Eligibility Verification, Documentation Requirements, Service Guidelines, and Access to Services Criteria for Mobile Crisis Services

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Disclaimer

Conflict of Interest Disclosures

Jennifer Hodgson has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Avery Belyeu has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest

Mobile Crisis Services

- *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*

Behavioral Health Information Notice 23-025, p. 3

A New Direction for Mobile Crisis Services

- Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services

» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible

Welcome and Introductions

Today's Presenters

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Agenda

- Medi-Cal Eligibility Verification: Processes & Systems
- Documentation Requirements for Mobile Crisis Services
- Mobile Crisis Services Guidelines and Access to Services Criteria
- Summary
- Q&A

Learning Objectives

Participants will:

1. Describe the Medi-Cal eligibility verification processes and systems.
2. Understand the documentation requirements for mobile crisis services and its connection to billing and requirements of a mobile crisis encounter according to BHIN 23-025.
3. Address mobile crisis services service guidelines and access to services criteria.

Learning Building Blocks

» Previous trainings related to this topic:

- Introduction to Culturally Responsive Crisis Care for Tribal and Urban Indian People
- Data Reporting for Mobile Crisis Services
- Medi-Cal Mobile Crisis Billing and Reimbursement

Medi-Cal Eligibility Verification: Processes & Systems

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Eligibility Verification Protocols: Gathering Key Information

- A recipient's eligibility can be retrieved from the Eligibility Verification System (EVS) using the recipient's social security number (SSN).
- Individuals may qualify for Medi-Cal coverage up to age 26 regardless of immigration status even if they were not in foster care at age 18 or older.
  - The Medi-Cal program for former foster youth gives young adults free coverage up to age 26: Covered 26 FAQ
- The eligibility response will provide the Benefits Identification Card (BIC) and issue date that can be used to bill Medi-Cal.
  - If the individual does not have a social security number: contact the Medi-Cal County Welfare Office in which the recipient resides using the Medi-Cal County Contacts for Providers list.

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/faq/recipient-eligibility-verification

Eligibility Verification Protocols

Considerations:

- At the time of encounter
- After the encounter

» *Verification must occur on the date of service.*

Eligibility Verification Protocols: Gathering Key Information Cont.

- "In addition to a provider verifying that an individual is eligible to receive Medi-Cal benefits, the provider must make a good-faith effort to verify the identity of the recipient by matching the recipient's name and signature on their Medi-Cal card with a valid California driver's license, ID card issued by the Department of Motor Vehicles, another type of picture identification card, or other credible document of identification."

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/911C909F-B8C9-45FE-8D87-89E06DAF5555/eligrec.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

Eligibility Verification Protocols: Gathering Key Information Cont.

- **"The identification requirement is waived for persons 17 years of age and younger, persons in long term care, and individuals receiving emergency care.**
- For patients receiving emergency services, this exception applies only for the duration of the medical emergency. After the emergency services terminate, and prior to providing any non-emergency services or releasing the recipient from care (whether emergency room, hospital, clinic or other medical services provider), the provider must confirm the recipient's identity as specified by the 'good faith effort' described above."

Sources: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/911C909F-B8C9-45FE-8D87-89E06DAF5555/eligrec.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

Documentation Requirements for Mobile Crisis Services

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BHIN 23-025: Requirements for Documentation

- Mobile crisis teams shall document problems identified during the mobile crisis services encounter on the member's problem list within the member's medical record, consistent with documentation requirements outlined in BHIN 22-019 (or superseding guidance in BHIN 23-068).

- In addition, mobile crisis teams shall create a progress note that describes all service components delivered to the member, including any follow-up check-ins, referrals to ongoing supports, crisis planning, or facilitation of a warm handoff made as part of the mobile crisis services encounter.

BHIN 23-025 (p. 17)

Mobile Crisis Service Encounter Documentation

SPA 22-0043 covers the following mobile crisis service components:

- Initial face-to-face crisis assessment;
- Mobile crisis response;
- Crisis planning;
- Facilitation of a warm handoff, if needed;
- Referrals to ongoing services, if needed; and
- Follow-up check-ins.

Each mobile crisis services encounter shall include, at minimum:

- Initial face-to-face crisis assessment;
- Mobile crisis response;
- Crisis planning, as appropriate, or documentation in the beneficiary's progress note of the rationale for not engaging the beneficiary in crisis planning; and
- A follow-up check-in, or documentation in the member's progress note that the member could not be contacted for follow-up despite reasonably diligent efforts by the mobile crisis team.

When appropriate, each mobile crisis services encounter shall also include:

- Referrals to ongoing services; and/or
- Facilitation of a warm handoff.

- The dispatch documentation/outcome will be captured on the tool.
- DHCS will be providing more guidance to the counties on any data reporting requirements.

BHIN 23-025 (p. 11)

BHIN 23-025: Requirements for Billing

- All claims will be reimbursed by "encounter," which is inclusive of all mobile crisis service components delivered by a mobile crisis team during the mobile crisis response (described in section IV), with the exception of service components that receive an add-on reimbursement (described in section V(d)).
- Medi-Cal behavioral health delivery systems shall claim using HCPCS procedure code H2011 and place of service code 15.
- As determined by the Medi-Cal behavioral health delivery system, services can be identified as SMHS mobile crisis services using modifier HE, or DMC-ODS mobile crisis services using level of care modifier U, or DMC mobile crisis services using no modifier.

BHIN 23-025 (pp. 25-27)

BHIN 23-025 Requirements for Billing Cont.

- Medi-Cal behavioral health delivery systems shall submit one claim per mobile crisis services encounter, which must include the four minimum components of a Medi-Cal reimbursable encounter (described in section IV of BHIN 23-025).
- Because this is a new benefit, the non-federal share of qualifying mobile crisis encounters will be reimbursed with state general funds.
- Reimbursement for the encounter is considered all-inclusive, and Medi-Cal behavioral health delivery systems shall not submit separate claims on behalf of individual members of the mobile crisis team for services delivered as part of the mobile crisis services encounter (e.g., Medi-Cal behavioral health delivery systems shall not submit a claim for Peer Support Services when a Peer Support Specialist is acting as a member of a mobile crisis team and the team is submitting a claim for a mobile crisis encounter).

BHIN 23-025 (pp. 25-27)

BHIN 23-025 Requirements for Billing Cont.

- The date of the mobile crisis service encounter is the day the member received a mobile crisis response. A member may receive more than one mobile crisis service encounter on the same day.
- Beginning July 1, 2023, the encounter rate for mobile crisis services will be a county-specific bundled rate, which will be established in the Medi-Cal State Plan.
- In addition to the encounter rate, DHCS recognizes there are administrative activities associated with implementing mobile crisis services. Administrative costs should be billed through the existing administrative claiming process. Administrative activities associated with mobile crisis services include, but are not limited to:
  i. Time to coordinate with other Medi-Cal behavioral health delivery systems;
  ii. Time to coordinate with community partners;
  iii. Time to coordinate with law enforcement;
  iv. Time to conduct dispatch activities;
  v. Time to complete data reporting; and
  vi. Time to develop a mobile crisis implementation plan and other required policies and procedures

BHIN 23-025 (pp. 25-27)

Codes

- Specific Codes
  - Mobile Crisis Encounter
    - Mobile Crisis Code – **H2011**
      - Place of Service (POS) Codes
      - # 15 – Mobile Unit
      - # GT – Telehealth (if applicable)
- Add-on reimbursement
  - Transportation Codes
    - The circumstances under which this add-on reimbursement could occur are:
      - If a mobile crisis team member drives the member to an alternate setting such as an emergency department, the county may claim for transportation mileage using code **A0140**.
      - If a mobile crisis team member spends staff time during the journey stabilizing the individual or assists the member by waiting with them for the next level of care (e.g., waits until they can be admitted), the county may claim for staff time using code **T2007**.

Mobile Crisis Services Guidelines and Access to Services Criteria

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BHIN Requirements for Access to Services

Consistent with policies outlined in BHIN 22-011 and BHIN 22-013, and given the unique nature of behavioral health crises, mobile crisis services are covered and reimbursable prior to determination of a mental health or SUD diagnosis, or a determination that the member meets access criteria for SMHS, DMC and/or DMC- ODS services.[1] Counties should refer to BHINs 21-071, 21-073 and 23-001 for criteria for member access to the SMHS, DMC and DMC-ODS delivery systems.

BHIN 23-025 (p. 5); [1]See also W&I, § 14184.402, subd. (f)

Understanding the Community/County/Region Service Landscape

- Build relationships with the populations, cultural groups, and community stakeholders.
- Learn from the service area community about their cultural strengths and needs.
- Research population health issues in your service area.
- Gain awareness of the community's social determinants of health needs.
- Familiarize yourself with the geographic boundaries, terrain, and historical experiences with emergency response services for mental health.

California Hosts the Largest Tribal Population in the Country

- California counties with largest tribal populations: Los Angeles, San Diego, San Jose, San Joaquin, San Bernardino, and Riverside (World Population Review).
- Counties with highest percentage of tribal populations: Alpine, Inyo, Del Norte, Humboldt, Mendocino, and Siskiyou (Index Mundi; American Community Survey; Population and Housing Unit Estimates).
- Land acknowledgements: When engaging in stakeholder meetings, start meaningful conversations with and in support of Indigenous communities to honor their enduring stewardship of these lands, as well as to elevate the presence and voices of Native peoples – past, present, and future.

Adopted from M-TAC Training: Introduction to Culturally Responsive Crisis Care for Tribal and Urban Indian People

Matching People Receiving Mobile Crisis Services to Available Community Services

- Assessment and crisis resolution may result in linking or referring members to available services.
- Goal is to ensure that members have access to the right care, in the right place, at the right time (BHIN 22-011, p. 2).
- DHCS Core Continuum of Care-cited in BHIN 23-025 (p. 20):
  - Eight different major categories of service
  - Not always distinct from one another (i.e., may require and receive service from more than one category at any given moment in time).
    - For example, a person enrolled in an intensive outpatient program might also receive support from a peer recovery specialist.
  - People routinely move in and out of care, requiring service from different categories, sometimes in a matter of hours or days.

DHCS Core Continuum of Care

Prevention and Wellness Services	Outpatient Services	Peer and Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	SUD Residential Treatment	Crisis Services	Intensive Treatment Services
Prevention and wellness services, including services, activities and assessments that educate and support individuals to maintain healthy lifestyles and prevent acute or chronic conditions, like wellness checks and health promotion activities	Outpatient services, including a variety of traditional clinical outpatient services like individual and group therapy, ambulatory detoxification services	Peer and recovery services delivered in the community that can be provided by individuals with lived experience, including young adults and family members	Community supports include flexible services that are designed to enable individuals to remain in their homes and participate in their communities, like supported housing, case management, supported employment and supported education	Intensive outpatient treatment services including services such as ACT (Assertive Community Treatment) and substance use intensive outpatient services that are delivered using a multi-disciplinary approach to support individuals with higher acuity behavioral health needs	SUD residential treatment provided in short-term residential settings to divert individuals from or as a step-down from intensive services	Crisis services include a range of services and supports, such as crisis call centers, mobile crisis services and crisis residential services that assess, stabilize and treat individuals experiencing acute distress	Intensive treatment services are provided in structured, facility-based settings to individuals who require constant medical monitoring.

Matching People Receiving Mobile Crisis Services to Available Community Services Cont.

- Warm handoffs help facilitate connecting the member with the appropriate care.
- Arrange for or provide transportation to effectuate the warm handoff, if needed.
- Research available local and regional community resources (e.g., Regional Centers, Behavioral Health Service Providers, FURS, SUD services and supports).
- Be person-centered and operate from a trauma-informed and culturally responsive approach.
- Engage in motivational interviewing techniques to help establish a person-centered plan.

Tribal Communities and Connection to the Care Continuum

- For tribal people, crisis may not be a singular event but interconnected with systemic discrimination rooted in colonization, forced relocations, disruptions in healthy family functioning, erosion of cultural practices, and limited behavioral health resources.
- Tribal communities often have strong familial and communal bonds. If given permission, when is appropriate, or if they're available during dispatch, mobile crisis teams should prioritize involving these support networks as first-line responders in crisis situations. This can include family members, tribal elders, and community leaders who may have valuable insights and resources to offer. It is important to adhere to ethical and legal confidentiality standards.

Tribal Communities and Connection to the Care Continuum Cont.

- Uplift kinship roles and elders in mobile crisis services to resolve family crises.
  - Elders often hold significant influence and wisdom within tribal communities.
  - Follow up is vital with relatives for tribal members who receive services through county and/or tribal-led entities.
- The goal is to ensure members receive coordinated services aimed at improving health outcomes (BHIN 22-011, pp. 1-2).
  - Collaborate with tribal mental health providers who can provide culturally relevant treatment options.
- View their symptoms by considering the context in which those symptoms have developed, and honor the reasons they are seeking help and support.
  - Advance knowledge of tribal services in your catchment area will determine if tribal behavioral health professionals are available to consult on any specific cultural nuances and culturally responsive care.
- Obtain releases of information to contact family members for follow-up.

Summary

- It is important to familiarize oneself with the BHIN and links included in BHIN 23-025 as they contain vital information regarding eligibility and verification, documentation, billing, and access to services.
- Mobile crisis teams should document all service components delivered to the member, including any follow-up check-ins, referrals to ongoing supports, crisis planning, or facilitation of a warm handoff made as part of the mobile crisis services encounter.
- Medi-Cal behavioral health delivery systems shall submit one claim per mobile crisis services encounter, which must include the four minimum components of a Medi-Cal reimbursable encounter (described in section IV of BHIN 23-025).
- A mobile crisis service that is most beneficial to its county members should be grounded in the identities, available resources, cultural customs for healing, and accessibility needs of those it is designed to serve across the Core Continuum of Care.
- Stakeholder engagement meetings help to design, deliver, and improve service through trust building, listening, and collaborating to determine actionable steps.
- Tribal communities often have strong familial and communal bonds. If given permission, is appropriate, or if they are available during dispatch, mobile crisis teams should prioritize involving these support networks as first-line responders in crisis situations.

Thank You!

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