Virginia Medicaid: Mobile Crisis Response (H2011) FAQs

Topic	Question	Response
General	Where can I find copies of the training?	Recordings of all trainings and Power Points will be uploaded to our website. https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/ Videos are also uploaded to the DMAS You Tube channel at https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA/videos
General	The manual says that we must submit registrations forms to the MCO/BHSA within 1 business day of admission. What does 1 business day mean?	One business day means, 11:59pm on the next business day. Example #1: Admission occurs on a Monday at 10am, the provider has until Tuesday at 11:59pm to submit the registration form. Example #2: Admission occurs on a Friday (Saturday or Sunday), the provider has until Monday at 11:59pm to submit the registration form. DMAS encourages providers to submit registration forms as soon as possible. Holidays that effect the above requirement pertain to only State Holidays – Twelve specific (12) days of any calendar year that State offices are closed. State holidays do not include any additional time off that may be appropriated to State employees by the Governor or legislature. If a registration due date falls on a State identified holiday, the registration is then due the next business day the state is open by 11:59pm.

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Mobile Crisis Response	In mobile crisis, can providers provide service without a referral from a crisis call center?	Engagement with DBHDS data platform will be required. DBHDS is working on finalizing guidance on the requirements and the effective date of these requirements. Currently, mobile crisis providers can provide services through their pre-December 1, 2021 process of accepting referrals for crisis services.
Mobile Crisis Response	Will private providers be able to provide Mobile Crisis Response, or will it only be coordinated through CSBs?	Provider Requirements include the following but may not be limited to, appropriate DBHDS license, Memorandum of Understanding with Regional Crisis Hub, and DBHDS training requirements. DBHDS is working on finalizing guidance on the requirements and the effective date of these requirements. Please see the Mental Health Services Manual, Appendix G for additional requirements.
Mobile Crisis Response	If crisis intervention is included as a covered service component for a service we provide, such as ACT, can we bill for Mobile Crisis Response?	To bill for mobile crisis response, a provider must be appropriately licensed by DBHDS as a crisis stabilization provider, and meet DBHDS required data platform related requirements. Please see the Mental Health Services Manual, Appendix G for additional provider requirements. ACT providers may be able to bill for crisis related services under the ACT per diem. Providers should refer to the Intensive Community Based Support Appendix (Appendix E) of the Mental Health Services Manual for details on covered services under ACT.

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Mobile Crisis Response	Crisis intervention is included in the ACT per diem, but what about pre-admission screening (mobile crisis) if there is not a certified prescreener on the ACT team?	The following clarification has been added to the Intensive Community Based Support Appendix: *While the ACT team should be employed whenever possible as the crisis responder, when immediate crisis intervention is clinically required, billing for concurrent Mobile Crisis Response Services (H2011) is allowable.* This includes scenarios of when a prescreening is required and prescreening for a person participating in ACT can be performed through Mobile Crisis Response if there is no prescreener on the ACT team.
Mobile Crisis Response	What is the difference between face-to-face and in-person?	Face-to-face can occur through telemedicine when allowed (see the Telehealth Supplement for definition of telemedicine). In-person requires the provider to be physically present with the individual.
Mobile Crisis Response	In mobile crisis, can 2 QMHP-As team together to provide service?	Yes, under team composition #4. The assessment for this service must be supervised and signed off on by an LMHP or LMHP-type. Please see the Mental Health Services Manual for additional information about required activities and staffing requirements for all service components.
Mobile Crisis Response	Is there a team for 2 LMHPs? Or does one LMHP have to register as a QMHP?	Two Licensed Mental Health Professionals (LMHP) can bill under team #5 without the LMHP staff registering as a QMHP. Verbiage in the manual has been clarified.

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Mobile Crisis Response	ASAM 2.1 & ASAM 3.1 services are provided concurrently in some organizations where the ASAM 2.1 provider and ASAM 3.1 provider are under separate organizational licenses and different provider NPI's. So closely coordinated but separately distinct companies are working collaboratively to provide integrated treatment. Can the ASAM 2.1 provider also licensed in Crisis Stabilization provide the mobile crisis intervention services for a patient currently in crisis in the ASAM 3.1 provider facility?	This would be appropriate in the ASAM 3.1 setting if the provider has a separate crisis stabilization license and NPI.
Mobile Crisis Response	Does "LMHP-Type" include residents/supervisees?	LMHP-type includes residents/supervisees (LMHP-R, LMHP-RP and LMHP-S).
Mobile Crisis Response	Could an LBA be used when a client/family are experiencing a crisis with a child with ASD?	Licensed Behavioral Analysts (LBA) are included in the LMHP definition and can provide services as an LMHP within their scope of practice.
Mobile Crisis Response	Does the call center have to be contacted for a CSB prescreening?	Yes, prescreenings are covered under Mobile Crisis Response and engagement with the call center/data platform in accordance with DBHDS requirements is required. Engagement does not require a call and this will be reviewed as part of the DBHDS training. DBHDS is working on finalizing guidance on the requirements and the effective date of these requirements.
Mobile Crisis Response	What if our agency's LMHP bills under the outpatient psychotherapy for crisis codes (90839/90840) and we don't bill under mobile crisis response? Do we still need to engage with the Crisis Call Center?	90839 and 90840 can be used by an LMHP to provide crisis services for standard outpatient services, MH Intensive Outpatient or MH Partial Hospitalization, the provider does not need to engage the call center. Please see manual for billing guidance for MH-IOP and MH-PHP. Other uses within community-based services may require engagement with the call center, as it will be important to have documentation of the outcome of crises, regardless of how they are billed. Updates will be provided at a future time.

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Mobile Crisis Response	How do you distinguish between a mobile crisis response team and a CSB crisis/emergency services team?	A CSB emergency service is a code-mandated service that a CSB must provide preadmission screenings. Mobile Crisis Response is a service that DMAS reimburses and has its own policies in the Mental Health Services manual. CSB emergency services can provide Mobile Crisis Response but not all of the services they provide may meet the Mobile Crisis Response service definition.
Mobile Crisis Response	Can mobile crisis response be provided through telehealth?	With the exception of the assessment which may be provided through a telemedicine assisted assessment and care coordination, mobile crisis response services must be provided in-person. Telemedicine assisted assessment means the face-to-face service delivery encounter by a QMHP-A, QMHP-C, CSAC with synchronous audio and visual support from a remote LMHP, LMHP-R, LMHP-RP or LMHP-S to: obtain information from the individual or collateral contacts, as appropriate, about the individual's mental health status; provide assessment and early intervention; and, develop an immediate plan to maintain safety in order to prevent the need for a higher level of care. The assessment includes documented recent history of the severity, intensity, and duration of symptoms and surrounding psychosocial stressors. Please see https://www.dmas.virginia.gov/covid-19-response/ for additional information on COVID-19 telehealth flexibilities.
Mobile Crisis Response	If an individual is initially being prescreened voluntarily but then turns to involuntary, do we bill the voluntary time under modifier HK and then bill the involuntary time separately under the 32 modifier? Or do we just bill for the prescreening based upon the final designation, involuntary vs. voluntary?	Providers should capture the status of the individual throughout the interaction and submit claims with the appropriate modifiers. In the case of a prescreening that is initially voluntary, time spent on prescreening activities should initially be reported with the HK modifier. Additional time spent in prescreening when the individual is under an ECO, should be submitted on another line of the claim using the 32 modifier.

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Mobile Crisis Response	What if a CSB is completing a prescreening and the CSB uses all 32 units provided by the Mobile Crisis Response registration process but the prescreening process is still not complete?	A CSB can submit another Mobile Crisis Response registration, with the same DBHDS data platform number and a different start and end date. It is permissible for dates of service to overlap with the initial Mobile Crisis Response registration, if the CSB has used all 32 units. Use the Mobile Crisis Response (prescreen only) option on the registration form. There is no registration submission limit on Mobile Crisis Response for the same individual, as long as DMAS policies are being followed. These policies include any applicable DBHDS requirements for engagement with the data platform and call center.
Mobile Crisis Response	What should a Mobile Crisis Response provider do if they use all 32 units received from the Mobile Crisis Response registration process and additional units are needed to stabilize the individual experiencing a behavioral health crisis?	A provider can submit another Mobile Crisis Response registration, with the same DBHDS data platform number and a different start and end date. It is permissible for dates of service to overlap with the initial Mobile Crisis Response registration, if the provider has used all 32 units. There is no registration submission limit on Mobile Crisis Response for the same individual, as long as DMAS/DBHDS policies are being followed. These policies include required engagement with crisis call center and the data platform as per DBHDS requirements. Mobile Crisis Response providers are not allowed to function outside of the crisis call center, regional crisis hubs and the data platform. Teams must be dispatched by the regional crisis hubs and individuals must meet medical necessity criteria.

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Mobile Crisis Response	Current telemedicine policy change. This has been communicated to all MCOs/BHSA and language will updated in the next Crisis Appendix update this spring.	Current Policy: At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. This assessment must be done in-person or through a telemedicine assisted assessment. Change to Policy: At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. The assessment must be done in-person, **through telemedicine**, or through a telemedicine assisted assessment (see appendix for definition of telemedicine assisted assessment, which did not change). The change to Mobile Crisis Response policy is we will now allow the LMHP to perform the assessment via telemedicine without the "assisted" part. Meaning a Mobile Crisis Response team member does not need to be in-person with the individual, if the LMHP is performing the assessment via telemedicine. We are making this change to align with DBHDS' code: § 37.2-804.1. Use of electronic communication. This change pertains to all Mobile Crisis Response providers. Please note, that if a team rate (#2-5) is being billed and the LMHP is performing the assessment via telemedicine unassisted, then the other team member must still be engaged in a covered service during that time in order to bill the team rate.
Service Authorization	For initial registrations, will the number of days and units always be the same?	Yes, unless there is a manual update, the number of days and units for initial authorizations through the registration process will always be the same. Units provided and billed for by the provider must be medically necessary.
Service Authorization	Do the allowed registration days have to be consecutive?	Yes, the dates of service submitted for a registration must be consecutive.

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Service Authorization	How can we be sure that another provider does not have a registration?	The provider needs to ask the health plan for this information.
Service Authorization	Are there limitations on how frequently an individual can receive a registration for services?	There are no limits, however, if an individual is in need of multiple instances of Mobile Crisis Response cross a period of time, the services providers, other collateral contacts and the health plan should be working together to assist the individual with a plan to help stabilize and link to the appropriate level of care. These activities should be documented in service provider's progress notes. All new registrations require engagement DBHDS data platform in accordance with DBHDS requirements. All individuals must meet medical necessity criteria. DMAS, DBHDS and the health plans will be monitoring service authorization data and utilization data to make sure the needs of the individuals are being met.
Service Authorization	Does the individual still have right to select a provider of choice after contacting the Crisis Call Center or will they be referred to a provider of the Hubs choice?	CMS requires that individuals be given free choice of available providers for all Medicaid services.
Documentation and Billing	How do I bill if we use different team composition throughout the day?	Billing should reflect the actual team composition for the unit billed, with a modifier used to bill for the time period of each team composition/encounter that occurred. The team composition can vary throughout the day depending on the needs of the individual. The team composition delivering the service should be reflected in documentation and billing.
Documentation and Billing	How are team services documented? Does there need to be two records?	Only one record is required with both providers acknowledged as present in the documentation and signed by both providers.
Questions regarding DMAS policies related to Mobile Crisis Response can be sent to enhancedbh@.dmas.virginia.gov Questions regarding, the Crisis Call Center, DBHDS data platform, MOUs and the workflow concerning the engagement with the call center and data platform can be sent to crisis_services@dbhds.virginia.gov		