medicaid Services (CMS) for the Crisis Intervention (CI) State Plan Amendment (SPA) #22-0026. NYS intends to formally implement Mobile Crisis program changes to effectuate the Crisis Intervention SPA on May 1, 2024. The Crisis Intervention SPA consolidates and aligns Medicaid authority, coverage, and reimbursement policies for existing children and adult Mobile Crisis services.

This document provides guidance to state designated providers regarding policy and program changes to Mobile Crisis services based on the approval of the Crisis Intervention SPA. Current guidance reflects requirements to Mobile Crisis service provisions. The approval of the SPA necessitated changes to programmatic operations that are outlined below.

CRISIS INTERVENTION SERVICES BACKGROUND

The Crisis Intervention benefit, including Mobile Crisis services (implemented in 2019) and Crisis Residence services (implemented in 2020) was authorized under NYS' 1115 waiver as a demonstration benefit for adults aged 21 and older in Medicaid Managed Care. Medicaid Advantage Plus (MAP) Plans began covering the Crisis Intervention benefit in January 2023. These services will now transition to State Plan services.

Mobile Crisis and Crisis Residence services for children up to age 21 were developed under the Children and Family Treatment and Support Services (CFTSS) array implemented through the Children's Medicaid Transformation. These services will remain State Plan services.

PROGRAM CODE UPDATES

State Designated Mobile Crisis Providers are required to update, enter and submit their Mobile Crisis program information into Mental Health Provider Data Exchange (MHPD) under program Code (PC) 0680 and report all activities related to the designated Mobile Crisis programs regardless of funding source or age of the target population (i.e., Medicaid, Medicaid Managed Care, CFTSS, or State Aid) effective 05-01-2024. All NYS designated Mobile Crisis providers who

utilize an alternate program code for Mobile Crisis (i.e., 2680 – Crisis Intervention, 4910- CFTSS Crisis Services) are required to utilize PC 0680 and close the alternate program codes (2680/4910). Additional guidance regarding Program Code updates will be forthcoming.

RATE CODES

The Crisis Intervention SPA consolidates and authorizes a standard set of rate codes and descriptions for Mobile Crisis programs regardless of the target population's age and can be found on OMH's Managed Care website's [Medicaid Reimbursement Rates \(ny.gov\)](#) page. For additional information regarding the applicable authority and rate code changes, please review [Mobile Crisis and Crisis Residence Authority and Rate Changes \(ny.gov\)](#). Program rate code sheets and guidance are subject to modifications. When modified, those updates are applicable and should be reflected in Mobile Crisis program's operations.

Provider agencies will use the same rate codes (4609-4624) for adult and children's Mobile Crisis services, associated procedure codes, and modifier combinations.

MOBILE CRISIS PROGRAM STANDARDS

The SPA establishes standards for reimbursement for Crisis Intervention services (CI services) delivered to Medicaid enrollees and those eligible claims submitted in accordance with the State Plan. The following reflects updates to program standards for Mobile Crisis programs' (Program Code 0680) providing services to individuals who are identified as experiencing an acute psychological or emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of the individual and those involved (e.g., collateral, provider, community member) to effectively resolve.

Mobile Crisis program's CI services are delivered to individuals experiencing a qualifying behavioral health crisis regardless of age or their ability to pay. Mobile Crisis services are available 24 hours a day, 7 days a week, and 365 days a year in a variety of settings including community locations where the individual lives, works, attends school, engages in services, or socializes. Programs maintain the capacity to respond immediately or within timeliness standards established by the State. **Further guidance will be forthcoming to support achievement of these standards.**

Mobile Crisis' is a CI service modality that delivers CI services within the following response methods:

- Telephonic Crisis Response
- Telephonic Crisis Follow Up
- Mobile Crisis Response
- Crisis Follow Up – Face to Face

Mobile Crisis programs include the following service components delivered through the above response methods:

- Mental Health and Substance Use Assessments and Tools;
- Crisis Planning;

- Safety Planning;
- Individual and Family Counseling;
- Care Coordination; and
- Peer/Family Peer Support

All Mobile Crisis' service components:

- Must be delivered by staff qualified by the scope of practice of a NYS license, scope of work and/or by minimum education, experience, and/or training requirements.
- Staff providing direct services must do so under the supervision of a qualified supervisor operating within their scope of practice or work.
- Only a Mobile Crisis Professional or CASAC under the direct supervision of a qualified supervisor can facilitate Mental Health and Substance Use Assessments and Tools. (See Staffing Composition below for descriptions)
- Certified/Credentialed and Provisionally Certified/Credentialed Peers may provide peer, youth, and family peer support services via crisis follow up and/or mobile crisis response under the direct supervision of a qualified supervisor operating within their scope of practice or other Mobile Crisis staff approved to supervise Certified/Credentialed Peers

RESPONSE STANDARDS

Telephonic Crisis Response:

- Mobile Crisis Professionals and other qualified staff can provide CI service components via telephonic crisis response and telephonic crisis follow up to individuals as needed. This service may be provided to both children and adults.

Mobile Crisis Response:

- A two-person mobile crisis response is preferred and should include a Mobile Crisis Professional and a qualified Mobile Crisis staff.
- If determined at triage that only one team member is required for a mobile crisis response either a Mobile Crisis Professional or a Mobile Crisis staff with a Master's degree with a qualified Mobile Crisis Professional available via telehealth.
- If determined at triage that only one team member is required to respond for a primary SUD crisis, a CASAC may respond with a qualified Mobile Crisis Professional available via telehealth.
- When mobile crisis response is provided by less than two (2) staff the rationale should be documented in the health record.

Crisis Follow-Up: Follow up includes coordination with, and referrals to, health, social, other services, and supports as needed and are provided by Mobile Crisis Professionals, qualified Mobile Crisis staff with at least a bachelor's degree or qualified Peers/Advocates working within their scope of work and under the supervision of a qualified supervisor.

Telehealth: Mobile Crisis programs must be approved to deliver applicable CI services via Telehealth by qualified Mobile Crisis Professionals based on State guidance and guidelines outlined in *Telehealth Services Guidance for OMH Providers*.

STAFF COMPOSITION AND SUPERVISION:

Mobile Crisis staff composition includes the following:

Mobile Crisis Professionals are defined as practitioners possessing a license or authority under State licensure law by the New York State Education Department (NYSED) who are qualified by credentials, training, and experience to provide direct services related to the treatment of behavioral health conditions within their scope of practice established by NYSED's Office of the Professions, [Office of the Professions | Office of the Professions \(nysed.gov\)](https://www.nysed.gov/office-of-the-professions):

- These practitioners include a Physician, including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker — LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; Licensed Creative Arts Therapist, Licensed Behavioral Analyst, and Occupational Therapist who meet the qualifications set forth in 42 C.F.R. 440.110(b)(2).
- A Licensed Psychologist is a professional who is currently licensed as a psychologist by the NYSED or possess a permit from the NYSED and who possesses a doctoral degree in psychology and works in a Federal, State, county or municipally operated program or services. Such master's degree-level psychologists may use the title "psychologist" and may be considered professional staff but may not be assigned supervisory responsibility. Master's level psychologists are excluded from the supervision of CI services.
- For services provided to individuals **21 years and older**, the definition of Mobile Crisis Professionals also includes: Certified Psychiatric Rehabilitation Practitioners certified by the Psychiatric Rehabilitation Association, Certified Rehabilitation Counselors certified by the Commission on Rehabilitation Counselor Certification, Therapeutic Recreation Therapists certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association, and Counselors certified by and currently registered with the National Board for Certified Counselors.

Mobile Crisis Staff are defined as practitioners and/or service providers who are at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma, high school equivalency, or State Education Commencement Credential plus experience, credentials, or certifications. Individuals without a bachelor's degree must also meet one or more of the following qualifications:

- For services delivered to adults, 1-3 years of experience providing services and supports to individuals living with a behavioral health disorder, and their identified/preferred supports;
- For services delivered to children/youth and their identified supports, 2 years of work experience in children's mental health, addiction, or foster care;
- A student or intern within a Department of Health (DOH) approved NYSED program;
- Licensed Practical Nurse;
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or
- Individuals with lived experience with emotional, behavioral, addiction, or co-occurring disorders or as a parent/primary caregiver of a child, youth, young adult, adult with emotional, behavioral, addiction, or co-occurring disorders and who are not qualified peers. NYS may also waive the education requirement for these individuals to provide services.

Qualified Peers are individuals with lived experience as an individual with emotional, behavioral, addiction, or co-occurring disorders or as a parent/primary caregiver of a child with emotional, behavioral, addiction, or co-occurring disorders and who are provisionally certified or credentialed, certified or credentialed as a Family Peer Advocate (FPA), Certified Recovery Peer Advocate (CRPA), Youth Peer Advocate (YPA), and/or Peer Specialists who have completed all required State approved trainings specific to their title.

Oversight and Supervision requires that staff deliver services and receive regular supervision by a Mobile Crisis Professional operating within the scope of practice of their NYS license. Peers must receive regular supervision by competent mental health professionals defined as crisis intervention professionals, CASACs, other Mobile Crisis staff with a master's degree in a human services field, and qualified peers with at least 3 years of direct experience providing related peer services; and experienced Family Peer Advocates (FPAs) may supervise Youth Peer Advocates (YPAs) upon completion of State approved Youth Peer Support training.

Training Requirements for all Mobile Crisis Professionals and other staff including those contracted for the provision of Crisis Intervention services require training on the administration of opioid antagonists (Narcan), trauma-informed care, de-escalation strategies, harm reduction.

LPHA RECOMMENDATIONS:

All CI services must be recommended by any of the following Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice of their State license who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker — LCSW); Licensed Marriage and

Family Therapist; Licensed Creative Arts Therapists; Licensed Mental Health Counselor; and Licensed Occupational Therapist.

LPHA recommendations must be documented in the client's record for every crisis episode:

- LPHA's Name, licensure, title, and signature
- Date of the recommendation
- Summary of the qualifying behavioral health crisis episode including rationale for CI services based on the individual's current crisis and presenting symptoms

OPERATION STANDARDS

All Mobile Crisis Provider Agencies must ensure:

- Updates to and implementation of policies and procedure that reflect program changes described above;
- Staff completion of required trainings is documented in the program's records;
- The availability and documentation of all program and activities including delivery of required crisis services described.

Mobile Crisis Provider Agencies may be asked by NYS OMH or designees to provide evidence of qualifications and compliance as defined herein this notification. NYS OMH is actively working to update program and billing guidance to reflect changes to services, operations, and billing reimbursement based on the State Plan. Please direct any questions regarding this email to mobile.crisis.programs@omh.ny.gov.

All designated mobile crisis providers must ensure updates to program operations and implementation of policies and procedures reflect changes outlined in this notice by May 1, 2024.

The Crisis Intervention SPA Managed Care memo has been uploaded to the [Medicaid Managed Care Crisis Intervention webpage](#) and is available at the following link: <https://omh.ny.gov/omhweb/bho/docs/mobile-crisis-crisis-residence-authority-rate-changes.pdf>.

Program and billing guidance to reflect changes to services, operations, and billing reimbursement based on the State Plan are being updated. Additional program guidance and technical assistance will be provided during the Crisis Residence Learning Collaborative meetings.