Meeting Behavioral Health Crisis Needs in the Community

Medicaid Managed Care Crisis Intervention Benefit: Mobile Crisis Component Technical Assistance
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Agenda

• Behavioral Health Crisis Services System Vision
• 1115 Crisis Intervention Benefit
• Mobile Crisis Services
• Obtaining Insurance Information
  • Operational Issues
  • Clinical framework
• Mobile Crisis Backroom Issues
• Resources
Behavioral Health Crisis Services System Vision

• Local or regional systems that integrate existing state and local crisis infrastructure with newly available Medicaid Managed Care resources.

• Available to all New Yorkers
  • Children, adolescents, and adults
  • Offered regardless of payment source or ability to pay
Mobile Crisis Objectives

• Capacity to respond to behavioral health crises for adults, adolescents, and children
• Rapid access to appropriate levels of follow-up care
• Data-sharing and mobile access to individuals’ medical history, treatment information, and, if available, crisis response plan
• Integration of peer support services at each level
• Coordination with first responders
• Coordination with law enforcement
Crisis Intervention Benefit (1115)

• Since 2015, the Crisis Intervention Benefit is authorized under New York State’s 1115 waiver as a demonstration benefit.

• Purpose: Enable Medicaid Managed Care reimbursement for Crisis Intervention services provided to an adult or child who is experiencing or is at imminent risk of experiencing a behavioral health crisis.
Crisis Intervention Benefit: Mobile Crisis Services

The Mobile Crisis component represents an array of services, each of which can be utilized as clinically indicated. It is not required for these services to be delivered sequentially.

- Telephonic triage and response
- Mobile crisis response
- Telephonic crisis follow-up
- Mobile crisis follow-up

NOTE: Individual providers may be approved for only a subset of these services. Please review your OMH Designation Letter to confirm which services you are designated to provide.
Mobile Crisis Response: Mobile Crisis Response may include:

- Initial and ongoing assessment of behavioral health symptoms and crisis-related needs
- Involvement of identified family and friends to resolve the individual’s crisis
- Therapeutic communication and interaction to alleviate psychiatric or substance use symptoms
- Development of a safety plan or crisis prevention plan
- Psychiatric consultation and urgent psychopharmacology intervention
- Referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care, including crisis respite
- Linkage to stabilization and/or SUD 24/7 access centers
- Secured access to higher levels of care, if required
- Certified Peer services
Mobile Crisis Service Standards

• Mobile Crisis services must be person-centered, trauma-informed, culturally and linguistically competent.

• Mobile and Telephonic Crisis Response Services will be available 24 hours per day, 7 days per week, 365 days per year.
  • This standard may not be attainable at first, but providers and county leadership will work together to develop a pathway to completion.
  • Where possible, this should be integrated with local emergency systems and law enforcement.

• Services will be provided upon a recipient’s presentation for service, either face-to-face or telephonically.

• Mobile Crisis Response will require an in-person intervention within 3 hours of the determination of need.
Staffing Standards

- Mobile Crisis services can be provided by a mix of Licensed and Unlicensed or Qualified/Certified providers.
- Providers must:
  - Ensure all Mobile Crisis team staff obtain Naloxone (Narcan) administration training
  - Enroll in the New York State Medicaid system
Obtaining Insurance Information
Collecting insurance information

• Many current providers are fully funded through multiple sources, including state and local funds and have not been billing for Mobile Crisis services.

• CPEP-based providers have been able to bill for Mobile Crisis Services, but have experienced challenges in doing so.
Collecting insurance information

• Mount Sinai Beth Israel Mobile Crisis Team: Alice Tsao
  • Triage Workflow
    • Internal referral – Insurance info provided, shared EMR with CPEP (clinical info readily accessible), pertinent info provided by dept that does not share EMR, PSYCKES, check in with provider if additional info is needed
    • External referral – Insurance info provided on NYC Well referral under “Health Insurance Information” section, review entire referral, PSYCKES, call referent to confirm receipt, provide general expectations and ask additional questions not included in referral
  • Confirm spelling of patient’s first and last names, or any aliases
  • Confirm DOB
  • Use emergency provision to access clinical information in PSYCKES; can be used without consent, but needs justification.
  • Medicaid ID is on PSYCKES report, status is identified as active or inactive
  • Delay in PSYCKES update pending billing submission
  • Collect as much information as possible prior to visit
  • High volume and multiple referrals: text triage/registration person
  • Do not use identifiers in text, keep it vague (e.g. newest NYC Well referral, CPEP referral, revisit, etc)
  • As appropriate (patient is stable and able to engage, trust is built, low risk of trust being lost if patient has chronic paranoid ideation), ask patient for health insurance info either at visit or during follow-up phone
Operational Issues

- A written consent to treat is not required to bill for the Medicaid Managed Care Crisis Intervention benefit.

- Obtain information through initial registration and triage:
  - Find information prior to going on call.
  - Check systems: ePaces/eMedNY, PSYCKES, Local EHR
  - Part of process of triage:
    - risk factors
    - call referent
    - centered around safety
    - does referent have insurance information
Clinical Considerations

- Philosophical objection: when an individual is in distress, it is not feasible to obtain insurance information.
- Choose your moment.
  - If individual is in acute crisis, hold off until individual is calm to request insurance information.
  - If unable to obtain insurance information at first visit, ask during a follow-up call or visit.
- Request insurance information from a family member or identified support.
- Asking for information normalizes the visit.
Using PSYCKES as a Crisis Tool

When using PSYCKES, consent is required to access clinical information, except in an emergency. PSYCKES process for consent includes:

- PSYCKES provides a 2 page consent form for individuals receiving services to sign. A copy of the consent form must be offered to the individual.
Using PSYCKES as a Crisis Tool

- Emergency access: “Break the glass”
  - A clinical emergency must be identified to use this feature
  - Safety concerns for the individual or someone else must be identified.
  - Allows access to clinical information that can be used on behalf of the client: medications, treatment history, treatment providers, care coordination
  - Must be able to verify the individual through name, date of birth, address due to multiples of individuals with the same name
Using PSYCKES as a Crisis Tool

- Mobile App
  - Developed for mobile crisis providers to access information in the field.
  - Available for iOS devices only (Apple)
  - Available in App store, no charge

- PSYCKES Trainings are available at www.psyckes.com
Benefits of collecting insurance information

- Allows an opportunity for connection to health home, clinical services, managed care company, service options
- Allows an opportunity for the individual to understand their benefits and alternative ways to access services
- If a managed care enrollee, can call MCO if you have the number to discuss service options during follow up
- Helps ensure sustainability of program and ensures that OMH and LGU understand full cost and volume of services
Other Requirements-Intro

• Consent by the individual to share clinical information with a provider in order to provide a referral or linkage to a service is not necessary under MHL 33.13 (17)(d)(ii).

  • Nothing in this section shall prevent the exchange of information concerning patients or clients, including identification, between (i) facilities or others providing services for such patients or clients pursuant to an approved local services plan, as defined in article forty-one, or pursuant to agreement with the department and (ii) the department or any of its facilities. Neither shall anything in this section prevent the exchange of information concerning patients or clients, including identification, between facilities and managed care organizations, behavioral health organizations, health homes or other entities authorized by the department or the department of health to provide, arrange for or coordinate health care services for such patients or clients who are enrolled in or receiving services from such organizations or entities. Provided however, written patient or client consent shall be obtained prior to the exchange of information where required by 42 USC 290dd-2 as amended, and any regulations promulgated thereunder. Information so exchanged shall be kept confidential and any limitations on the release of such information imposed on the party giving the information shall apply to the party receiving the information.

• Consent by the individual can also be obtained by following provider policies and procedures for obtaining consent.
Mobile Crisis Backroom Issues
Mobile Crisis Utilization Management

- Mobile Crisis service activities must occur within the context of a potential or actual crisis.
- Prior authorization is not required for Mobile Crisis services.
- MMCOs may not subject Mobile Crisis services to utilization review.
Documentation

• Documentation requirements
  • Documentation should be completed within 24 hours of the delivery of services.
  • Date of qualifying crisis episode should be included in documentation for follow-up services and should coincide with documentation related to triage and mobile crisis services, when applicable.
  • Documentation should follow guidelines included in Mobile Crisis Program Guidance or other guidelines, whichever is most stringent.
  • [https://omh.ny.gov/omhweb/bho/docs/mobile_crisis_program_guidance.pdf](https://omh.ny.gov/omhweb/bho/docs/mobile_crisis_program_guidance.pdf)
Documentation in Support of Billing

- For follow up services, include date of qualifying event to support that services provided in the designated 14-day timeframe
- Document duration of services, which vary by service type
- Telephonic services are billed in 15 minute and per diem increments
- In-person services are billed in either:
  - 15 minute increments up to 6/day
  - 90-180 minutes 1/day
  - 180+ minutes 1/day
- Staffing patterns
  - 1 Licensed Professional
  - 1 Licensed Professional and 1 unlicensed/Peer
  - 2 Licensed Professionals
  - Unlicensed/Peer
Billing Codes

- Rate codes, Procedure codes, Modifiers, Specialty Codes, Unit Types and Unit limits are provided on the [NYS calculated rate sheet](#).

- No diagnosis is necessary to bill. If there is no diagnosis please use: R69-illness unspecified or F99-mental health disorder otherwise unspecified.

- If the individual licensed practitioner is Medicaid enrollable they must enroll and use their individual NPI number on claims.

- Locator codes are NOT necessary for billing these services because this benefit is not available in FFS.
Billing MMCOs

• Claims must be submitted on the UB-04 claim form
• Each unique rate code must be submitted on a separate claim form
  • An interactive UB-04 claim form explaining how to complete each field, including MCO-specific billing requirements, can be accessed here: https://billing.ctacny.org/
• Providers must submit claims within 90 days of a service being rendered to be compliant with Medicaid timely filing requirements.
Resources
Resources

• Websites:
  • OMH Crisis Intervention website: www.omh.ny.gov/omhweb/bho/crisis-intervention.html
  • OMH Field Office Contact Information: www.omh.ny.gov/omhweb/aboutomh/fieldoffices.html
  • MCTAC Mobile Crisis Page: https://ctacny.org/training/crisis-intervention
  • PSYCKES web page: www.psyckes.com - Calendar or Recorded Webinars
  • PSYCKES Mobile App: Can be found in the App Store. FREE
Resources

• Mailboxes:
  • Provider approval/County Planning questions: Crisis.Initiative@omh.ny.gov
  • Managed Care Billing questions: OMH-managed-care@omh.ny.gov
  • PSYCKES questions: PSYCKES-Help@Omh.ny.gov