



NC Department of Health and Human Services

Joint DMH/DD/SUS & DHB (NC Medicaid) Provider Call

Clinical Coverage Policy 8A - Mobile Crisis Management

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April 7, 2022

Mobile Crisis Management Policy Update

- **Webinar Objectives**

- Overview of:

- Service description
- Purpose of Policy Updates
- Updates for Clinical Coverage Policy 8A - Mobile Crisis Management

Mobile Crisis Management Policy Update

- **Mobile Crisis Management (MCM)**

provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance abuse services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports or services

available 24-hours-a-day, 7-days-a-week, 365-days-a-year

Mobile Crisis Management Policy Update

- **The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Act)**

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Act) requires health insurance carriers to achieve coverage parity between Mental Health/Substance Use Disorders (MH/SUD) and Medical/Surgical (M/S) benefits, especially in regard to financial requirements and treatment limitations.

Mobile Crisis Management Policy Update

- **American Rescue Plan Act of 2021 (ARP)
(Pub. L. 117-2)**

Section 9813 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) amended Title XIX of the Social Security Act authorized a new Medicaid state option to provide community-based mobile crisis intervention services during the period starting April 1, 2022 and ending March 31, 2027.

December 28, 2021 - The Centers for Medicare & Medicaid Services (CMS) published a [State Health Official letter \(SHO\)](#) which set forth Medicaid guidance on the scope of and enhanced payments for Qualifying Community-Based Mobile Crisis Intervention Services authorized under Section 1947 of the Social Security Act.

Mobile Crisis Management Policy Updates

Mobile Crisis Management Policy Update

- **Staffing Requirements**

Current Language	Proposed Language
<p>20 hours of training in appropriate crisis intervention strategies within the first 90 days of employment.</p>	<p>20 hours of training in appropriate crisis intervention strategies within the first 90 days of employment. Training must include trauma-informed care, crisis de-escalation and harm reduction strategies.</p>

Mobile Crisis Management Policy Update

• Service Type and Setting

Current Language	Proposed Language
<p>Mobile Crisis Management services are primarily delivered in-person with the beneficiary and in locations outside the agency's facility. Annually the aggregate services that have been delivered by the agency must be assessed for each provider agency using the following quality assurance benchmarks:</p> <ul style="list-style-type: none">• Team providing this service shall provide at least 80 percent of their units in-person with beneficiaries of this service.	<p>Mobile Crisis Management services are delivered in-person with the beneficiary and in locations outside the agency's facility.</p>

Mobile Crisis Management Policy Update

- **Service Type and Setting**

Current Language	Proposed Language
<p>If an in-person assessment is required, this assessment must be delivered in the least restrictive environment and provided in or as close as possible to a beneficiary's home, in the beneficiary's natural setting, school, work, local emergency room, etc.</p>	<p>Assessments must be delivered in the least restrictive environment and provided in or as close as possible to a beneficiary's home, in the beneficiary's natural setting, school, or work setting.</p>

Mobile Crisis Management Policy Update

- **Provider Requirements**

New Proposed Language

Mobile Crisis Management service providers shall notify the beneficiary's PHP or PIHP when contacted directly to provide services.

Mobile Crisis Management service providers shall maintain relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, crisis respite centers, and managed care organizations for the purpose of expediting referrals for ongoing services.

Mobile Crisis Management Policy Update

- **Utilization Management**

Current Language	Proposed Language
<p>There is no prior authorization (PA) for the first 32 units of crisis services per episode. The maximum length of service is 24 hours per episode. Additional authorization must occur after 32 units of services have been rendered.</p>	<p>There is no prior authorization (PA) required for crisis services. Concurrent review may occur after 32 units have been rendered to determine ongoing medical necessity.</p>

Mobile Crisis Management Policy Update

- **Eligibility Criteria**

Current Language	Proposed Language
<p>The beneficiary is eligible for this service when the following criteria are met:</p> <ul style="list-style-type: none">a. the beneficiary or family are experiencing an acute, immediate crisis as determined by a crisis rating scale specified by DMH;	<p>The beneficiary is eligible for this service when the following criteria are met:</p> <ul style="list-style-type: none">a. the beneficiary or family are experiencing an acute, immediate crisis;

Mobile Crisis Management Policy Update

• Discharge Criteria

Current Language	Proposed Language
<p>The beneficiary meets the criteria or discharge if any one of the following applies:</p> <p>The Beneficiary's crisis has been stabilized and his or her need for ongoing treatment or supports has been assessed. If the beneficiary has continuing treatment or support needs, a linkage to ongoing treatment or supports has been made.</p>	<p>The beneficiary meets the criteria for discharge if any one of the following applies:</p> <ol style="list-style-type: none">1.The Beneficiary's crisis has been stabilized and his or her need for ongoing treatment or supports has been assessed; <p>OR</p> <ol style="list-style-type: none">2.If the beneficiary has continuing treatment or support needs, a linkage to ongoing treatment or supports has been made.

Mobile Crisis Management Policy Update

- **Service Exclusions**

New Proposed Language

- MCM may not be provided within a hospital emergency department, institutions for mental diseases (IMD), facility-based crisis facility or other facilities that provided crisis services.

Mobile Crisis Management Policy Update

Resources

NC Medicaid CCP 8A – Enhanced MH and SAS	https://medicaid.ncdhhs.gov/media/8698/open
Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services	https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf
The Mental Health Parity and Addiction Equity Act (MHPAEA)	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet#:~:text=The%20Paul%20Wellstone%20and%20Pete%20Domenici%20Mental%20Health,limitations%20on%20those%20benefits%20than%20on%20medical%20surgical%20benefits.

Mobile Crisis Management Policy Update

**Please Submit additional feedback by
April 14, 2022, to: June.freeman@dhhs.nc.gov**



NC Department of Health and Human Services

2A-1 Acute Inpatient Hospital Services Policy

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April 7, 2022

2A-1 Acute Inpatient Hospital Services

- **Per HB 382 (March 24, 2021) The General Assembly directed DHB to either develop or amend an existing policy to create a level of care for beneficiaries in an acute care/hospital setting that:**
 - **No longer meet the criteria for observation under CCP 2A-1**
 - **Discharge/after care needs to be coordinated**
 - **The beneficiary has been in the acute care setting for more than 30 hours**

2A-1 Acute Inpatient Hospital Services

- **Covered services include:**
 - Treatment, including assessment and medication management, for physical health and behavioral health
 - Crisis stabilization and support
 - Monitoring of medical status/clearance
 - Nursing services/support
 - Reasonable and appropriate efforts to maintain safety
 - Provision of community resource information/psychoeducation
 - Development of a safety plan
 - Coordination to develop a discharge plan

2A-1 Acute Inpatient Hospital Services

Please submit additional feedback by
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Provider Resources

- NC Medicaid Ombudsman
 - Call **877-201-3750** or visit ncmedicaidombudsman.org Monday – Friday 8 a.m. to 5 p.m.
- Provider Ombudsman
 - Call **919-527-6666** or visit Medicaid.ProviderOmbudsman@dhhs.nc.gov
- NC Medicaid Help Center
 - Internal Team
 - Knowledge Center medicaid.ncdhhs.gov/helpcenter
 - Member Harm Process
- Health Plan Oversight
- Communication & Engagement with Stakeholders
- Provider Claims & Payment Supports
- Request to Move Process & Forms
 - <https://ncmedicaidplans.gov/submit-forms-online>



Questions & Answers



Have a question, send it to us. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services is working to centralize questions so we can ensure your questions are answered in a timely manner by the appropriate subject matter experts.

Comments, questions and feedback are welcome at:

- BHIDD.HelpCenter@dhhs.nc.gov
- Medicaid.Transformation@dhhs.nc.gov
- www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse-services

Requests for presentations or to provide feedback:

Medicaid.NCEngagement@dhhs.nc.gov
