



## Crisis Services: Certified Community Behavioral Health Center (CCBHC) Delivering Mobile Crisis Response as a Designated Mobile Crisis Team (DMCT) Attached to a CCBHC

### Overview

On September 17, 2021, per Section 9813 of the American Rescue Plan (ARP), the Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) 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. In addition, Section 1947 of the US Social Security Act (SSA) authorizes optional state plan coverage and reimbursement for qualifying mobile crisis intervention services with a temporarily enhanced 85 percent federal medical assistance percentage (FMAP) for 12 quarters during the timeframe of April 2022 to March 2027. Section 9813 of ARP waives standard state plan requirements for statewideness, comparability and provider choice, in addition to providing definition for qualifying community-based mobile crisis services.

### State Policy

The [Medicaid Services Manual \(MSM\)](#) is on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfp.nv.gov> (select "Manuals" from the "Resources" webpage).

- [MSM Chapter 400](#) covers policy for behavioral health providers.
- [MSM Chapter 100](#) contains important information applicable to all provider types.

### Rates

Reimbursement rates are listed online at <http://dhcfp.nv.gov> on the [Rates Unit webpage](#). Rates are also available on the Provider Web Portal at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) through the Search Fee Schedule function, which can be accessed on the [Provider Login \(EVS\) webpage](#) under Resources (you do not need to log in).

### Covered Services

Nevada Medicaid currently reimburses for services delivered under an appropriately enrolled Certified Community Behavioral Health Center (CCBHC) and billed under a CCBHC Delivering Mobile Crisis Response as A Designated Mobile Crisis Team (DMCT). Any additional services associated with the crisis (also referred to as bridge services) shall be billed under the CCBHC encounter rate and guidelines, under MSM 2700, by an appropriately enrolled Medicaid provider.

DMCT services shall be available for on-call coverage 24 hours per day, 7 days per week, 365 days per year; services shall not be restricted to certain locations or days/times within the covered area. DMCT is comprised of at least two (2) providers, one of whom is able to deliver the services at the time of the crisis episode, at the location of the individual in crisis. DMCT services shall be available to individuals in a diverse, equitable and inclusive manner; the individual served does not have to be a previous or existing client to receive DMCT services. Continuity of operations and disaster plans shall comply with state standards and DHHS requirements. DMCTs shall not refuse a dispatch of DMCT services unless safety considerations warrant involvement of public safety. DMCTs shall use available technology to support care coordination activities and to access post-crisis care options. Individuals with limited English proficiency or communication/language-based disabilities shall have timely access to ADA-compliant services. DMCT services delivered to children and adolescents up to 18 years old shall adhere to DHHS DCFS System of Care core values and guiding principles. DMCT services shall be provided in a timely manner in accordance with Federal and State regulations, policy and guidance.



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### **Inclusive Services**

- Screening, Assessment (including Crisis & Safety Plans)
- Documentation for Medical Records (including documentation shared for follow-up and coordination of care and documentation as a result of safety concerns)
- Advance Directive
- Harm Reduction
- Family Engagement
- Coordination of Care (including timely referral/follow-up with providers/social supports/other needed services including those as a result of safety concerns, discharge from episode of care and transport of recipient to Crisis Stabilization Center or other level of care)
- Telehealth Services (in accordance with MSM Chapter 3400)

Inclusive services shall follow best practices and privacy/confidentiality protocols under Nevada Medicaid.

### **Non-covered Services**

Non-covered services under Crisis Intervention Services, Team Services, H2011 HT, are crisis intervention/stabilization services that are delivered:

- Without a screening or assessment
- Solely via telehealth without an in-person response
- By one-member teams or one individual provider only
- By a DMCT that is not enrolled with Nevada Medicaid under Provider Type 87
- By a Law Enforcement Officer
- Within a hospital or nursing facility setting

### **Prior Authorization (PA)**

No prior authorization is required for the delivery of services by a DMCT attached to a CCBHC, unless an outpatient service requiring prior authorization (according to service limitations) is delivered in association with but separate from the crisis episode lasting 72 hours.



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**Billing Requirements or Instructions**

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See [Electronic Verification System \(EVS\) Chapter 3 Claims](#) located on the [EVS User Manual](#) webpage and the 837P Companion Guide located on the [Electronic Claims/EDI](#) webpage for billing instructions.

Billing Code	Brief Description	Service Limitations	Qualified Provider Type	Additional Instruction/Restriction	Prior Authorization Requirement	Intensity of Need
<b>CCBHC Delivering Mobile Crisis Response as A Designated Mobile Crisis Team</b>						
H2011 HT	CCBHC Delivering Mobile Crisis Response delivered as a Designated Mobile Crisis Team (DMCT)	Per 15 minutes	PT 87 Specialty 032	<p>May be reimbursed on the same day as another service delivered by the CCBHC separate from the Prospective Payment System (PPS) rate.</p> <p>H2011 billed without modifier HT or with any other modifier will be denied under PT 87 Specialty 032.</p> <p>H2011 HT is inclusive of services listed under MSM 400 and above, under <b>Covered Services</b>.</p>	No	All Levels