Virginia Medicaid: Community Stabilization (S9482) FAQs

VIRGINIA'S MEDICAID PROGRAM DMAS

Topic	Question	Response
General	Will this webinar be posted to the Department of Medical Assistance Services (DMAS) site?	Recording and PowerPoint posted here: https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/
General	For other localities outside of Richmond (tidewater, Northern VA), are these same processes expected (i.e., authorization form, referral process)	Yes, the policy applies statewide.
General	Would you please provide further clarification on FFS?	Individuals not enrolled in a Managed Care Organization (MCO) are considered to be enrolled in Fee for Service (FFS) Medicaid. Behavioral Health authorizations for these individuals are conducted by Magellan of Virginia.
General	When do these changes go into effect?	Changes go into effect 9/1/2022.
Critical Features	Can Community Stabilization be a bridge to an Addiction and Recovery Treatment Services (ARTS) service?	Yes
Required Activities – 24/7 Availability	Can this program be provided to individuals in the community if the service is not available 24/7? Example: being provided Monday-Friday, but not on the weekends.	No, providers must be available to individuals with open service authorizations 24/7.
Required Activities – DBHDS Crisis Data Platform	What is the Department of Behavioral Health and Developmental Services (DBHDS) Crisis Data Platform and how do providers access it?	Providers must have a memorandum of understanding (MOU) with DBHDS and receive training on the use of the DBHDS data platform. Questions related to DBHDS requirements, including the DBHDS Crisis Data Platform, should be directed to DBHDS at crisis_services@dbhds.virginia.gov
Required Activities – DBHDS Crisis Data Platform	Where can we find the required reference number for crisis stabilization?	The reference number is found in the DBHDS Data Platform, of which all Community Stabilization providers must have access to, input data and have an MOU with DBHDS to access. Questions related to DBHDS requirements, including the DBHDS Crisis Data Platform, should be directed to DBHDS at crisis_services@dbhds.virginia.gov
Required Activities – DBHDS Crisis Data Platform	We have questions on when and how to enter services in the DBHDS Crisis Data Platform.	Questions related to DBHDS requirements, including the DBHDS Crisis Data Platform, should be directed to DBHDS at crisis_services@dbhds.virginia.gov
Required Activities – DBHDS Crisis Data Platform	Do we need to complete the entire chart for Community Stabilization in the Data Platform?	Questions related to DBHDS requirements, including the DBHDS Crisis Data Platform, should be directed to DBHDS at crisis_services@dbhds.virginia.gov
Required Activities – DBHDS Crisis Data Platform	Does the MCO complete information in the crisis data platform?	No

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Required Activities – Assessment	We need clarifications on using prescreenings for assessments.	A DBHDS certified prescreener, employed by a Community Services Board may complete a prescreening assessment. A prescreening completed by a DBHDS certified prescreener meets the assessment requirement for Community Stabilization. Providers can use the information collected during a recent prescreening assessment to meet the required elements of a Comprehensive Needs Assessment, but the provider must still conduct an assessment and document this update. Prescreening assessments should only be completed by DBHDS certified prescreeners conducting mandated assessments through emergency services.
Required Activities – Assessment	Is there a specific suicidal/homicidal assessment required?	No.
Required Activities – Treatment Planning	Does the Crisis Education and Prevention Plan (CEPP) cover requirements of an ISP?	No, it does not meet requirements of an ISP; it meets requirements of a safety plan. Both are required activities for this service.
Required Activities – Care Coordination	What is the turn-around time for MCOs to follow up with us for care coordination? Typically, MCOs are complicated to get a hold of.	Providers should document all attempts to contact the MCO including when they called, who they spoke to and what was the outcome of the call.
Required Activities – Care Coordination	Is there an easy way to find out exactly who the care manager is with MCO if the client does not know?	There is a tab on the *ARTS-MHS Doing Business With the MCOs Spreadsheet* with all numbers to care coordination services, you can find that here: https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/--
Required Activities – Service delivery	Can an Licensed Mental Health Professional (LMHP) in a team setting provide telemedicine brief therapeutic sessions or is telemedicine only allowed for the assessment?	Telemedicine is only allowed for the assessment and care coordination, all other services must be in-person.
Required Activities	Will a second assessment be needed if an individual transitions from Mobile Crisis Response to Community Stabilization with the same provider?	At a minimum, the assessment will need to be updated. The following are acceptable assessments for Community Stabilization: 1. Providers may choose to complete a Comprehensive Needs Assessment (see Chapter IV for requirements). 2. If a prescreening assessment has been completed within 72 hours prior to admission, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment. A DBHDS approved assessment for crisis services can be used to meet this requirement if conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S.
Required Activities	Do we need to complete ISPs in addition to the CEPP?	No, at this time the DBHDS Crisis and Education Prevention Plan (CEPP) is not required. An ISP is required.

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Admission Criteria – Referral	Can prescreeners refer to this service if a call is received from a member of the community (law enforcement, psychiatrist, etc.)?	If a prescreening has been conducted through emergency services, it does not matter where the referral to the prescreening came from.
Admission Criteria – Referral	Can we provide services to someone living in a hotel?	There is no prohibition against individuals living in hotels/motels receiving Community Stabilization services. What is prohibited is requiring individuals to receive services in exchange for a hotel/motel room or any other housing. Housing is not a Medicaid cover service. Providers may only bill for time spent actively providing a covered service per the DMAS Mental Health Services Manual.
Admission Criteria – Referral	Do members need to receive Mobile Crisis Response before being referred to Community Stabilization?	No, Mobile Crisis Response is one pathway to Community Stabilization but is not the only path.
Admission Criteria – Referral	Can 23-Hour Crisis Stabilization providers refer individuals to Community Stabilization?	Yes, 23-Hour Crisis Stabilization is listed as an allowed pathway to community stabilization. All other admission criteria also must be met.
Admission Criteria – Referral	Who at the Community Services Board (CSB) or the MCO can a person needing crisis call for a referral to community crisis?	A contact list for the MCOs is located here: https://www.virginiamanagedcare.com/contact-us-- If an individual is in an active behavioral health crisis, the individual needs to be referred to a crisis service that meets their current needs, including Mobile Crisis Response, 23-Hour Crisis Stabilization, Residential Crisis Stabilization Services or an emergency room. Community Stabilization is not a service that should be used for individuals in a behavioral health active crisis.
Admission Criteria – Referral	Does the referring party send the referral form directly to the Community Stabilization staff, or do they send it to the MCO who reaches out to the provider?	The referring provider can send the referral form directly to the Community Stabilization provider. The Community Stabilization provider will submit the referral with their initial service authorization to the health plan. The referrals source can also reach out to the individual's health plan for assistance locating a Community Stabilization provider.
Admission Criteria – Referral	We receive a lot of referrals from hospital discharge planners. Should we just direct them to MCO or Crisis Hub?	If the hospital discharge planner determines that Community Stabilization is a necessary service after a behavioral health related inpatient or emergency room visit until additional services can be set up, the discharge planner can refer directly to Community Stabilization. All other admission criteria must be met.

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Admission Criteria – Referral	How should an individual go about getting their MCO to approve the service?	The MCO can assist with linking the individual to necessary behavioral health services based on the individual's needs: https://www.virginiamanagedcare.com/contact-us-- 1. A provider would contact the health plan for a documented referral for Community Stabilization. Please note, that the health plan must do their due diligence in making sure there is evidence that Community Stabilization is needed and will provide a referral as they see fit. 2. The provider is responsible for obtaining information and evidence that the individual meets admission criteria and is responsible for completing and submitting the service authorization form. 3. A referral from the MCO does not guarantee that the service authorization will be approved. 4. In addition, the MCO or FFS contractor is not obligated to provide a referral for this service if they determine another behavioral health services meets the needs of the individual and links that individual to that service.
Admission Criteria – Referral	What if the client does not have an insurance care coordinator? How can we provide the Community Stabilization services?	The individual can request a care coordinator be assigned to them to assist with linking the individual with necessary behavioral health services based on the individual's needs. In addition, the MCO must assist in this process even if the individual does want or have a health plan care coordinator.
Admission Criteria – Referral	What if child has already had a risk assessment completed at their school and does not need mobile crisis? Is there no way to access Community Stabilization services?	Yes, by contacting the MCO or FFS contractor for a potential referral for Community Stabilization.
Admission Criteria – Referral	Can you provide clarification on the reason to call the MCO? A lot of the questions make me concerned that providers think they should just be calling the MCO to get a referral to Community Stabilization... since the purpose is really to work with the MCO on finding the most appropriate level of care.	The purpose of contacting the MCO is twofold: (1) In the required activities for this service, the provider must contact the MCO to inform the MCO of the reason for the need for Community Stabilization and conduct care coordination with the health plan no matter the source of the referral for the service; (2) Provider may contact MCO to request a referral for the service, if provider has assessed the individual meets admission criteria. The health plan has the discretion to provide this referral and approve the services.
Admission Criteria – Referral	Can 988 refer to a Community Stabilization provider directly?	No
Admission Criteria – Referral	For clients calling providers directly for Community Stabilization, do we instruct them to call 988? Or their MCO? Or either/both?	This depends on the assessed need of the individual. If they are in active crisis, they should call 988. If they are not in active crisis and the provider has assessed that the individual may meet admission criteria, call the health plan for care coordination purposes and a possible referral for the service.

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Admission Criteria – Referral	What should we do with individuals who call or come into our offices and request services? Should we tell them to call 988?	It depends on the needs of the individual. Individuals in active crisis should call 988. Providers can also assist the individual to call their MCO for assistance with linking to appropriate services based on their identified needs or providers could assist in linking the individual to another appropriate behavioral health service.
Admission Criteria – Referral	A provider cannot assess and admit a client to Community Stabilization who is actively in a crisis and has called or walked in to the office? Do we have to refer them to the MCO and not assist them?	If they are actively in crisis, they should be referred to Mobile Crisis Response, 988, another crisis service (23-Hour or Residential Crisis Stabilization) and/or be admitted to the ER, it depends on the assessed treatment needs. Community Stabilization is not an appropriate service for an individual in an active behavioral health crisis.
Admission Criteria – Referral	What is the title or name of the document that lists allowable referral sources?	All of the information discussed in the training is included in Appendix G of the Mental Health Services Manual which is located on the DMAS website: https://vamedicaid.dmas.virginia.gov/manual-chapters/appendix-g-comprehensive-crisis-services?manual_id=17876
Admission Criteria – Referral	Just to clarify, there is no DMAS expectation for the CSBs to specifically screen & assess for ONLY the Community Stabilization service ... correct? Same day access at the CSB assesses the entire array of community-based services for mental health, substance use disorder, and developmental services.	Correct, DMAS sees referrals from same day access as part of an organic process where someone walks into same day access and is assessed for all types of services. Providers should not bring individuals to same day access just to be assessed for Community Stabilization. The provider should be contacting the health plan for a potential referral if the individual has not been discharged from a service identified in the admission criteria.
Admission Criteria - Referral	Can a private provider who has an outpatient agency refer clients to Community Stabilization?	No, referrals from outpatient providers are not an approved referral source to Community Stabilization. The outpatient provider could contact the individual's MCO for assistance with linking the individual to services based on the individual's identified needs or assist the member to do so.
Admission Criteria - Referral	Will an intra-agency referral require the referral form?	Yes, there still needs to be documentation of the professional who is making the referral, the reason for the referral and the anticipated length of stay.
Admission Criteria - Referral	Can a Qualified Mental Health Professional (QMHP) refer from case management to Community Stabilization?	No, case managers are not included in the list of allowed referral sources. The case manager can contact the individual's health plan for assistance with linking the individual to services based on the individual's identified needs.
Admission Criteria - Referral	If a direct referral is received for Community Stabilization from emergency services, do we note the name and contact information of the referring Emergency Medical Technician (EMT)/officer?	The referral should be in writing. A sample form is located here: https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/ A prescreener can refer, but other emergency services individuals cannot refer to this service, such as police, EMT.
Admission Criteria - Referral	Regarding short-term incarceration: can jail staff or probation officers refer clients to Community Stabilization?	The referral must come from the discharge facility in writing to the Community Stabilization provider by someone who knows the needs of the individual.

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Admission Criteria	If a client is already receiving case management at a CSB and goes into crisis while open in services, are they required to go back through Rapid access just to get community stabilization service?	If a client is experiencing an active behavioral health crisis that case management cannot manage, they should be referred to Mobile Crisis Response, 988 or an emergency room, depending on the needs of the individual. The case manager could also contact the individual's MCO for assistance with linking the individual to services based on the individual's identified needs.
Admission Criteria	If a client received Community Stabilization previously, will they be denied services again, even if no evidence of connection to lower level of care? For example, never admitted to Mental Health Skill Building (MHSB) or Intensive Outpatient.	This situation is not an automatic denial. If care coordination was not successfully completed during a previous admission to Community Stabilization, the provider should clearly document the reasons why care coordination was not successful during previous admissions and submit a clear plan for care coordination with the service authorization request.
Continued Stay Criteria	The prescreening can be the sole assessment to open the client to the service. Is a new prescreening required at 72 hours to maintain the service?	No, a new assessment/prescreening is not required at 72 hours to maintain the service. Prescreening assessments should only be completed by DBHDS certified prescreeners conducting mandated assessments through emergency services.
Continued Stay Criteria	Does an updated safety plan need to be completed to support the continued stay request, or does the initial plan still count?	The safety plan should be updated as needed based on the identified needs of the member.
Continued Stay Criteria	Rural areas do not have providers for referral, is this an acceptable reason for continuation of Community Stabilization if the consumer meets criteria?	This situation could potentially be a reason for continuation of services. The provider and health plan would need to coordinate care and meet the needs of the individual based on available resources.
Exclusions and Service Limitations	For clarification, if an individual already has Mental Health Skill Building, are they eligible for Community Stabilization?	In general, the individual is not eligible for Community Stabilization if they have another Behavioral Health Service, however, the health plan does have discretion to approve Community Stabilization services to meet the needs of the individual, as long as they meet all the admission criteria.
Exclusions and Service Limitations	If an individual already receives MHSB services and the individual experiences a mental health crisis that is due to experiencing exceptional circumstances, can we request Community Stabilization services for the individual?	An individual in an active behavioral health crisis needs to be referred to Mobile Crisis Response, 988 or an emergency room, depending on their individual needs. If there is a clinical reason why an individual receiving MHSB needs Community Stabilization, the MCO or FFS may approve it based on the needs of the individual.
Exclusions and Service Limitations	If crisis intervention is included as a covered service component for a service we provide, such as ACT (H0040), can we bill for Community Stabilization?	No
Provider Qualifications	Are Community Stabilization providers no longer required to participate in Mobile Crisis Training?	That is correct; you can see the change in our updated manual.
Provider Qualifications	Can the Mobile Crisis Response provider and Community Stabilization provider be the same?	Yes, there should be documentation that the individual has been given free choice of providers.

Topic	Question	Response
Staff Requirements	Is a PRS the same as a QMHP-Eligible/QMHP-Trainee? Are they allowed to work in Community Stabilization?	Peer Recovery Specialists are a different type of professional and have different the Department of Health Professions (DHP) qualifications. Additional information is located on the Board of Counseling website at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm PRS are allowed to provide Community Stabilization as part of a team with a LMHP.
Staff Requirements	Can a QMHP-Adult provide Community Stabilization to a child and vice versa?	No, QMHP-As may only provide services to adults and QMHP-Cs may only provide services to individuals up to age 22. Please refer to the Board of Counseling website for regulations regarding these professionals. https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm
Staff Requirements	Is a Certified Substance Abuse Counselor (CSAC)-A a resident?	No, they are Certified Substance Abuse Counseling Assistants. Please refer to the Board of Counseling website for regulations regarding these professionals. https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm
Staff Requirements	Can it be a CSAC-Supervisee in group 3?	A CSAC-Supervisee could be part of group 1 or group 4 depending on whether they are providing the service as part of a team with a LMHP.
Staff Requirements	So, a QMHP-E or QMHP-T can't provide the service by themselves, they have to have a licensed person with them?	Yes, that is correct.
Service Authorization	Where can we find the Community Stabilization Referral Template?	https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/
Service Authorization	Could you please provide the new service authorization forms?	https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/
Service Authorization	Can we build this form in the Electronic Health Record, even if it does not/cannot look identical to the DMAS Service Authorization form, but has all of the content?-	Yes
Service Authorization	Is the authorization still required to be submitted within 24 hours?	Yes, the service authorization must be submitted within one business day of the start of services.
Service Authorization	If MCOs have up to 72 hours to approve and they take the full 72 hours, what is the expectation for providers during this time? Are we supposed to be actively providing the service or waiting for the MCO to say its medically necessary?	DMAS does not have a requirement that a provider provide services that have not yet been approved. Providers need to determine this for themselves based on their professional code of ethics and regulations.
Service Authorization	What is the turnaround time for the MCOs to give us a response to our initial service request authorizations?	Urgent review: up to 72 hours. Please see the *ARTS-MHS Doing Business with the MCOs Spreadsheet* for all information pertaining to turn around times. https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/--

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Service Authorization	What is the maximum number of units that can be requested/approved for the initial service authorization?	There is no set maximum. Units will be authorized based on medical necessity.
Service Authorization	Will there be an expected "minimum" units authorized by the MCO if all medical criteria are met?	Units and dates are based on medical necessity.
Service Authorization	How many days and/or weeks does a clinician work with the individual?	This is based on medical necessity of the individual, the provider determines how many days and units they feel the individual needs per the assessment, timeline for transition to another services and requests that from the MCO/FFS.
Service Authorization	The initial Service Request Authorization (SRA) states we must know what services were provided in the last 30 days. How do we find out find out what service they last received?	Providers should contact the individual/MCO/other natural supports and do their due diligence in obtaining this information.
Service Authorization	For continued stay requests for Community Stabilization, how many additional calendar days can be requested?	There is no standard request timeframe for this service. All calendar days/units requested must be based on medical necessity and the treatment needs of the individual. Keep in mind that crisis services are short-term services, and the goal of Community Stabilization is to be a bridge in order for an individual to be linked with longer terms services that meet their treatment needs.
Service Authorization	Does the individual still have right to select a provider of choice.	CMS requires that individuals be given free choice of available providers for all Medicaid services.
Billing Guidance	Is the assessment to be sent in with the SRA to bill for 90791?	90791 does not require a service authorization and is only billable when the individual does not meet admission criteria, so no SRA would be submitted.
Billing Guidance	Care Coordination can only be billed under ARTS, correct?	Care coordination is a covered service component of mental health services but there is no stand-alone care coordination code for mental health services.
Billing Guidance	If one team member is with the individual and one steps out to make a care coordination call at the same time, we can't bill the team rate?	No, under this example, the team rate would still be billed. Both team members have to be present and engaged in a covered service to bill the team rate but the exception would be if one team member leaves to conduct care coordination, that would still be billed at the team rate.
Billing Guidance	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.
Billing Guidance	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.

Topic	Question	Response
Service Modality	Can Community Stabilization be provided through telehealth?	With the exception of the assessment, which may be provided through a telemedicine assisted assessment and care coordination; Community Stabilization 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.