

Mobile Crisis Response (MCR) and Crisis Stabilization

Updating Illinois' Medicaid-funded Crisis Continuum

• • • • • July 2018 • • • • •

Housekeeping

- Phone lines are in listen only mode.
- HFS is currently in ex-parte due to additional revisions being made to 89 Ill. Admin. Code 140. Therefore, no participant questions regarding Mobile Crisis Response or Crisis Stabilization will be answered during the webinar.
- Participants must submit any questions to HFS by email to HFS.CBH@illinois.gov.
- Answers to questions will be posted on HFS' website as a Frequently Asked Questions document.



Webinar Topics

- Background
- Purpose
- Crisis Stabilization Overview
- MCR Overview
- MCR Interface with CARES
- MCR Reimbursement
- Crisis Services Program Approval
- Contact Information



Background



Today's Crisis System

- Medicaid reimbursable services
 - Crisis Intervention
 - Crisis Intervention: Pre-Hospitalization Screening
- Screening, Assessment and Support Services (SASS)
 - A statewide 90-day crisis program, available 24/7 for publicly-funded children.
 - Utilizes a centralized intake point – Crisis and Referral Entry Service (CARES)
- MCO Mobile Crisis Response Responsibilities
 - Today, represents the Managed Care crisis response model for children (“SASS-like”).
- DHS-DMH grants for adult crisis services



History of SASS

- Late 1980's – DCFS and DHS developed independent grant-based programs to serve youth in crisis.
- 2004 – Children's Mental Health Act requires HFS to screen Medicaid youth prior to inpatient psych. hospitalization.
- 2005 – HFS, DCFS, and DHS launch the single, unified SASS program using the Medicaid fee-for-service system.
- 2014 – HFS-contracted MCOs must be in compliance with the Children's Mental Health Act for enrollees, establishing "SASS-like" protocols within their service delivery systems.



Lessons Learned

- System improvements:
 - Centralized intake (CARES line);
 - Established crisis accountability for all geographic areas of the state;
 - Standardized crisis response expectations;
 - Identified need for new tools to further reduce unnecessary hospitalizations;
 - Established follow-up requirements for individuals who experience a behavioral health crisis, setting a baseline of standards.



Lessons Learned continued

- Ongoing system challenges:
 - More community-based supports needed during a crisis episode to increase community stabilization rates;
 - Lack of sufficient transition to post-crisis services;
 - Financing model emphasizes crisis screening over outpatient services;
 - Adult crisis currently lacks a crisis infrastructure that is necessary to create a stable program structure.

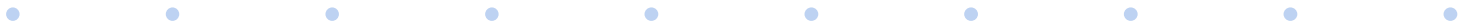


Purpose

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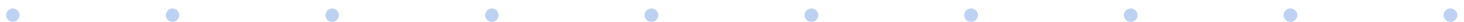
Purpose

- Utilize lessons learned to address ongoing system challenges to:
 - Better target care to Medicaid recipients;
 - Reduce unnecessary institutional spending;
 - Improve clinical outcomes; and,
 - Expand the crisis continuum in support of the community-based mental health service delivery system.



Updated Crisis Service Array

- The Medicaid Rehabilitation Option (MRO) crisis service array has been updated to add the following services:
 - Crisis Stabilization
 - Mobile Crisis Response (MCR)
- Updating the crisis service array is just one piece of the state's broader behavioral health transformation efforts.



Crisis Stabilization Overview



Service Overview

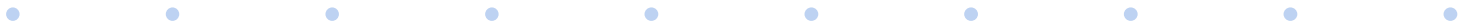
- New Medicaid State Plan service effective for dates of service on and after August 1, 2018.
- Defined as “time-limited intensive supports available following an MCR event, designed to prevent additional behavioral health crises from occurring by providing strengths-based, individualized direct supports...to clients in the home or community setting.”

Service Name	HCPC Code	Modifier 1	Units	On-Site	Off-Site
Crisis Stabilization	T1019	HN	1 hr.	\$50.00	\$50.00



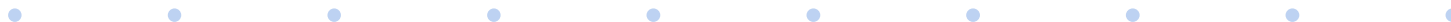
Service Requirements

- Crisis Stabilization Services require:
 - A demonstrated need for ongoing stabilization supports as documented in the individual’s crisis safety plan; and
 - Review, approval and signature of the individual’s crisis safety plan by a Licensed Practitioner of the Healing Arts (LPHA) [89 Ill. Admin. Code 140.453(b)].
- May be initially authorized only for a period of 30 days following an MCR event (time-limited)

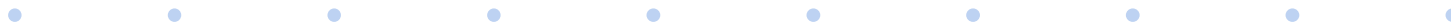


Service Requirements

- Crisis Stabilization services must be:
 - Rendered by staff minimally meeting the qualifications of a Mental Health Professional with immediate access to a Qualified Mental Health Professional [89 Ill. Admin. Code 140.453(b)];
 - Provided face-to-face; and
 - Provided on an individual basis.
- HFS intends to implement a standardized Crisis Safety Planning tool in FY2019.



Mobile Crisis Response Overview



Service Overview

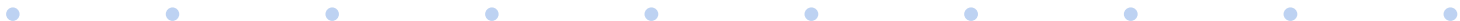
- MCR is a stand-alone, discrete Medicaid State Plan service effective for dates of service on and after August 1, 2018.
- Defined as “a mobile, focused, and time-limited service designed to achieve crisis symptom reduction, stabilization, and restoration of the client to the previous level of functioning.”

Service Name	HCPC Code	Modifier 1	Units	On-Site	Off-Site
Mobile Crisis Response	S9484	HN	Event	\$123.72	\$143.52
Mobile Crisis Response - Team	S9484	HT	Event	N/A*	\$197.20

*MCR Team Services are only reimbursable when provided at an off-site location

Service Delivery

- MCR services must be:
 - Rendered by staff minimally meeting the qualifications of a Mental Health Professional with access to a Qualified Mental Health Professional [89 Ill. Admin. Code 140.453(b)(5)]; and
 - Provided face-to-face, responding to the location of the individual in crisis.
- MCR services may be provided on an individual basis or by a team.
- MCR services must include the utilization of the HFS-approved crisis screening instrument, the Illinois Medicaid Crisis Assessment Tool (IM-CAT).



IM-CAT

- The IM-CAT form is found on the [HFS website](#) and includes:
 - A crisis subset of items from the IM+CANS assessment;
 - Mental Status Exam; and
 - Information on the crisis disposition.
- Usage of the IM-CAT requires training and annual certification in either the IM-CAT or the IM+CANS
 - Training and technical assistance for the IM-CAT is coordinated with [University of Illinois at Urbana-Champaign's School of Social Work](#)



Reimbursable Activities

- The completion of a face-to-face MCR screening event must include:
 - Screening and information gathering activities necessary to complete the IM-CAT form; and
 - Initiation of a crisis safety plan for the individual and their family.
- The MCR screening event may also include the completion of the following activities:
 - Short-term intervention;
 - Brief counseling;
 - Completion of a crisis safety plan;
 - Consultation with other qualified providers; and
 - Referral and linkage to community services or the appropriate next level of care.

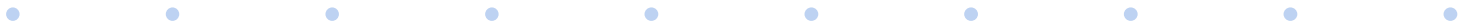


MCR Interface with CARES



CARES Overview

- 24/7 centralized intake for MCR services.
- Directly answers calls from anyone seeking immediate services on behalf of individuals in crisis.
 - Referral sources include schools, parents, hospitals, and law enforcement.
- Key functions:
 - Determines and issues eligibility for crisis services;
 - Makes community referrals; and
 - Dispatches crisis workers to site of individual in crisis, when appropriate.



CARES Expansion

- Effective August 1, 2018, HFS is expanding access to MCR services through CARES.
- CARES will accept crisis referrals for Medicaid-eligible adults experiencing a crisis.
- CARES will dispatch the provider with the Service Area Designation for the area where the individual in crisis is located, when determined necessary.
- By accessing this safety net of providers, HFS seeks to ensure a consistent and immediate crisis response protocol and timeline.



Required CARES Interface

- Any provider with Crisis Services Program Approval may deliver MCR services as determined to be medically necessary.
- However, only MCR events initiated by a referral through CARES may result in level of care changes (e.g. admission to psychiatric hospitalization for children, admission to crisis beds for adults) or authorization for the provision of Crisis Stabilization services.
- This CARES interface ensures HFS can effectively manage and track populations post crisis screening activities.



MCR Reimbursement



2005 - Introduction of T1023

Crisis Intervention – Pre-hospitalization Screening

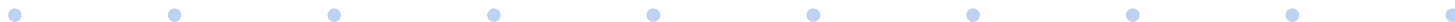
- Introduced as the core service component of the SASS program, reimbursed when providers completed a “SASS screen”
- Crisis Intervention – Pre-hospitalization Screening was originally bundled as shown below:

On-site	Off site	Multiple Staff (HT)
\$299.70	\$347.70	\$477.74
\$29.97 x 10 Units	\$34.77 x 10 Units	\$47.77 x 10 Units



T1023 – Service Requirements

- Each pre-hospitalization screening required the completion of a wide range of activities including:
 - Face-to-face screening;
 - Completion of the CSPI tool (*predecessor to the IM-CAT*);
 - Mental Status Exam;
 - Functional Assessment;
 - Completion of the CRAFFT assessment;
 - Facilitation of transportation to next level of care; and
 - Facilitation of psychiatric hospitalization as determined necessary.
- As a result, service times and total reimbursement rates for time spent with clients during a crisis episode varied by provider depending on their interpretation of the T1023 service requirements and the crisis situation.



Testing the T1023 Assumptions

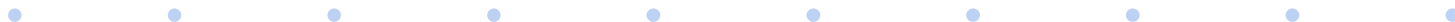
So, how long did Pre-Hospitalization Screening actually take?

www.sasscares.org Data

Reported by:	Northwestern	UIC	UIC
Date Reported:	10/10/2008	4/23/2012*	10/11/2013
Period Covered:	7/1/07 - 6/30/08	4/1/10 - 3/1/12	7/1/12 - 6/30/13
N Screens:	23,614	66,608	31,428
Average Minutes:	60	69.99	98.8

**Calculated value as report was broken out by region.*

- While the average ranged from 60-98 minutes depending on the time period, the event could take anywhere from 15 minutes to hours to complete...



Introduction of MCR (S9484)

To move the state away from a crisis only system, HFS addressed three core reimbursement issues through the introduction of MCR:

- The dynamic nature of the T1023 Crisis Intervention – Pre-Hospitalization Screening event;
- The standardization of the process and sub-processes for providers; and
- The reduction of financial waste on “short screens,” ensuring rates are effective and efficient, as required by the federal Medicaid program.



S9484 MCR – Rate Rebalanced

- MCR Reimbursement Rate – based upon 4 units (1 hour) of crisis intervention

Onsite	Offsite	Multiple Staff (HT)
\$123.72	\$143.52	\$197.20

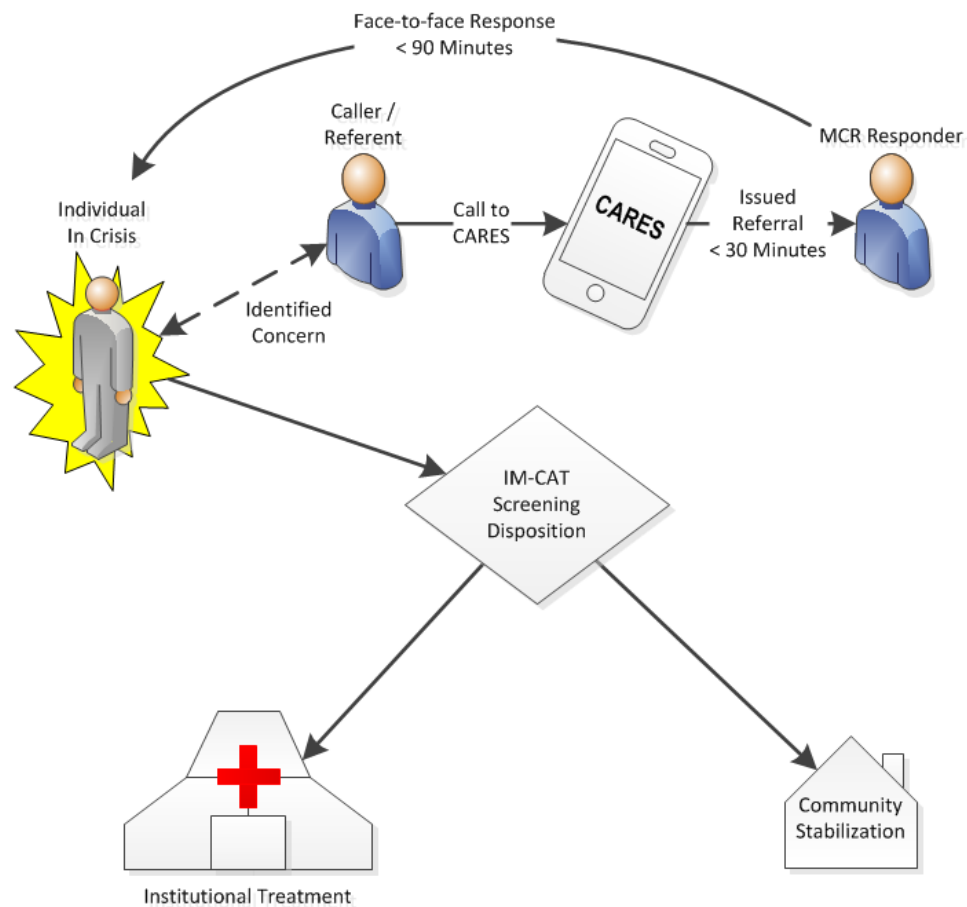
- Once the MCR event is completed a provider may transition to providing and billing for traditional Mental Health - MRO and Targeted Case Management (TCM) services:
 - H2011 – Crisis Intervention (base rate) – \$30.93 / \$35.88 per ¼ hour
 - T1016 – Case Management – \$17.18 / \$19.93 per ¼ hour



So...How Would It Work?



Basic MCR Process Flow



Scenario 1

Previous Reimbursement Model (T1023)

- Total Provider Time: 1 hr. 48 min. (7 true time units)
- Total Service Time: 1 hr. 28 min. (6 service units)

Billable Units: T1023 – 1 Event
H2011 – 1 Unit

Est. Rev: \$383.58

Return on True Time Units (RTU): \$54.80
Return on Service Units (RSU): \$63.93

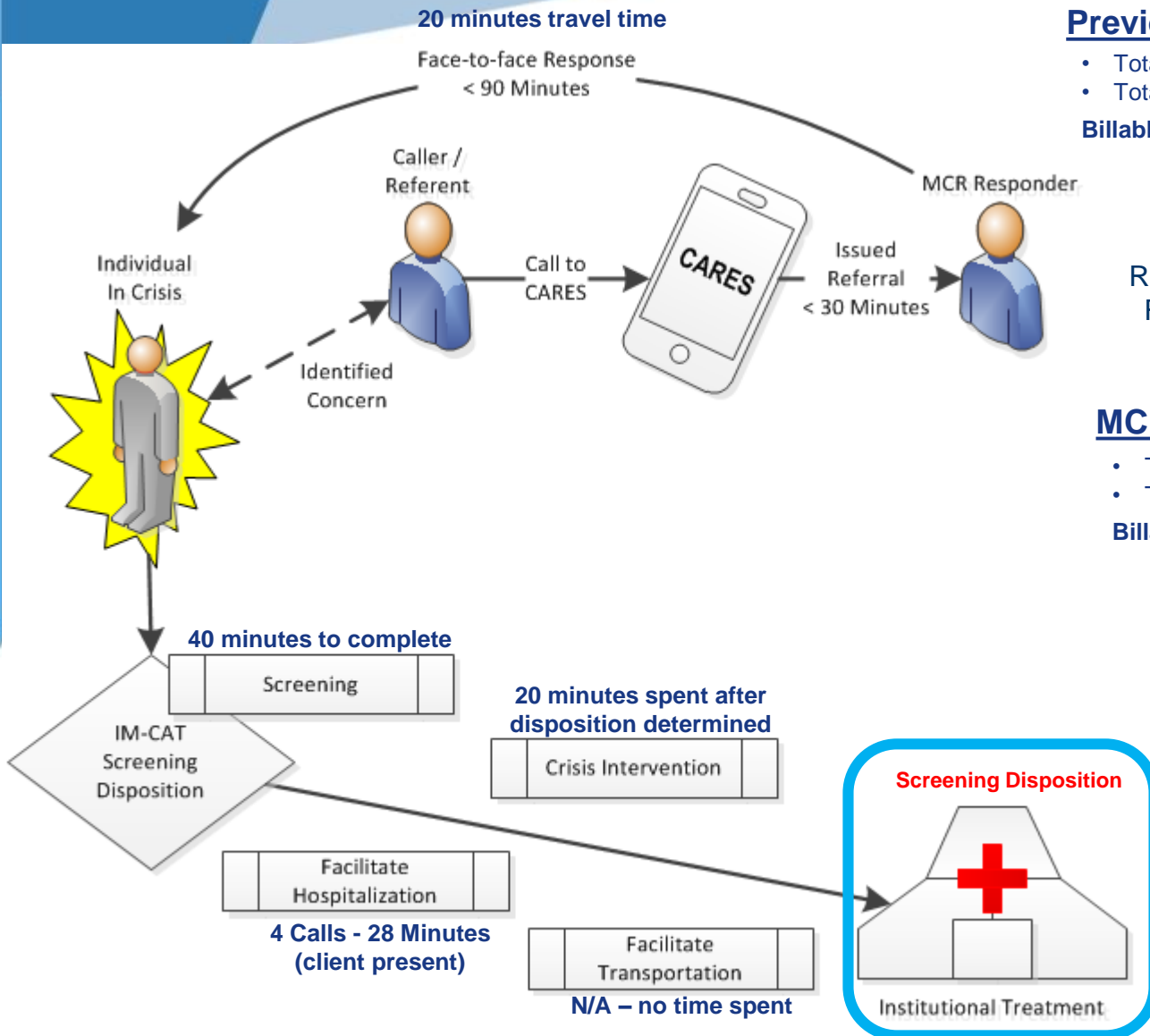
MCR Reimbursement Model (S9484)

- Total Provider Time: 1 hr. 48 min. (7 true time units)
- Total Service Time: 1 hr. 28 min. (6 service units)

Billable Units: S9484 – 1 Event
H2011 – 3 Units

Est. Rev: \$251.16

RTU: \$35.88
RSU: \$41.86



Scenario 1

Characterization:

- MCR Event is fairly uncomplicated and completed easily. Provider's service time is significantly less than original service bundle.

Outcome:

- Reimbursement model pays an equitable amount of crisis intervention reimbursement for the time spent performing the MCR Event and follow up clinical services.

“Rates must be efficient, economic and ensure quality of care”



Scenario 2

Previous Reimbursement Model (T1023)

- Total Provider Time: 5 hr. 40 min. (23 true time units)
- Total Service Time: 4 hr. 30 min. (18 service units)

Billable Units: T1023 – 1 Event
H2011 – 6 Units

Est. Rev: \$562.98

RTU: \$24.48

RSU: \$31.28



MCR Reimbursement Model (S9484)

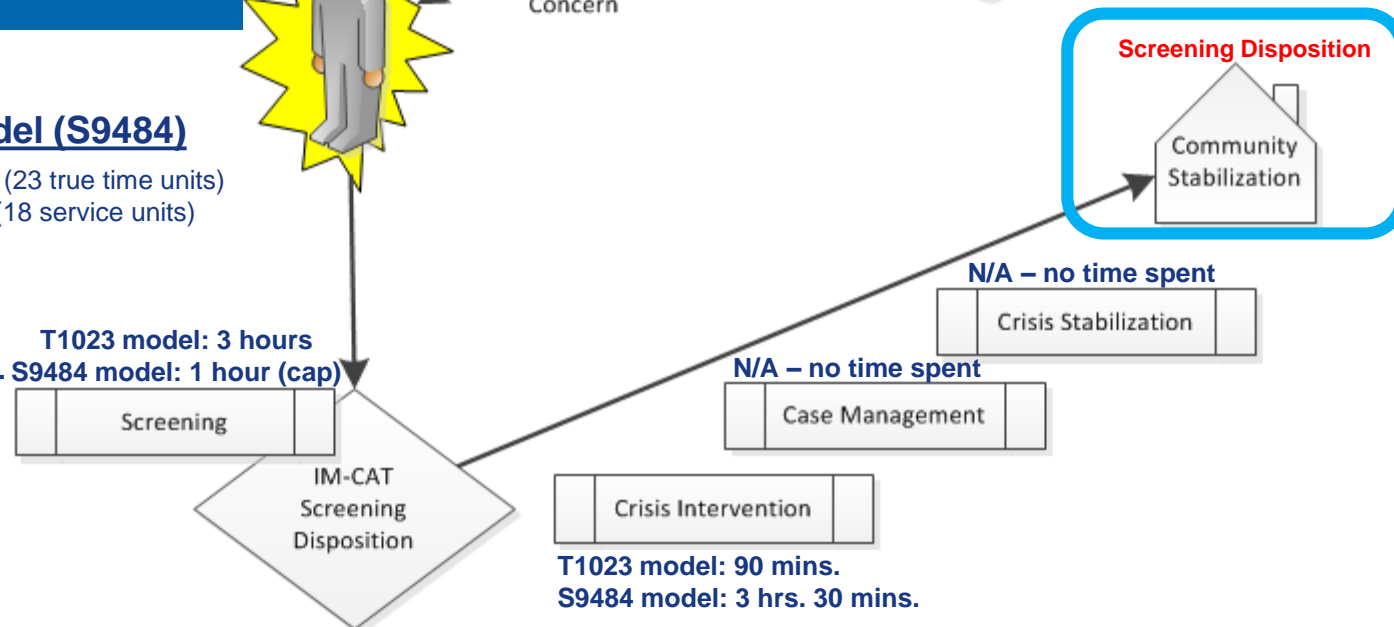
- Total Provider Time: 5 hr. 40 min. (23 true time units)
- Total Service Time: 4 hr. 30 min. (18 service units)

Billable Units: S9484 – 1 Event
H2011 – 14 Units

Est. Rev: \$645.84

RTU: \$28.08

RSU: \$35.88



Scenario 2

Characterization:

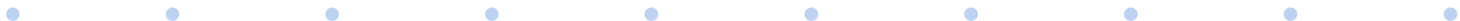
- Provider service time that would have previously been included in the “murky” definition of the Crisis-Intervention: Pre-hospitalization Event or possibly subject to the fear of “audit” is now clearly encapsulated in the completion of the IM-CAT Form, not to exceed 1 hour. After that, the following rule is applied when delivering ongoing service:

If Client Present, Service = Crisis Intervention;

If Client NOT Present, Service = Case Management – Mental Health

Outcome:

- *Provider reimbursement climbs by \$83 to keep pace with Crisis Intervention Reimbursement Rate*



Scenario 3



Previous Reimbursement Model (T1023)

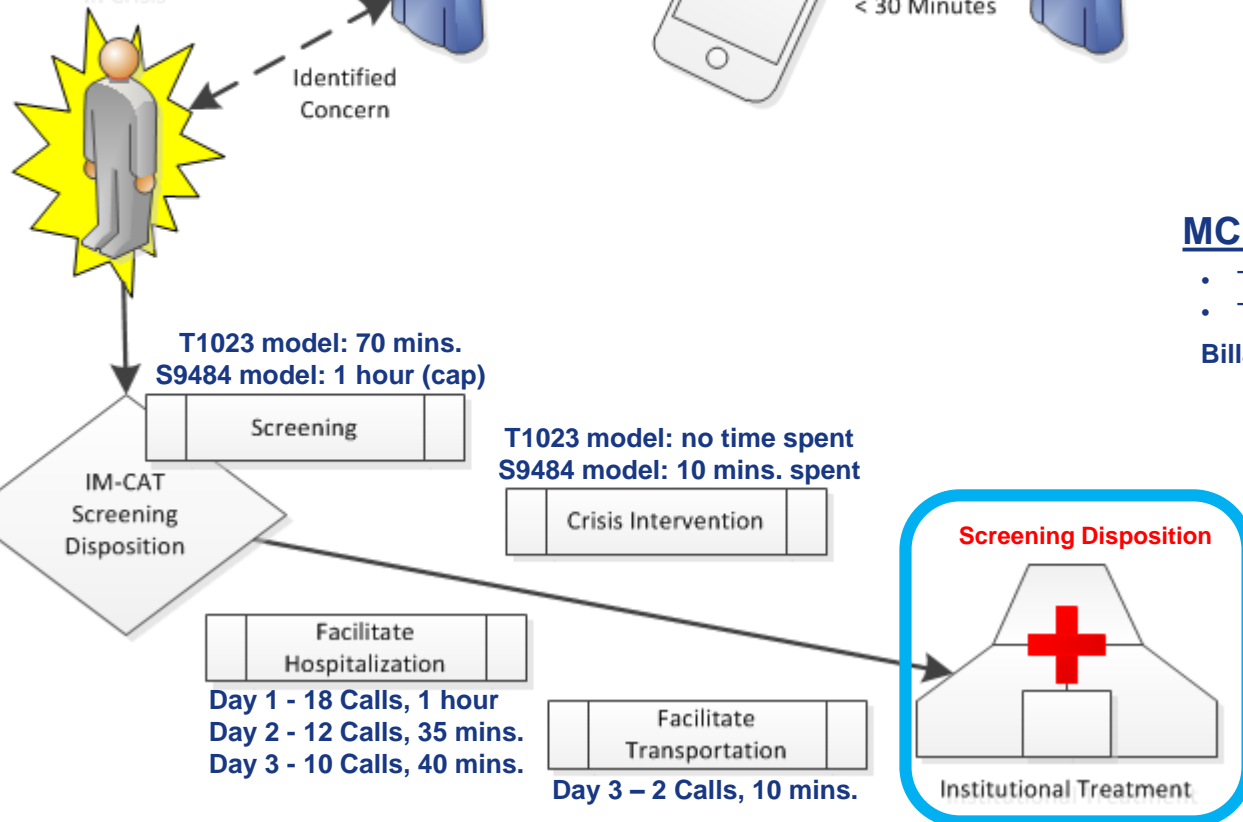
- Total Provider Time: 4 hr. 5 min. (16 true time units)
- Total Service Time: 3 hr. 35 min. (14 service units)

Billable Units: T1023 – 1 Event
T1016 HN – 4 Units*

*Assumed not all calls were answered or lasted long enough to support Rule 132 billing requirements

Est. Rev: \$427.42

RTU: \$26.71
 RSU: \$30.53



MCR Reimbursement Model (S9484)

- Total Provider Time: 4 hr. 5 min. (16 true time units)
- Total Service Time: 3 hr. 35 min. (14 service units)

Billable Units: S9484 – 1 Event
H2011 – 5 Units
T1016 HN – 6 units

Est. Rev: \$442.50

RTU: \$27.66
 RSU: \$31.61

Scenario 3

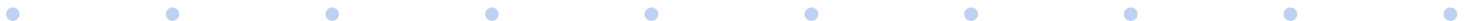
Characterization:

- The individual “stuck” in the Emergency Department has historically created a significant billing issue for SASS providers. Under “Rule 132,” thresholds for acceptable service parameters were tighter creating potential for loss of revenue.

Outcome:

- When spending less than 2.5 hours providing screening and crisis intervention services, the rate scales to accommodate the services provided. However, the updated service definition and guidance provided ensures equitable reimbursement.

Revenue stability though simplification of administrative regulation



Crisis Services Program Approval



Program Approval

- MRO crisis services are reimbursable to Community Mental Health Centers (CMHCs) and Behavioral Health Clinics (BHCs).
- CMHCs and BHCs seeking to provide MCR or Crisis Stabilization services will be required to obtain a specific Crisis Services Program Approval from HFS.
- The Crisis Services Program Approval process is outlined in Rule 140. Table N(c)(4).



Program Approval

- During the IMPACT enrollment process, the provider must indicate its intent to provide MCR and/or Crisis Stabilization services.
- Providers will be required to submit documentation upon initial enrollment, and annually thereafter, demonstrating compliance with 140.Table N (c)(4).
- Providers will cooperate with any on-site reviews.
- SASS providers will be granted a one-time grace period and will be immediately granted Crisis Services Program Approval.



140.Table N (c) (4)

Providers seeking Crisis Services Program Approval must attest to the following:

- Crisis services will be available to individuals in crisis 24/7;
- Required qualifications and training of staff will be maintained, including annual certification in the IM-CAT;
- Required staffing ratios will be maintained, including access to a Licensed Practitioner of the Healing Arts (LPHA);
- Required target populations will be served;
- Required Utilization Management will be conducted; and
- Providers with a service area designation are required to accept all MCR referrals from the CARES line on a no decline basis and respond to the crisis within 90 minutes.



HFS Contacts

HFS Bureau of Behavioral Health

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