



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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LME/MCO Joint Communication Bulletin # J443

DATE: February 16, 2023

TO: Local Management Entities/Managed Care Organizations (LME/MCOs)

FROM: Deb Goda, Associate Director, Behavioral Health and I/DD, NC Medicaid
Saraah Waleed, Section Chief, Community Mental Health, DMH/DD/SAS

SUBJECT: **Mobile Crisis Management State Plan and Clinical Coverage Policy Update**

In October 2022, the NC Medicaid Mobile Crisis Management (MCM) State Plan Amendment was approved by the Centers for Medicare and Medicaid Services. The State Plan requires MCM to be provided by a multidisciplinary team (a two-person response team) and provide:

- screening and assessment;
- stabilization and de-escalation; and
- coordination with, and referrals to, health, social, and other services and supports as needed.

To align with the State Plan, Clinical Coverage Policy 8A Enhanced Mental Health and Substance Abuse policy was amended. These amendments were also made in coordination with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/DSD) to ensure consistency of service access and delivery across systems. The NC Medicaid and state-funded Mobile Crisis Management services policies are posted the [NC Medicaid Program Specific Clinical Coverage Policies](#) and the [DMH/DD/SAS Service Definitions](#) webpages, respectively, with an effective date of Feb. 15, 2023. The changes included below are only an overview. LME/MCOs and providers should review the clinical coverage policy for all changes.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Additional language added in Staffing Requirements:

Mobile Crisis Management services must be provided by a multidisciplinary team of individuals that includes:

- a. a Qualified Professional (QP) according to 10A NCAC 27G .0104 and who shall either be a Registered Nurse, Licensed Clinical Social Worker, Licensed Clinical Social Worker Associate, Licensed Clinical Mental Health Counselor, Licensed Clinical Mental Health Counselor Associate, Licensed Marriage and Family Therapist, Licensed Marriage and Family Therapist Associate or Psychologist; AND
- b. one of the team members shall be a Licensed Clinical Addiction Specialist, Licensed Clinical Addiction Specialist Associate, Certified Clinical Supervisor, Certified Substance Abuse Counselor (CSAC) or a Certified Alcohol and Drug Counselor (CADC); AND
- c. a Qualified Professional or Associate Professional with experience in intellectual and developmental disabilities shall be available to the team; OR
- d. Paraprofessionals including NC Certified Peer Support Specialist or National Federation of Families Certified Family Peer Specialist that meet 10A NCAC 27G .0104 (15). A supervising professional shall be available for consultation when a Paraprofessional is providing services.

Additional language added in Training section:

Twenty hours of training in appropriate crisis intervention strategies within the first 90 days of employment are required. Training must include trauma-informed care, crisis de-escalation and harm reduction strategies.

Additional language added in Service Type and Setting section:

Triage and screening services provided to a beneficiary/individual by a mobile crisis provider may be provided via telehealth or telephonically. Providers shall bill the MCM HCPCS with modifier GT for services provided via telehealth or modifier KX for services provided via telephonic, audio-only communication.

A mobile response is required if it is determined during triage that an in-person assessment is medically necessary. 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/individual's home, in the beneficiary's/individual's natural setting, school, or work. This response must be mobile. The result of this assessment must identify the appropriate crisis stabilization intervention. Providers shall bill the MCM HCPCS with the HT modifier for mobile response services provided by:

- a. two team members responding in-person to a(n) beneficiary/individual in crisis; OR
- b. one team member responding in-person to a(n) beneficiary/individual in crisis with an additional team member linked in via telehealth to assist with the crisis.

Providers may not bill separately for MCM team members responding to the same beneficiary/individual or for team member(s) that linked in via telehealth. Documentation must indicate the two team members that provided crisis services to the beneficiary/individual and specify team members that responded in-person or the team member that was linked in via telehealth.

Additional language added in Program Requirements section:

MCM requires a multidisciplinary team response that shall consist of at least two team members when a mobile response is required. One team member must be in-person with the beneficiary/individual experiencing the crisis. Additional team members must respond in-person with the beneficiary/individual or be linked in via telehealth. The mobile crisis response must include a licensed clinician that can conduct an assessment within their scope of practice.

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

If you have any questions concerning the Medicaid clinical coverage policy, please contact Stephanie Wilson at 919-527-6604 or stephanie.wilson@dhhs.nc.gov. For questions concerning the State-Funded Mobile Crisis Management Services, please contact Lisa DeCiantis at 984-236-5050 or Lisa.DeCiantis@dhhs.nc.gov.

Previous bulletins can be accessed at: www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

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