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Updates to Crisis Services

Division of Health Care Financing and Policy

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Department of Health and Human Services

Helping people. It's who we are and what we do.





Agenda

1. Nevada's Crisis Care Continuum
2. Mobile Crisis Planning Grant
3. State Plan Amendment Addition of Intensive Crisis Intervention and Stabilization Coverage
4. Medicaid Services Manual Addition of Mobile Crisis Response Delivered by Designated Mobile Crisis Team
5. MSM 403.6I Mobile Crisis Response Delivered by Designated Mobile Crisis Team
6. Rate Methodology for Reimbursement of Mobile Crisis Response Delivered by Designated Mobile Crisis Team



Nevada Crisis Care Continuum

Nevada's Crisis Care Continuum is based on the core elements of a crisis system developed through SAMHSA's *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit*:

- 1. Regional or statewide crisis call centers coordinating in real time;*
- 2. Centrally deployed, 24/7 mobile crisis;*
- 3. 23-hour crisis receiving and stabilization programs; and*
- 4. Essential crisis care principles and practices.*

This public workshop will focus on State Plan coverage and MSM policy for Medicaid reimbursement of **centrally deployed, 24-7 mobile crisis services**



Mobile Crisis Planning Grant

- Section 9813 of the American Rescue Plan Act (ARPA), under which the Nevada Department of Health and Human Services (DHHS) was awarded a state planning grant by the US Centers for Medicare & Medicaid Services (CMS) to assist in the development and implementation of qualifying community-based mobile crisis intervention services under its Medicaid state plan
- Awarded September 30, 2021, through September 29, 2022
- No Cost Extension awarded September 30, 2022, through September 29, 2023



SPA for Addition of Intensive Crisis Interventions and Stabilization Coverage

- Effective March 30, 2022, Nevada Medicaid updated MSM Chapter 400 to include Crisis Stabilization Centers, Section 403.6I
- Concurrently, proposed CSC reimbursement methodology was submitted to CMS through SPA 22-0005, Attachment 4.19-B (Pages 4a – 4c) and Attachment 4.19-A (Pages 14 – 14c), as authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021)
- SPA 22-0005 was placed on RAI
- The SPA coverage language for Crisis Stabilization and Intervention has been added to SPA 22-0005, under Attachment 3.1-A (Pages 6a.1 – 6b.4)
- CMS has provided comments for Nevada Medicaid's submission on March 9, 2023



MSM Addition of Mobile Crisis Response Delivered by Designated Mobile Crisis Team

- DHCFP and Mercer solicited provider feedback through two stakeholder groups:
 - CCBHC providers
 - Other current state MCT and/or crisis intervention/stabilization services providers (e.g., CARE, CRT, MCRT, co-responder models)
These providers are delivering services funded through Nevada Medicaid and/or other local/state/federal sources
- Mercer also provided an outline of Certification Criteria



MSM 403.6I Mobile Crisis Response Delivered by Designated Mobile Crisis Team

- Introduction
- Scope of Services
- DMCT Access and Accessibility
- DMCT Operational Requirements
- DMCT Provider Eligibility Requirements
- DMCT Recipient Eligibility Requirements
- Authorization Process and Clinical Documentation of Service



Rate Methodology for Reimbursement of Mobile Crisis Response Delivered by Designated Mobile Crisis Team

- DMCTs will be able to bill the existing Crisis Intervention team service (H2011 HT) for the intervention and stabilization episode and receive an enhanced rate for delivering services with the uniquely qualified teams.
- Currently, the rate for this service is projected to be approximately 120% of the existing H2011 HT rate.
 - Based upon the weighted average of the staff makeup delivering these services and their respective hourly wage from the 75th percentile of the Bureau of Labor Statistics data.
 - Additional elements built into the enhanced rate calculation include care coordination, crisis center dispatch integration, vehicle outfitting, training, certain indirect costs



Rate Methodology for Reimbursement of Mobile Crisis Response Delivered by Designated Mobile Crisis Team

Staff make up includes the following staff:

- Physician, Physician Assistant, APRN or Nurse Practitioner (NP)
- Psychologist, LMFT, LCSW, LCPC, and qualified Post-Graduate Interns (under clinical supervision)
- Registered Nurse and Qualified Mental Health Associate
- Qualified Behavioral Aide
- LCADC, LADC, CADC and qualified Interns of these specialties
- Peer Supporter



Questions?



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Add “Acronyms”

MCT – Mobile Crisis Team

CMS – Centers for Medicare and Medicaid Services

SPA – State Plan Amendment

RAI – Request for Additional Information

MCRT – Children’s Mobile Crisis Response Team

CRT – Adult’s Crisis Response Team

DMCT – Designated Mobile Crisis Team

ARPA – American Rescue Plan Act

MSM – Medicaid Services Manual

CSC – Crisis Stabilization Centers

CARE – Rural Clinics Mental Health Care Team

MOST – Mobile Outreach Safety Team

HCQC – Health Care Quality and Compliance

SAPTA – Substance Abuse Prevention and Treatment Agency

LMFT – Licensed Marriage and Family Therapist

LCSW – Licensed Clinical Social Worker

LCPC – Licensed Clinical Professional Counselor

LCADC – Licensed Clinical Alcohol and Drug Counselor

LADC – Licensed Alcohol and Drug Counselor

CADC – Certified Alcohol and Drug Counselor