CLASP
Policy solutions that work for low-income people

Memorandum

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From: PATH Team at CLASP
Date: July 1, 2020
Re: Mobile Crisis and Stabilization Financing

SUMMARY

One of the goals of Prince George's County's CLASP work is to align eligibility criteria and definitions across the child and adult systems to reduce gaps and cliffs for young people currently accessing services. The Prince George's County PATH team developed a comparison chart of medical necessity criteria for all currently available behavioral health services for the transition-age youth age span in the county. Based on this comparison, the team identified five areas where the medical necessity criteria or payment structure differed for children versus adults, including mobile crisis and stabilization services. This memo outlines options for how to structure reimbursement for mobile crisis and stabilization services through Medicaid.

Overview

Mobile Crisis and Stabilization

Crisis Services are provided to individuals experiencing a psychiatric emergency. They are a continuum of services that include: 23-hour crisis stabilization/observation beds, short term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services. Mobile crisis teams provide acute mental health crisis stabilization and psychiatric assessment services to individuals within their own homes and in other sites outside of a traditional clinical setting (Scott 2000). The main objectives of mobile crisis services are to provide rapid response, assess the individual, and resolve crisis situations that involve children and adults who are presumed or known to have a behavioral health disorder.

There is evidence that crisis stabilization, community-based residential crisis care, and mobile crisis services can divert individuals from unnecessary hospitalizations and ensure that people experiencing behavioral health crises can access the least restrictive treatment option. Additionally, a continuum of crisis services can assist in reducing costs for psychiatric hospitalization, without negatively impacting clinical outcomes. [1]

Prince George's County currently offers grant funded mobile crisis services to children and youth up to age 18. Medicaid and county general funds are the most frequently reported funding sources for crisis services. Although states finance crisis services in different ways, many use multiple funding sources to ensure that a continuum of crisis care can be provided to all who present for services, regardless of insurance status, also known as collaborative funding. Collaborative funding is defined as the access to

and coordination of multiple sources of financing to enhance the provision of crisis services. States indicated that using funding from multiple sources has been an effective way to support a continuum of crisis care. Medicaid sources include 1115 Waivers, Medicaid Rehabilitation Options, Early Periodic Screening Diagnosis and Treatment (EPSDT), and 1915 waivers.

Option 1: Collaborative Funding with 1115 Waiver

1115 waivers allow states to waive certain federal statutory Medicaid program requirements or obtain federal matching funds for costs or investments that would not otherwise be allowed under the Medicaid program. Programs offered under 1115 waivers must be cost neutral but provide the opportunity to target services to particular populations.

State Examples

Massachusetts

Mobile Crisis Intervention (MCI) is the youth (under the age of 21) -serving component of an emergency service program (ESP) provider. Mobile Crisis Intervention provides a short- term, mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis. The purpose is to identify, assess, treat, and stabilize the situation, reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan. Anyone may contact ESP/MCI for assistance if they or a family member is experiencing a mental health or substance use disorder crisis. This service is provided 24 hours a day, 7 days a week by calling toll-free at 1 (877) 382-1609.[2]

Funding

Massachusetts uses an Interagency Service Agreement between the state mental health agency and the state Medicaid agency to provide crisis services through MassHealth's mental health and substance abuse vendor, Massachusetts Behavioral Health Partnership.

The state mental health agency, public health agency, emergency department staff, and consumers collaborated to develop emergency department alternatives for those in crisis.

Massachusetts uses two main funding streams for its emergency crisis services program, state general funds and Medicaid funds. Medicaid funds include 1115 Waiver funds and funds available under the Medicaid state plan. The two streams of funds are combined to operate one program. Currently, private insurance funds and substance abuse funds are not contributing to this pool.

Additional funding sources for crisis services in the state include: a substance abuse block grant; a project for assistance in transition; jail diversion (funded through state general funds) and trauma recovery; the Kids Planning Grant; Shelter Plus Care Program; and comprehensive services for children. Four of the 21 ESPs in the state are operated by state personnel and therefore primarily SMHA funded, though Medicaid eligible services provided by those 4 programs are billed to Medicaid.

Other State Examples: Tennessee, Texas

Option 2: Collaborative Funding with Medicaid Rehabilitation Option

The Medicaid Rehabilitation option offers states unique flexibility in delivering services. This includes permitting rehab option services to be provided in community settings, including a person's home or work environment; it permits services to be provided by a broader range of professionals than some other options including community paraprofessionals; and, it permits coverage of a broader range of services, including those that assist in acquiring skills essential for everyday functioning. [3] This option allows many different types of providers to provide mobile crisis and stabilization services in a range of community settings.

State Examples

Missouri

Access Crisis Intervention (ACI) provides access to services for individuals experiencing a behavioral health crisis. ACI provides an opportunity for individuals to receive necessary behavioral health crisis services in an effort to reduce unnecessary interventions such as hospitalization or detentions. By calling the ACI hotline, individuals have access to behavioral health crisis services that are free and available to both youth and adults.

- All calls are strictly confidential.
- ACI hotlines are staffed 24 hours a day, seven days a week by behavioral health professionals who are available to provide assistance.
- Assistance may include phone contact, referrals to resources in the community, next day behavioral health appointments, or a mobile response. Mobile is defined as either going to the location of the crisis, or to another secure community location.

Funding

Missouri is developing partnerships in providing crisis services where possible. The state is improving the links between regional Community Mental Health Centers (CMHCs) and the crisis system and Missouri's hospital association.

Crisis services are funded via state general funds, the state's Medicaid match, the Medicaid Rehabilitation Option, Medicaid Targeted Case Management, and SAMHSA's mental health block grant. The state has developed an enhanced community psychiatric rehabilitation rate within their Medicaid waiver program. Medicaid can only be billed if the consumer is currently being served by the particular CMHC where they seek services; otherwise, those services are paid for with state general funds.

Other State Examples: Illinois

Option 3: State Plan Amendment

A State Plan Amendment (SPA) allows a state to change the services covered under their Medicaid State Plan. SPAs make permanent changes to the Medicaid service array that are available to everyone

eligible for Medicaid coverage. A state plan amendment would update Maryland's Medicaid state plan to include mobile crisis services in the mental health service array.

State Examples

New Jersey

Mobile Response and Stabilization Services are available 24 hours a day, seven days a week, to help children and youth who are experiencing emotional or behavioral crises. The services are designed to defuse an immediate crisis, to keep children and their families safe, and to maintain children in their own homes or current living situation (such as a foster home, treatment home or group home) in the community. When there is a crisis, an MRSS worker is available within one hour to help de-escalate, assess, and develop a plan together with the child and family. MRSS is accessible through a toll-free phone number, which serves as a single point of entry to a range of services.

Funding

In New Jersey, the Medicaid State Plan was updated to include Mobile Response and Stabilization Services (MRSS) for youth up to age 21 as reimbursable under Early Periodic Screening Diagnosis and Treatment (EPSDT). This option allows these services to be reimbursed for children and youth who do not have private insurance and are not eligible for the state's public health plan. MRSS is also supported through billing private insurance and wrap/flex funds, to support services not covered by Medicaid.

Option 4: Collaborative Funding with 1915 waivers

1915(b) waivers, often referred to as "freedom of choice waivers," provide states with the flexibility to modify their delivery systems to incorporate managed care by allowing CMS to waive statutory requirements for comparability, state wideness, and freedom of choice. 1915(c) waivers, also known as home and community-based services (HCBS) waivers, allow states to expand coverage for community-based services for populations that would not otherwise be Medicaid eligible. States have used both waiver types to make mobile crisis and stabilization services reimbursable through Medicaid.

State Examples [4]

Michigan

The Mobile Crisis Response (MCR) Program is a comprehensive, community-based service providing immediate response 24 hours per day, seven days per week throughout Michigan. A team of professionals is trained specifically to work with youth and their families. Clinicians are skilled in crisis intervention, clinical assessment, addressing serious mental health issues, developing crisis safety plans to address risks and behaviors associated with mental health and substance use issues, and coordinating short-term crisis placements for youth. The MCR team has up-to-date access on community resources and critical youth issues.

Funding

The state mental health agency contracts with the Prepaid Inpatient Health Plans (PIHPs) to provide Medicaid managed behavioral health services. It also contracts with Community Mental Health Service Providers (CMHSPs) to provide crisis services to non-Medicaid eligible individuals.

Crisis services are funded via the state general funds, the state's Medicaid match, and concurrent Medicaid 1915(b) and 1915(c) waivers. Crisis residential and emergency or crisis services, including substance abuse, are provided through the state's 1915(b) waiver. Michigan has established an electronic system so that when someone walks into a crisis center, the center can immediately determine if the person is covered by Medicaid.

Crisis Intervention is billed to Medicaid at $53 per 15 minutes. Intensive crisis stabilization-enrolled programs are billed to Medicaid at $277 per hour.

Other State Examples: Texas

Option 5: Turn on Mobile Crisis CPT Codes

Common Procedural Technology (CPT codes) are numbers assigned to every task and service a medical practitioner may provide to a patient including medical, surgical, and diagnostic services. They are used by insurers to determine the amount of reimbursement that a practitioner will receive by an insurer for that service.[5] Some states have turned on mobile crisis CPT codes to allow billing for mobile crisis services in both Medicaid and private insurance.

State Examples

Connecticut

In Connecticut, the Department of Children and Families (DCF) provides crisis services for children and youth through Mobile Crisis Intervention Services. Point of entry is through 2-1-1. If a child is in crisis, community members dial 2-1-1 (open 24/7) and the crisis staff link them to the appropriate mobile crisis provider for their town. Parents, schools, case managers, or the child or teen themselves can call 2-1-1 for help. Mobile Crisis helps resolve behavioral or emotional crises at home, in school, or wherever help is needed. Trained Mental Health Clinicians are available to be dispatched to the home or community for a face to face evaluation within 45 minutes from 6 am to 10 pm, Monday through Friday, and 1 pm to 10 pm on weekends and holidays. Additionally, they are available immediately to talk by phone and evaluate the situation, 24 hours a day, 365 days per year.

Crisis Clinicians respond immediately to the crisis, and work with the child and family to develop a crisis safety plan to bring the situation under control as soon as possible. Support is provided to the child and family for up to 6 weeks. Follow-up care involves the child, family members, and community-based supports.

Funding

Since the early 2000s, Connecticut has had two mobile crisis CPT codes: S9484 (crisis intervention mental health services, hourly) and S9485 (crisis mental health services, per diem). Mobile crisis services for children and youth who have health insurance coverage through Medicaid are billed under these

codes. Services are also funded by the Connecticut Behavioral Health Partnership (CT BHP). CT BHP is a partnership between the Department of Children and Families (DCF) and the Department of Social Services (DSS). Additional funding is provided by the Connecticut Department of Children and Families and in partnership with the United Way of Connecticut and the Child Health and Development Institute (CHDI).

Other State Examples: Oklahoma

Key Considerations and Takeaways

- States have exercised multiple options to make mobile crisis and stabilization services Medicaid reimbursable. These options include 1115 Waivers, the Medicaid Rehabilitation Option, State Plan Amendments, 1915 waivers, and turning on billing codes.
- The 1115 waiver allows states to pilot services for specific populations. Prince George's County is currently trying to target their Mobile Crisis services to youth and young adults, so this option may be appropriate. 1115 waivers are also pilot waivers, so to the extent that additional piloting is needed, this may be a strong option.
- The Medicaid Rehab option is being used by a number of states because it has a broad definition of the term rehab and allows a number of mental health providers to provide services in the community, at their home, or at their school.
- EPSDT services are focused on youth 21 and younger; New Jersey's model of reimbursement for MRSS under EPSDT could help with targeting services to youth and young adults. This model could help expand services to age 21 but does not support service provision to young adults ages 21-25.
- Many of the Medicaid funding sources outlined in this memo are used in conjunction with one of the other waivers, however the 1115 and Medicaid Rehabilitation Option have been used as the only Medicaid funding source in a few states. It is possible that the county will need to use multiple options to achieve the goal of making mobile crisis services reimbursable for transition age youth.
- Collaborative funding is the most common way states fund their crisis services, including mobile crisis. Using multiple funding streams creates a more sustainable structure**.** Even once mobile crisis services become Medicaid reimbursable, the county should anticipate the need for additional investment of county dollars to ensure that the system is sustainable and includes the entire range of needed services.

Resources

- MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS) BEST PRACTICES FOR YOUTH & FAMILIES
- Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies

[1] https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848
[2] https://www.mass.gov/files/documents/2016/07/oi/ps-mobile-crisis-intervention.pdf
[3] https://www.kff.org/wp-content/uploads/2013/01/7682.pdf
[4] https://www.nasmhpd.org/sites/default/files/SAMSHA%20Publication%20on%20Effectiveness%20%26%20Cost-Effectiveness%20of%2C%20and%20Funding%20Strategies%20for%2C%20Crisis%20Services%206-5-14_8.pdf
[5] https://www.verywellhealth.com/what-are-cpt-codes-2614950