Behavioral Health Hospital Engagement Forum:

Mobile Crisis Response Billing Guidance

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Agenda

- Mobile crisis response benefit
- Details about updated benefit and standards
- Billing guidance for hospitals to bill for internally-delivered crisis services

Explanation of the benefit

- Colorado is adding to the crisis continuum by launching a new Mobile Crisis Response (MCR) benefit available to all Coloradans regardless of insurance status
- HCPF and the Behavioral Health Administration (BHA) are collaborating to design and launch this benefit via the American Rescue Plan Act
- Colorado is eligible for enhanced federal match for the first three years to offset the costs of ramping up services

Benefit Explanation

- ✓ Occurs where a client is at, in the community, to offer relief & stabilization
- ✓ Dispatched through 988, 911, Colorado Statewide Crisis line & other direct crisis channels
- ✓ MCR is delivered by a multi-disciplinary mobile crisis response team with specialized crisis training & expertise set by federal requirements (BHA Crisis Professional training to be Crisis Professional provider type, BHE endorsement
- ✓ MCR providers are required to coordinate follow up services to ensure continuity of care for the client
- ✗ MCR is **not** a replacement for ongoing mental health and substance use disorder treatment services
- ✗ MCR does **not** replace or stop other crisis response services, but is another option for communities & is an opportunity for greater collaboration across crisis providers

Availability

- MCR under the CCS program is available 24/7/365 statewide
- The face-to-face response must occur within one hour of dispatch in urban areas, and two hours in rural/frontier areas
- Must be a paired response, prioritizing dual in-person responses but the second person may be via telehealth
- It is delivered in community---not in facilities where other crisis services are available like emergency departments

Service Activities

- Engage with community partners, dispatch to coordinate dispatches, community referrals, and eventual public-facing marketing
- Initial face-to-face response including a risk assessment, brief intervention, and safety planning
- Immediate follow-up within 24 hours and for up to five days after to ensure continued stabilization, identification of needs
- Secondary follow-up within seven days for a warm-handoff to additional services

Provider and Team Requirement

Provider/Agency Requirements

- Must have received a BHA endorsement by meeting all standards

Staffing Requirements

- Must be multidisciplinary professionals and paraprofessionals with BHA crisis training.
- Teams must include a licensed behavioral health clinician, peer support professional, and staff with training in child, youth and family crises

Provider and Team Requirement

Teams must also have access to community providers during or immediately after a crisis who serve:

- people with intellectual and developmental (I/DD), serious emotional disturbances (SED), substance use disorders (SUD), traumatic brain injuries (TBI), other cognitive needs/neurodiversities
- Individuals who do not speak English or less than very well and individuals who are Deaf/Hard of Hearing or Deaf-Blind (DHOHDB),

General Requirements for Reimbursement

- Must meet timeliness standards
  - Available 24/7/365
  - Respond within 1 hour of dispatch for urban areas and 2 hours for rural and frontier areas
- Must meet team standards
  - Paired response
  - Licensed clinician on team available for in-crisis consult
  - Meet other staff and training standards
  - Provider agency is BHA endorsed
- Must meet service standards
  - Response in community
  - Face to face response, follow up response, and coordination of care

General Requirements for Reimbursement

- Does not cover
  - Secure transportation of members
  - Medical diagnoses, evaluation, medication, treatment
  - Higher levels of care
  - Employees responding while acting outside the capacity of a mobile crisis response team role

Allowed Places of Service

Mobile crisis response services should occur in the individual's or caregiver's home or an appropriate alternative community setting.

MCR teams may respond to crises in non-hospital or other facility settings, including but not limited to:

- Homes,
- Workplaces,
- Schools,
- Libraries,
- Group homes,
- Assisted living facilities,
- Outpatient medical providers' offices or clinics,
- ASAM Level 1 and 2 Designated Facilities
- Community correctional facilities, and
- Other settings where health centers or clinics do not offer behavioral health services.

Excluded Places of Service

Facilities excluded from receiving community-based Mobile Crisis Response funded by BHA or Medicaid include:

- Inpatient Hospital,
- Inpatient Psychiatric Hospitals,
- Emergency Departments,
- Psychiatric Residential Treatment Facilities (PRTFs),
- Qualified Residential Treatment Programs (QRTPs),
- Inpatient Alcohol and Drug Rehabilitation Centers,
- Withdrawal Management Facilities,
- ASAM Level 3 and 4 Designated Facilities,
- Prisons and Jails, and
- Outpatient settings that offer crisis services, such as Community Mental Health Centers (CMHCs) who will be required as comprehensive safety net providers to hold a crisis endorsement, or Certified Community Behavioral Health Clinics (CCBHCs)s.

Benefit Go-Live Status

- Completing readiness reviews of all already contracted crisis providers to determine whether they meet the eligibility standards to be enrolled with BHA and HCPF.
- Providers will be able to begin HCPF enrollment June 1, 2023 for a July 1, 2023 launch if they are approved by BHA.
- BHA and HCPF will continue to work on technical assistance and funding over the next year.

Billing for Crisis Services

Hospitals that do not have staff, who are able to respond to behavioral health crises at their facility, should contract with external behavioral health providers to provide these services to members.

These providers can include:

- Community Mental Health Centers
- Federally Qualified Health Centers
- Independent Licensed Behavioral Health Providers

A contracted provider must have appropriate training and credentials to assess, triage, and resolve crisis situations; be responsive to a crisis situation in a timely manner; and coordinate care for members needing additional services outside of the crisis event.

Billing for Crisis Services

Providers must be contracted with the Regional Accountable Entities (RAEs) to bill for crisis services.

Crisis Services that can be included in a providers contract with the RAE are:

- 90839 Psychotherapy for crisis, first 60 mins*
- 90840 Psychotherapy for crisis add-on, each add'l 30 mins*
- H2011 Crisis intervention service, per 15 mins*
- S9485 Crisis intervention mental health services, per diem
- T1017 Targeted case management*

These services can be provided in-person or via telehealth when clinically appropriate and as approved by the RAE.

* Indicates these codes are opened FFS as well as CAP.

Billing for Crisis Services

Billing considerations for when a contractor is providing services:

1) The hospital will bill for the services provided in the facility on the institutional claim.

2) The contracted provider will bill for their services on a professional claim, unless they are a Federally Qualified Health Center.

Contacts

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