Disclaimer

This presentation was prepared for the Medi-Cal Mobile Crisis Training and Technical Assistance Center (M-TAC) project, which is funded by the California Department of Health Care Services (DHCS) and administered by the Center for Applied Research Solutions (CARS). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from DHCS or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the M-TAC project. This presentation will be recorded and posted on our website.

Housekeeping

This event is being recorded: Audio is now broadcasting.

Audio is provided through your computer speakers or headphones: Your line is automatically muted.

If you have issues with your speakers and would like to connect by phone: Click Join Audio under audio settings.

Choose Phone Call tab: Dial the desired phone number, and enter Meeting & Participant ID.

Live captioning is available: Click the CC Live Transcription button to show and hide captions during today's event.

Need help or have questions for our presenters? Please type in the Q&A box!
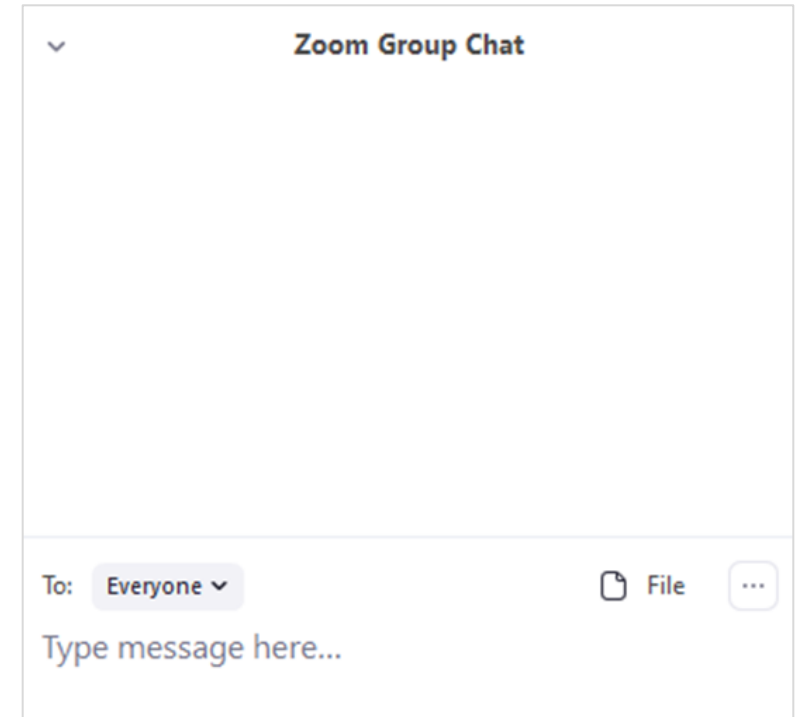
Housekeeping: How to Participate

Live captioning is available today.
Prefer to see your captions in a new browser tab? Click the link in the chat box to access captions during the live event.

Your view: Double-click slides to exit full-screen view or press escape.

Chat: Today's chat is for ALL QUESTIONS and resource sharing. Hear an echo? Have a question for the presenters? Don't see the slides? Let us know in the chat!

Webinar Policies

Participation

We welcome your participation through the methods outlined in the housekeeping introduction. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

Chat

Participant comments in the chat box do not reflect the views or policies of the presenters, the California Department of Health Care Services (DHCS), or their affiliates or contractors. By using this chat box, you agree to keep your comments relevant to the topic of today's event. While diverse perspectives are welcome, disruptive comments that are not aligned with the purpose of this meeting will not be tolerated, and users creating disruption may be removed without warning.

Welcome to Today's Session!

Medi-Cal Mobile Crisis Billing and Reimbursement

Conflict of Interest Disclosures

Presenters Suzanne Rabideau and Nicholas Williams have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Presenters

Suzanne Rabideau
Principal
Health Management
Associates (HMA)

Nicholas Williams
Senior Consultant
Health Management
Associates (HMA)

Today's Agenda

» Mobile Crisis Service Definition

- Team Composition

- Mobile Team Activities

» Billing for Medi-Cal Mobile Crisis Services

» Administrative Claiming

» Requirements Counties Must Meet Prior to Submitting Claims

» Q and A

Audience Introductions

In the chat box, we invite you to share your:

» Name

» Role

» Organization

» One thing you hope to learn today

Learning Objectives

Participants will:

» Understand what constitutes a mobile crisis service that can be billed/claimed under Medi-Cal, according to BHIN 23-025.
» Understand the codes and modifiers to use when billing for Medi-Cal mobile crisis services.

This training is intended for billing professionals who are highly versed in the CA DHCS Medi-Cal billing manuals. The training will provide an overview of the allowable billable codes and modifiers for Medi-Cal mobile crisis services to be used when billing/claiming for Medi-Cal mobile crisis services.

The Big Picture
Medi-Cal Mobile Crisis Benefit

A New Direction for Mobile Crisis Services

» Support 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 Benefit 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

Definition of Mobile Crisis

» *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, pg. 14

Mobile Crisis Team

Mobile Crisis teams shall meet the following standards:

» At least **two providers shall be available for the duration of the initial mobile crisis response**. It is a best practice for at least two providers to be physically present onsite, but Medi-Cal behavioral health delivery systems may allow one of the two required team members to participate via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions. Mobile crisis teams may provide services in this manner only if the Medi-Cal behavioral health system determines that such an arrangement: Is necessary because it otherwise would result in a marked delay in a mobile crisis team's response time; and the use of such an arrangement poses no safety concerns for the member or the single mobile crisis team member who is physically onsite during the initial mobile crisis response.

Behavioral Health Information Notice 23-025, pg. 7

Mobile Crisis Team

Mobile Crisis teams shall meet the following standards:

» At least **one onsite mobile crisis team member shall be carrying, trained, and able to administer naloxone**;

» At least **one onsite mobile crisis team member shall be able to conduct a crisis assessment**;

» The mobile crisis team providing the initial mobile crisis response **shall include or have <u>access</u> to a Licensed Practitioner of the Healing Arts (LPHA)** as defined in the "SUD Treatment Services" or "Expanded SUD Treatment Services" section of Supplement 3 to Attachment 3.1-A of the State Plan, **or a Licensed Mental Health Professional**, including a licensed physician, licensed psychologist, licensed clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurse, or licensed psychiatric technician.

Mobile Crisis Teams: Allowable Team Members

Mental Health Treatment Providers
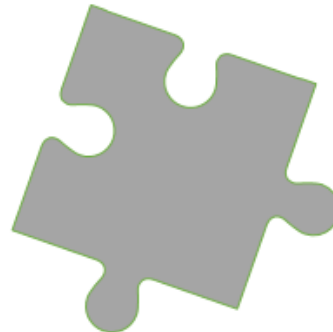
Community Health Workers

SUD Treatment Providers

Emergency Medical Technicians

Paramedics + Community Paramedics

Certified Peer Workers

See Table 1. of 23-025 for details on qualifying Mobile Crisis Team Members by Delivery System

Mobile Team Activity

» 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 member's progress note of the rationale for not engaging the member 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.

» Mobile crisis teams shall be able to deliver all mobile crisis service components, even though there may be some circumstances in which it is not necessary or appropriate to provide all components (e.g., if the mobile crisis team can de-escalate a situation onsite, it may not be necessary to facilitate a warm handoff to a higher level of care).

Service Settings

» Service settings are where the individual is experiencing the crisis. Examples of settings include:

- Houses and multi-unit housing
- Workplaces
- Public libraries
- Parks
- Schools
- Homeless shelters
- Outpatient clinics
- Assisted living facilities
- Primary care provider settings

Service Setting Restrictions

Mobile crisis services shall not be provided in the following settings due to federal law and/or because these facilities and settings are already required to provide other crisis services:

» Inpatient hospital
» Inpatient psychiatric hospital
» Emergency department
» Residential SUD treatment and withdrawal management facility
» Mental health rehabilitation center

» Special treatment program
» Skilled nursing facility
» Intermediate care facility
» Jails, prisons, and juvenile detention facilities
» Other crisis stabilization and receiving facilities (e.g., sobering centers, crisis respite, crisis stabilization units, psychiatric health facilities, psychiatric inpatient hospitals, crisis residential treatment programs, etc.)

Actionable Tip

Note that service setting restrictions apply to the new Medi-Cal Mobile Crisis Services benefit; settings that are currently billable under other funding streams remain unchanged.

Transportation

» When needed, a mobile crisis team shall arrange for or provide transportation to an appropriate level of care or treatment setting. The mobile crisis team may transport *or accompany* the member directly as part of providing the mobile crisis service.

» Time and travel for the mobile crisis team to and from the person experiencing a crisis is built into the mobile crisis encounter rate.

» When transporting a person in crisis the mobile team time is billed additionally to the mobile encounter. Additionally, mileage is billable when the mobile crisis team transports the member.

» Codes will be discussed in future slides.

» An upcoming training will focus on transportation strategies.

Billing for Medi-Cal Mobile Crisis Services

Origins of the Medi-Cal Mobile Crisis Services benefit

» The Medi-Cal Mobile Crisis Services benefit is a new benefit allowable through the American Rescue Plan Act (ARPA) of 2021 section 9813 (42 U.S.C. section 1396w–6) that allows states to add qualifying community-based mobile crisis intervention services as a covered Medicaid benefit under an **_enhanced federal medical assistance percentage (FMAP) at 85%._**

» The new benefit must respond to the federal definitions for services to receive the 85% match from the Center for Medicare and Medicaid Services (CMS).

Three Topics Related to Billing for Medi-Cal Mobile Crisis Services

Mobile Crisis Encounter

Transportation

Administrative
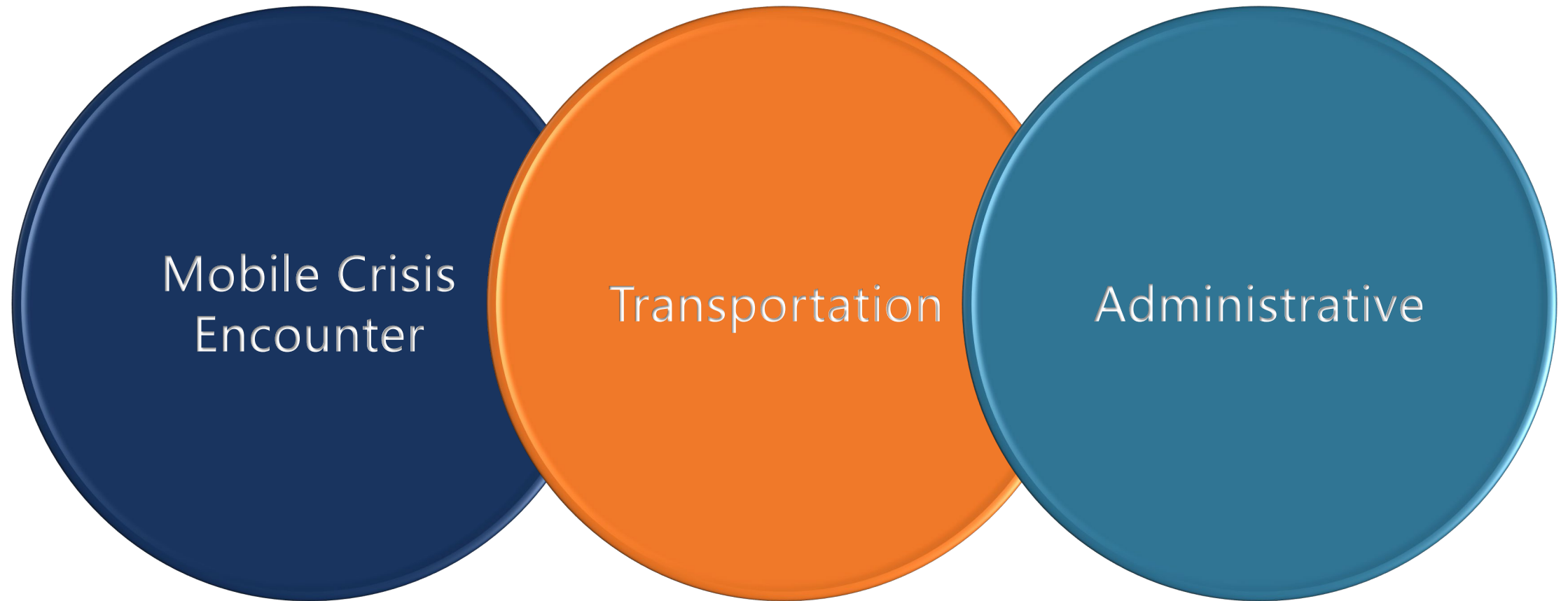
Encounter Based Rates

» Claims are reimbursed by "encounter," which is inclusive of all mobile crisis service components (**except transportation**). One claim is submitted per mobile crisis encounter, **NOT** per team member, regardless of team composition.

- See the Medi-Cal Claiming for Mobile Crisis Services within BHIN 23-017 for information about the assumptions used in developing rates.

» Rates posted at https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-23-017-Specialty-Mental-Health-Services-and-Drug-Medi-Cal-Services-Rates.pdf

Codes – The Big Picture

» Specific Codes
  ▪ Mobile Crisis Encounter
    o Mobile Crisis Code – H2011
      ▪ Place of Service (POS) Codes
        ● ***# 15 – Mobile Unit***
        ● # GT – Telehealth (if applicable)
  ▪ Add-on reimbursement

    o Transportation Codes – (submission on topic of mobile crisis encounter codes)

      ▪ T2007 – Staff time

      ▪ A0140 – Transportation mileage

Excerpts from Manual
Specialty Mental Health Services Billing Manual

Service Table 4 – Community-Based Mobile Crisis Intervention Services Codes

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:**All outpatient services are locked out against inpatient and 24-hr services except for the date of admission or discharge.	Dependent on Codes	Medicare COB Required?	Maximum Units That Can Be Billed	Allowable Modifiers
Mobile Crisis	H2011 **	N/A	15	No	No	No	24	GT, HW, SC
Transportation Mileage	A0140	N/A	15	No	No	No	N/A	GT, HW, SC
Transportation Staff Time	T2007	N/A*	15	No	No	No	96	GT, HW, SC
Mobile Crisis Intervention Services cannot be billed with: • Residential services, except for the day of admission and discharge • Inpatient services, except for the day of admission and discharge • Psychiatric Health Facility, except for the day of admission and discharge Claims for Mobile Crisis services should ignore the taxonomy code.								

* This is the most current information from DHCS, and manuals will be updated to reflect this most current information.
** H2011 without POS 15 will be paid as Crisis Intervention.
** Taxonomy code not required on claim for H2011 with POS 15, A0140, or T2007 (applies to all delivery systems, but typo corrected above).

Excerpts from Manual

Drug Medi-Cal ODS Billing Manual

Service Table 4 Mobile Crisis Codes

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes Note: All **outpatient** services are locked out against inpatient and 24-hr services except for the date of admission or discharge.	Dependent on Codes	Exempt from Medicare COB?	Maximum Units That Can Be Billed	Allowable Modifiers
Mobile Crisis	H2011	DMC-ODS: N/A	DMC-ODS: 15	None	None	Yes	24*	DMC-ODS: HD, UA, HG, U1, U2, U3, U7, U8, U9, UB, GT, HW, SC
Transportation Mileage	A0140	N/A	15	No	No	Yes*	N/A	GT, HD, HG, HW, SC, UA, U1, U2, U3, U7, U8, U9, UB
Transportation Staff Time	T2007	N/A	15	No	No	Yes*	96*	HD, HG, GT, HW, SC, UA, U1, U2, U3, U7, U8, U9, UB

Mobile crisis services cannot be billed with 24-hr services except on the day of admission and the day of discharge.

* This is the most current information from DHCS, and manuals will be updated to reflect this most current information.

Excerpts from Manual

[Drug Medi-Cal State Plan Billing Manual](#)

Service Table 4 Mobile Crisis Codes

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note**: All **outpatient** services are locked out against inpatient and 24-hr services except for the date of admission or discharge.	Dependent on Codes	Exempt from Medicare COB?	Maximum Units That Can Be Billed	Allowable Modifiers
Mobile Crisis	H2011	DMC-State Plan: N/A	DMC-State Plan: 15	None	None	Yes	24*	DMC - State Plan: HD, HG, UA, U1, U2, U3, U7, U8, GT, HW, SC
Transportation Mileage	A0140	N/A	15	No	No	Yes*	N/A	HD, HG, GT, HW, SC, UA, U1, U2, U3, U7, U8, U9, UB
Transportation Staff Time	T2007	N/A	15	No	No	Yes*	96	HD, HG, GT, HW, SC, UA, U1, U2, U3, U7, U8, U9, UB

Mobile crisis services cannot be billed with 24-hr services except on the day of admission and the day of discharge.

* This is the most current information from DHCS, and manuals will be updated to reflect this most current information.

Scenario for Discussion

A mobile crisis team responds to a Medi-Cal member at a park. The team spent about three hours with the member. During this time, they arranged for her to go to a peer program the next day and coordinated her transportation to the program.

Follow-up is conducted by calling her the following evening.

» What POS would be used with the service code?

» What services would be billable and what service code would be used?

» How would this follow-up be billed?

Administrative Claiming

» How to Submit for County Administrative Costs
  o Administering mobile crisis services involves additional costs. These should be billed through the existing administrative claiming process. Examples of these billable activities include time to:
    ▪ Coordinate with other Medi-Cal behavioral health delivery systems

    ▪ Coordinate with community partners

    ▪ Coordinate with law enforcement

    ▪ Conduct dispatch activities

    ▪ Complete data reporting

    ▪ Develop a mobile crisis implementation plan and other required policies and procedures

» DHCS will be issuing additional guidance on how to claim for administrative services

Key Requirements to Begin Claim Submission

» Counties must receive approval to begin providing Medi-Cal mobile crisis services and submitting claims.
» To receive approval counties must submit an Implementation Plan and ***receive written approval*** on their Plan from DHCS.
» See BHIN 23-025 (page 29-30) for minimum requirements for Implementation Plan approval.

Questions

Summary

» Mobile crisis service can be billed/claimed under Medi-Cal when they meet the specific requirements of BHIN 23-025 including:
  o Two-person team composition
  o Services are community-based
  o Services correspond with the activities outlined

» Billing and claiming for Medi-Cal mobile crisis services includes:
  o Specific codes and modifiers as outlined in Medi-Cal billing manuals

Resources
Billing

» *Behavioral Health Information Notice No: 23-017* (April 21, 2023), *Specialty Mental Health Services* and Drug Medi-Cal Services Rates, Department of Health Care Services, https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-23-017-Specialty-Mental-Health-Services-and-Drug-Medi-Cal-Services-Rates.pdf

» *County Claims Customer Services Library*, Department of Health Care Services, https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx

» *Crisis Resource Need Calculator*, Crisis Now, https://calculator.crisisnow.com/#/data-insights?chart=SC&geo=State&lob=All&location_key=CA&metric1=bh_high_needs&tab=Map

» *Specialty Mental Health Services Medi-Cal Billing Manual, Version 1.4*, Department of Health Care Services, https://www.dhcs.ca.gov/Documents/SMHS-Billing-Manual-v-1-4.pdf

Closing and Thank You

Your feedback is important to us!

Post-Survey, attendees must opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion.

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!

Appreciation!

Contact Us

Miranda March (Project Director)

mmarch@cars-rp.org

Danielle Raghib (Field Director)

draghib@cars-rp.org

David Eric Lopez (TTA Specialist)

dlopez@cars-rp.org

Andrew Ha (Project Manager)

aha@cars-rp.org

For General Questions

Mobilecrisisinfo@cars-rp.org