

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Partial Hospitalization Program		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Mental health partial hospitalization, treatment, less than 24 hours		
Service Description	Example Composition of Services	
Mental Health Partial Hospitalization Programs (PHP) are standard, short-term, non-residential, medically-directed services for adult and youth members who require intensive, highly coordinated, structured and inter-disciplinary ambulatory treatment within a stable environment that is of greater intensity than Intensive Outpatient, Mental Health Skill Building, or Psychosocial Rehabilitation.	At least three component services must be provided daily in order to bill for this service: <ul style="list-style-type: none"> ▪ Individual or group psychotherapy with a licensed mental health professional ▪ Occupational therapy ▪ Services of other staff trained to work with individuals with psychiatric diagnoses ▪ Drugs and biologicals that cannot be self-administered ▪ Individualized activity therapies that are not primarily recreational or diversionary ▪ Family psychotherapy for treatment of the individual’s condition ▪ Certified Peer Support Services ▪ Individual training and psychoeducation ▪ Medically necessary diagnostic services 	
Critical Features		
<p>Partial Hospitalization Programs are appropriate for members who do not currently meet medical necessity for inpatient psychiatric hospitalization, though require greater intensity of intervention than outpatient services can provide to support member safety, maintenance and recovery. The services must be medically supervised, coordinated, comprehensive, structured and multimodal treatment. The individual must be able to cognitively and emotionally participate in active treatment. Services must be provided under physician direction and be medically supervised, coordinated, comprehensive, structured and multimodal treatment. Interventions offered through these programs should include Evidence Based Practices (<i>Note: Definitions of Evidence Based Practices and allowable practices TBD with further stakeholder input.</i>)</p> <p>Providers must meet Medicare conditions of participation and be enrolled in Medicare. Services may only be provided to individuals who meet the criteria of outpatient services (i.e., not spending the night in an inpatient or residential setting). Medicare requirements for service delivery must be followed. Hospital providers will bill under the hospital authority.</p>		
Applicable Population	Unit	Duration
<input checked="" type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adolescent (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	Minimum of 20 hours a week of therapeutic services. At least 4 hours per day in active treatment; at least 5 days per week; at least

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

		3 component services per day
DMAS Proposed Rate		
Community-Based Mental Health Program	\$ 120.58, Per Diem	
Hospital-Based Mental Health Program	\$ 220.58, Per Diem	
Staffing Notation(s)		
<p>PHP is a physician directed model of care.</p> <p>Qualified Mental Health Professional (QMHP) Licensed Mental Health Professionals Clinical/Medical Director/supervisor – LPC, LCSW or Psychologist Physician/NP/PA Occupational and recreational therapies</p> <p>The program’s clinical staff to member ratio is dependent on a number of interrelated factors which include, but are not limited to: function of the program, acuity of illness, target population, type of programming offered, age, developmental factors, goals and objectives of the program itself, number of hours of structured treatment provided each day, average daily program attendance, and average length of stay.</p> <p>The minimum staff to member ratio is no more than 1:12, one full-time equivalent staff member for each twelve adult members, and 1:5, one full-time equivalent staff member to five children/youth services members present with the ability to increase staff to client ratio based on the acuity of the members.</p>		
Limitations		
<p>The following activities are not covered under PHP:</p> <ul style="list-style-type: none"> • Day care programs, which provide primarily social, recreational, or diversionary activities, custodial or respite care; • Programs attempting to maintain psychiatric wellness, where there is no risk of relapse or hospitalization, e.g., day care programs for the chronically mentally ill; • Patients who are otherwise psychiatrically stable or require medication management only • Services to hospital inpatients; • Transportation or services delivered in transit; • Self-administered medications; • Vocational training • Services delivered to individuals who cannot, or refuse, to participate (due to their behavioral or cognitive status) with active treatment of their mental disorder (except for a brief admission necessary for diagnostic purposes), or who cannot tolerate the intensity of a PHP; • Treatment of chronic conditions without acute exacerbation of symptoms that place the individual at risk of relapse or hospitalization. 		

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- Participating in community based, social based support groups (i.e. Alcoholics Anonymous, Narcotics Anonymous);
- Watching films or videos;
- Doing assigned readings and;
- Completing inventories or questionnaires

Billing Tips

- Providers must meet Medicare conditions of participation and be enrolled in Medicare.
- Hospital providers will bill under the hospital authority.
- PHP services are required to bill using with a revenue code and a CPT or HCPCS code describing the encounter.
- Partial hospitalization program (PHP) claims must be submitted in sequence for a continuing course of treatment.
- Physician, Physician Assistant (PA), Nurse Practitioner and Clinical Nurse Specialist services, and Clinical Psychologist services are billed separately using the applicable outpatient provider billing codes.
- Physician services that meet the criteria of 42 CFR 415.102, for payment on a fee schedule basis; PA services as defined in §1861(s)(2)(K)(i); Nurse practitioner and clinical nurse specialist services, as defined in §1861(s)(2)(K)(ii) and; Clinical psychologist services as defined in §1861(ii)
- The professional services of a PA can be billed only by the PAs employer.
- The services of other Medicaid recognized Licensed Mental Health Professionals, nurses, QMHPS, and other non-licensed practitioners providing services are included in the PHP rate.
- Certified Peer Support Specialist services are included in the rates.
- Crisis Intervention Services shall not be billed separately.
- Prior Authorization may be required.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Intensive Outpatient Services		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Intensive Outpatient Psychiatric Services, per diem		
Service Description	Example Composition of Services	
Intensive Outpatient Services (IOP) are structured programs of skilled treatment services for adults and youth focused on maintaining and improving functional abilities through a time-limited, interdisciplinary approach to treatment.	<ul style="list-style-type: none"> • Psychiatric and other individualized treatment planning; • Individual, family and/or group counseling and or psychotherapy; • Skill development and psychoeducational activities; • Certified Peer Support Services • Medication management; • Psychological assessment / testing (as indicated in treatment plan 	
Critical Features		
<p>IOP is based on a comprehensive, coordinated and individualized individual service plan that involves the use of multiple, concurrent services and treatment modalities. Treatment focuses on symptom reduction, crisis and safety planning, promoting stability and independent living in the community, recovery/relapse prevention and reducing the need for a more acute level of care. This service is provided to individuals who do not require the intensive level of care of inpatient, residential, or partial hospitalization services, but require more intensive services than outpatient services and would benefit from the structure and safety available in a facility setting. Youth and adult therapeutic groups are not to exceed 10 individuals. Psychiatric/medical consultation must be available within 72 hours. At least two hours of individual therapy are delivered weekly to each participant. Interventions offered through these programs should include Evidence Based Practices (<i>Note: Definitions of Evidence Based Practices and allowable practices TBD with further stakeholder input.</i>)</p> <p>Requires program accreditation from the Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, The Joint Commission, or another State-approved accreditation. CLIA waived lab tests such as instant read cups are included in this service. Snacks are included in this service.</p>		
Applicable Population	Unit	Duration
<input checked="" type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adolescent (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	At least 4 hours of active treatment; at least 3 times a week; at least 3 services a day
DMAS Proposed Rate		
Intensive Outpatient Services, Per Diem	\$141.51, Per Diem	
Specialty Rate with Occupational/Recreational Therapy	\$142.96 , Per Diem	

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

Staffing Notation(s)
Qualified Mental Health Professional (QMHP) (2 FTE for 30 clients) Licensed Mental Health Professionals (3 FTE for 30 clients) Certified Peer Recovery Specialist (1 FTE for 30 clients) Clinical/Medical Director/supervisor – LPC, LCSW or Psychologist (1 FTE for 30 clients) Physician/NP/PA (Assessments and medication management - .75 hours per client per month) <i>*Services provided by the above professionals, nurses and non-licensed practitioners providing services are included in the rates.</i> Occupational and recreational therapies (provided at least 2 days a month) have specialty rates when these services are included in the interventions.
Limitations
<ul style="list-style-type: none">• Duplication of Services is not allowed (SA & MH IOP shall have an integrated plan of care and the provider will be reimbursed for one type of service per day).• IOP services may not exceed the day and hour limitations. Services that exceed this time frame indicate a higher level of care and the recipient should be reevaluated. <p>The following activities are not covered under IOP:</p> <ul style="list-style-type: none">• Transportation or services delivered in transit;• Day care programs, club house, recreational, vocational, after-school or mentorship program;• Routine supervision, monitoring or respite;• Participating in community based, social based support groups (i.e. Alcoholics Anonymous, Narcotics Anonymous);• Watching films or videos;• Doing assigned readings;• Completing inventories or questionnaires• Services to hospital inpatients;• Self-administered medications and;• Services delivered to individuals who cannot, or refuse, to participate (due to their behavioral or cognitive status) with active treatment of their mental disorder (except for a brief admission necessary for diagnostic purposes), or who cannot tolerate the intensity of a PHP.
Billing Tips
<ul style="list-style-type: none">• The following services shall not be billed separately: Supplies; Ancillary services; Diagnostic testing and evaluations, including neuro-psychological testing; Lab tests including drug and alcohol tests; Medication management; All psychotherapy sessions, including individual, group, and family; Crisis intervention• Prior Authorization may be required.• IOP services can be billed using with a revenue code and a CPT or HCPCS code describing the encounter.• Certified Peer Support Specialist services are included in the rates.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Assertive Community Treatment	
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE
Assertive Community Treatment Program, Per Diem	██████████
Service Description	Example Composition of Services
<p>Assertive Community Treatment (ACT) means intensive nonresidential treatment and rehabilitative mental health services provided in accordance with the fidelity model of ACT. Assertive community treatment provides a single, fixed point of responsibility for treatment, rehabilitation and support needs for clients with serious mental illness (SMI) whose needs have not been well met by more traditional service delivery approaches.</p>	<ul style="list-style-type: none"> • Assertive engagement • Assessment and Treatment Planning • Socials skills and support • Benefits and finance support • Co-occurring SUD treatment • Crisis assessment and intervention • Case Management • Employment services • Family psychoeducation and support • Housing access & support • Medication education, assistance and support • Mental health certified peer specialists services • Physical health services • Psychiatric Rehabilitation and Assistance with Activities of Daily Living • Symptom management • Evidence-based Supported Therapeutic Interventions & Psychotherapy • Wellness self-management and prevention • Other services based on client needs as identified in a client's assertive community treatment individual treatment plan
Critical Features	
<p>Services are offered 24 hours per day, seven days per week, in a community-based setting. The nature and intensity of ACT services are developed through the person-centered service planning process and adjusted through the process of daily team meetings. Typically, individuals served through ACT have a serious and persistent psychiatric disorder and a treatment history characterized by frequent use of psychiatric hospitalization and emergency rooms, involvement with the criminal justice system, alcohol/substance use, and lack of engagement in traditional outpatient services.</p> <p><i>One of the fundamental charges of ACT is to be the first line (and generally sole provider) of all the services that individuals may need. Thus, a higher frequency and intensity of community-based contacts and a low individual-to-staff ratio is required (no greater than 1:10). Services are flexible and appropriately adjusted based on the individual's evolving needs over time. Certification and License by the Department of Behavioral Health and Developmental Services as an ACT team in fidelity with the</i></p>	

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Tool for Management of Assertive Community Treatment (TMACT) is required. In compliance with TMACT fidelity (scoring at least a 3.0) or having provisional certification for no more than 18 months, ACT teams may provide any component of the services listed and must employ and utilize the qualified practitioners necessary to maintain fidelity.

Program Size:

- a. Small teams serve a maximum of 50 individuals, with 1 team member per 8 or fewer individuals;
- b. Mid-size teams serve 51-74 individuals, with 1 team member per 9 or fewer individuals; and
- c. Large teams serve 75-120 individuals, with 1 team member per 9 or fewer individuals.

Applicable Population	Unit	Duration
<input type="checkbox"/> Child (0-10) <input type="checkbox"/> Adolescent (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	At least 8 minutes of interventions per diem.

DMAS Proposed Rate	
ACT Base Fidelity Model	ACT High Fidelity Model
Small Team \$195.20, Per Diem Medium Team \$169.33, Per Diem Large Team \$158.90, Per Diem	Small Team \$245.29, Per Diem Medium Team \$206.64, Per Diem Large Team \$190.08, Per Diem

Staffing Notation(s)
Nurse Practitioner Medical Doctor Registered Nurse Licensed Practical Nurse Licensed Mental Health Professional Qualified Mental Health Professional Substance Abuse Certified Professional/ Co-Occurring Disorders Specialist Peer Support Specialist Vocational Specialist Administrative Assistant

Limitations
The following activities are not covered under ACT: <ul style="list-style-type: none"> • Contacts that are not medically necessary. • Time spent doing, attending, or participating in recreational activities. • Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed for ACT. Additional medical transportation for service needs which are not considered part of ACT Program Services may be covered by the transportation service through the State Plan. Medical transportation to ACT providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services rendered that are not in accordance with an approved authorization.
- Services not identified on the member's authorized ACT Treatment Plan.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the ACT service manual and not in compliance with fidelity standards.
- Services provided to children, spouse, parents, or siblings of the eligible member under treatment or others in the eligible member's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible member's ACT participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.
- Anything not included in the approved ACT service description.
- Changes made to ACT that do not follow the requirements outlined in the provider contract, service manual, or ACT fidelity standards.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.
- Employment of the beneficiary. ACT includes non-job specific vocational training, employment assessments, and ongoing support to maintain employment. ACT may also pay for the medical services that enable the beneficiary to function in the workplace, including ACT services such as a psychiatrist's or psychologist's treatment, rehabilitation planning, therapy, and counseling that enable the beneficiary to function in the workplace.

Billing Guidance

- ACT and case management services may not be billed for the same member in the same month.
- ACT providers may bill one per diem per day
- Prior Authorization, may be required.

**Fidelity refers to the degree to which a practice model is delivered as intended, producing outcomes consistent with evidence-based interventions.*

ACT staffing recommendations

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Staff	Small team	Medium Team	Large Team
Staff Ratio			
FTE Base fidelity	1:8 6.4 FTE	1:9 8.6	1:9 10.7
FTE high fidelity			
Note add			
.5 FTE LPN			
.5 FTE BA	7.4	9.6	11.7
TL	1.0	1.0	1.0
NP	0.2	0.3	0.4
MD	0.2	0.3	0.4
RN	1.0	1.0	2.0
LPN	-	1.0	0.9
SUD BA certified	1.0	1.0	1.0
Peer	1.0	1.0	1.0
Voc Spec BA	1.0	1.0	1.0
MA	-	1.0	1.0
BA	1.0	1.0	2.0
Admin Assistant	1.0	1.0	1.0

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Multi-systemic Therapy		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Multi-systemic therapy for juveniles, per 15 minutes		
Service Description	Example Composition of Services	
Multi-systemic therapy (MST) is an evidence-based, intensive home- and community-based treatment for youth 11-17 years of age with significant clinical impairment in disruptive behavior, mood, and/or substance use.	<ul style="list-style-type: none"> ▪ Crisis intervention services ▪ Coordination of Care ▪ Face-to face interventions with the individual and family ▪ Psychotherapies ▪ Assessments ▪ Systemic Family Therapy ▪ Strategic Family Therapy ▪ Structural Family Therapy ▪ Behavioral parent training ▪ Cognitive behavior therapies 	
Critical Features		
<p>MST includes an emphasis on engagement with the youth’s family, caregivers and natural supports and is delivered in the recovery environment. MST is a short-term and rehabilitative intervention that is used as a step-down and diversion from higher levels of care and seeks to view youth within their network of systems including family, peers, school, and neighborhood/community.</p> <p>Sessions are conducted from once per week to daily and are typically 60-90 minutes in length. The service intensity varies with the needs of the youth and family/caregiving system. Organizations that provide MST must provide emergency services crisis response on a 24 hours a day, seven days a week, 365 days a year basis to individuals who are participating in this service.</p>		
Applicable Population	Unit	Duration
<input type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adolescent (11-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> Per Diem <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	At least 8 minutes of service for 1-unit; Average length of stay is 3-5 months
DMAS Proposed Rate		
Established MST Teams (Conditional and one year DBHDS License Type)	New MST Teams (Three year DBHDS License Type)	
Bachelor’s Level \$46.03	Bachelor’s Level \$51.00	
Master’s Level \$49.96	Master’s Level \$55.03	
Staffing Notation(s)		
The MST provider must hold at a minimum an annual license from the Department of Behavioral Health and Developmental Services and they must maintain a program certification with MST		

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

Services, LLC. Providers of MST must meet the specific training and supervision requirements of the program.

Qualified Mental Health Professional-Child (QMHP-Cs) and Licensed Mental Health Professionals can be included in the composition of a MST team. QMHP-C level staff that meet these requirements are only allowed to make up 33% of an MST team.

Limitations

- MST may not be authorized or billed concurrently with Functional Family Therapy, Mental Health Skill Building, Therapeutic Day Treatment, Intensive In-Home Services, or Behavioral Therapy.
- Mental Health and/or Substance Abuse Outpatient services, Inpatient Services, and Residential Services may be authorized and billed concurrently for no more than 14 consecutive calendar days, as the youth is transitioning between services.
- Crisis Intervention services provided by the MST provider as a part of MST shall not be reimbursed separately.

The following activities are not covered under MST:

- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered Transportation and time may not be billed for MST. Additional medical transportation for service needs not considered part of MST Program Services may be covered by the transportation service through the State Plan. Medical transportation to MST providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services provided before the department or its designee (including the MCO) has approved authorization.
- Services rendered that are not in accordance with an approved authorization.
- Services not identified on the beneficiary's authorized MST Treatment Plan.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the MST service manual and not in compliance with fidelity standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's MST participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- Anything not included in the approved MST service description.
- Changes made to MST that do not follow the requirements outlined in the provider contract, service manual, or MST fidelity standards.
- Any intervention or contact not documented or consistent with the approved treatment plan goals, objectives, and approved services will not be reimbursed.

Billing Guidance

- Prior Authorization, may be required.
- Case Rates and/or Value-Based Purchasing Agreements may be negotiated with Managed Care Organizations (MCOs)

Face-to-face contacts with youth and relevant family and kinship network members and collateral contacts are billable. After the treatment plan is developed, phone contacts may be billed for no more than 50 percent of the claims. It is expected that on average no more than 3.5 hours per facilitator per day are billed. The rates set include costs for the following:

- Direct contacts with youth and relevant family and kinship network members
- Direct contacts with clinically relevant collateral contacts such as teachers, school administrators, social workers, probation officers and some social network contracts when clinically indicated
- Indirect contact, such as phone calls, with both youth and relevant family and kinship network members, and collateral contacts.
- Costs of certification, training and data documentation as well as the time spent performing these tasks.

** Established Teams have been operational and a certified MST provider for at least one year.*

** MST New Teams may be actively engaging in the certification process, but shall not be designated as a New Team for no longer than two years. If at the end of year two the team has not received their certification, they will not be eligible for MST Medicaid reimbursement.*

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Functional Family Therapy		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Alcohol and/or other drug treatment program, per 15 mins		
Service Description	Example Composition of Services	
Functional Family Therapy (FFT) is a short-term, evidence-based treatment program for at-risk and justice-involved youth, ages 11-18, who have been referred for behavioral or emotional problems by the juvenile justice, mental health, and school or child welfare systems.	<ul style="list-style-type: none"> ▪ Crisis intervention services ▪ Coordination of Care ▪ Face-to face interventions with the individual and family ▪ 60 minutes sessions ▪ Assessments ▪ Psychotherapies ▪ Systemic Family Therapy ▪ Strategic Family Therapy ▪ Structural Family Therapy ▪ Cognitive Behavior Therapy ▪ Motivational Interviewing 	
Critical Features		
<p>FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. Therapists work with families to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.</p> <p>Service intensity varies with the needs of the youth and family/caregiving system. The number of sessions may be as few as 8 and up to 30 sessions for more intense situations. In most programs, sessions are spread over an average of three months. Services are conducted in both clinic and home settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.</p>		
Applicable Population	Unit	Duration
<input type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adolescent (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> Per Diem <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	At least 8 minutes of service for 1-unit; Average length of stay is 3 months
DMAS Proposed Rate		
Established FFT Teams	New FFT Teams	
Bachelor's Level \$34.11 Master's Level \$37.28	Bachelor's Level \$40.73 Master's Level \$44.17	
Staffing Notation(s)		

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

The FFT provider must hold at a minimum an annual license from the Department of Behavioral Health and Developmental Services and they must maintain a program certification with FFT, LLC. Providers of FFT must meet the specific training and supervision requirements of the program.

Qualified Mental Health Professional-Child (QMHP-Cs) and Licensed Mental Health Professionals can be included in the composition of a FFT team. QMHP-C level staff that meet these requirements are only allowed to make up 33% of an FFT team.

Limitations

- FFT may not be authorized or billed concurrently with Multi-Systemic Therapy, Mental Health Skill Building, Therapeutic Day Treatment, Intensive In-Home Services, or Behavioral Therapy.
- Mental Health and/or Substance Abuse Outpatient services, Inpatient Services, and Residential Services may be authorized and billed concurrently for no more than 14 consecutive calendar days, as the youth is transitioning between services.
- Crisis Intervention services provided by the FFT provider as a part of FFT shall not be reimbursed separately.

The following actives are not covered under FFT:

- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered Transportation and time may not be billed for FFT. Additional medical transportation for service needs not considered part of FFT Program Services may be covered by the transportation service through the State Plan. Medical transportation to FFT providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services provided before the department or its designee (including the MCO) has approved authorization.
- Services rendered that are not in accordance with an approved authorization.
- Services not identified on the beneficiary's authorized FFT Treatment Plan.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the FFT service manual and not in compliance with fidelity standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's FFT participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.
January 2020*

- Anything not included in the approved FFT service description.
- Changes made to FFT that do not follow the requirements outlined in the provider contract, service manual, or FFT fidelity standards.
- Any intervention or contact not documented or consistent with the approved treatment plan goals, objectives, and approved services will not be reimbursed.

Billing Guidance

- Prior Authorization, may be required.
- Case Rates and/or Value-Based Purchasing Agreements may be negotiated with Managed Care Organizations (MCOs)

Face-to-face contacts with youth and relevant family and kinship network members and collateral contacts are billable. After the treatment plan is developed, phone contacts may be billed for no more than 50 percent of the claims. It is expected that on average no more than 3.75 hours per facilitator per day and 1.9 hours per supervisor per day are billed. The rates set include costs for the following:

- Direct contacts with youth and relevant family and kinship network members
- Direct contacts with clinically relevant collateral contacts such as teachers, school administrators, social workers, probation officers and some social network contracts when clinically indicated
- Indirect contact, such as phones calls, with both youth and relevant family and kinship network members, and collateral contacts.
- Costs of certification, training and data documentation as well as the time spent performing these tasks.

** Established Teams have been operational and a certified FFT provider for at least two years.*

** FFT New Teams may be going actively engaging in the certification process, but shall not be designated as a New Team for longer than three years. If at the end of year three, the team has not received their certification, they will not be eligible for FFT Medicaid reimbursement.*

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Mobile Crisis Intervention		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Crisis Intervention, per 15 mins		
Service Description	Example Composition of Services	
Crisis Intervention (CI) is brief focused assessment that reviews precipitating events leading to the crisis, history of crisis, mental status exam and disposition. Crisis intervention includes the mobilization of resources to defuse the crisis, restore safety, implement interventions that minimize the potential for psychological trauma, prevent further deterioration of functioning, link to other supports and services and to avert hospitalization.	Crisis and Emergency Services Assessments Dispatch and coordination through Crisis Hotline Services Therapeutic Interventions (.i.e. de-escalation) De-escalation Short-term stabilization Develop Crisis and/or Safety Plans Medication Counseling Referrals Peer support Linkage to ongoing services	
Critical Features		
Services are delivered in the community, home, school, or other community-based environment and are face-to-face with the individual and/or family providing appropriate crisis intervention strategies, even if the time spent during the initial up to 72 hours is not continuous. The person in crisis must be present for all or some of the services. Crisis intervention services shall be available 24 hours a day, seven days a week, wherever the need presents. The service requires the availability of a licensed practitioner who will screen and triage all calls to recommend care through an accredited hotline.		
Applicable Population	Unit	Duration
<input checked="" type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adolescent (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> Per Diem <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	At least 8 minutes of service for 1-unit; Up to 4 hours per episode
DMAS Proposed Rate		
2:1 (Licensed Staff with a Peer)	\$108.01	
2:1 (Licensed Staff with a QMHP)	\$117.27	
2:1 (QMHPs with a QMHP)	\$110.46	
2:1 (QMHP Staff with a Peer)	\$101.20	
1:1 (Licensed Staff)	\$63.18	
Staffing Notation(s)		
Licensed Mental Health Professionals Qualified Mental Health Professionals Peer Recovery Support Specialist		

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

Certified Pre-screeners (as defined by the Code of Virginia § 37.2-809)

*Unlicensed staff working alone are not allowed to bill the Medicaid reimbursed rate.

*Training and Certification in Crisis Intervention and/or Emergency Services may be required.

Limitations

The following activities are not covered under Mobile Crisis Intervention:

- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the individual or family. Services provided in the car are considered Transportation and time may not be billed for Crisis. Additional medical transportation for service needs not considered part of Crisis Program Services may be covered by the transportation service through the State Plan. Medical transportation to Crisis providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the Crisis service manual or licensure standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's Crisis participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.
- Anything not included in the approved Crisis service description.
- Changes made to the service that do not follow the requirements outlined in the provider contract, service manual, or licensure standards.
- Any intervention or contact not documented or consistent with the goals, objectives, and approved services of the provider contract, service manual, or licensure standards will not be reimbursed.

Billing Guidance

- CI services by their nature are crisis services and are not subject to prior approval.
- Activities beyond the initial 4 hour period may require a prior authorization by the State or its designee. The beneficiary's clinical record must reflect resolution of the crisis which marks the end of the current episode.
- If the beneficiary has another crisis within 24 hours of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed.
- If a provider has both a mobile crisis team, a 23 hour observation unit and a CSU, the provider

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

may not bill using the mobile crisis codes within 24 hours of admission to a 23 hour observation unit or a CSU.

- Providers receiving referrals to visit individuals at home following a visit to an emergency rooms will bill only the follow-up community based crisis stabilization HCPCS codes.

Face-to-face contacts with youth and relevant family and kinship network members and collateral contacts are billable. The rates set include costs for the following:

- Direct contacts with individuals and relevant family, caregivers and kinship network members
- Direct contacts with clinically relevant collateral contacts such as teachers, school administrators, social workers, probation officers and some social network contracts when clinically indicated
- Indirect contact, such as phones calls, with both individuals, caregivers, and relevant family and kinship network members, and collateral contacts.
- Costs of certification, training and data documentation as well as the time spent performing these tasks.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Community-Based Crisis Stabilization		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Comprehensive Community Supports, per 15 mins	██████	
Service Description	Example Composition of Services	
Community-Based Crisis stabilization services are short-term services designed to support continued de-escalation and crisis stabilization following initial crisis intervention/response that are provided to an individual in their natural environment.	Psychiatric services Medication Counseling Development of a Safety Plan Referrals Peer support Linkage to ongoing services Skill Building De-escalation Calming Strategies	
Critical Features		
Community-Based Crisis Stabilization is for individuals in a safe, secure location that is less intensive and restrictive than an inpatient hospital. The goal of the intervention is to stabilize the individual within the community. Community-Based Crisis Stabilization staff must be engaged and actively delivering services to the eligible Medicaid individual, family member or collateral contact during the time billed. 2:1 services are provided at a higher intensity and must meet a higher standard of medical necessity than services provided by a single staff. Community-Based Crisis Stabilization services are expected to last no more than 30 days and result in a discharge of the individual into longer term services, if medically necessary.		
Applicable Population	Unit	Duration
<input checked="" type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adolescent (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> Per Diem <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	At least 8 minutes of service for 1-unit; Up to 3 hrs. per episode
DMAS Proposed Rate		
2:1 (Licensed Staff with a Peer)	\$66.54	
2:1 (Licensed Staff with a QMHP)	\$76.29	
1:1 (QMHP Staff)	\$35.76	
1:1 (Licensed Staff)	\$42.93	
Staffing Notation(s)		
Licensed Mental Health Professionals Qualified Mental Health Professionals Peer Recovery Support Specialist		

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

Certified Pre-screeners (as defined by the Code of Virginia § 37.2-809)

- *Training and Certification in Crisis Intervention and/or Emergency Services may be required.
- *Unlicensed staff working alone are not allowed the Medicaid reimbursed rate.

Limitations

The following activities are not covered under Community-Based Crisis Stabilization:

- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the individual or family. Services provided in the car are considered Transportation and time may not be billed for Crisis. Additional medical transportation for service needs not considered part of Crisis Program Services may be covered by the transportation service through the State Plan. Medical transportation to Crisis providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the Crisis service manual or licensure standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's Crisis participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.
- Anything not included in the approved Crisis service description.
- Changes made to the service that do not follow the requirements outlined in the provider contract, service manual, or licensure standards.
- Any intervention or contact not documented or consistent with the goals, objectives, and approved services of the provider contract, service manual, or licensure standards will not be reimbursed.

Billing Guidance

Prior Authorization, may be required.

Face-to-face contacts with youth and relevant family and kinship network members and collateral contacts are billable. The rates set include costs for the following:

- Direct contacts with individuals and relevant family, caregivers and kinship network members

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- Direct contacts with clinically relevant collateral contacts such as teachers, school administrators, social workers, probation officers and some social network contacts when clinically indicated
- Indirect contact, such as phone calls, with both individuals, caregivers, and relevant family and kinship network members, and collateral contacts.
- Costs of certification, training and data documentation as well as the time spent performing these tasks.
- Providers receiving referrals to visit individuals at home following a visit to an emergency room will bill only the follow-up community based crisis stabilization HCPCS codes.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- 23-Hour Crisis Stabilization		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Crisis Intervention Mental Health Services, per diem		
Service Description	Example Composition of Services	
23-Hour Crisis Stabilization provides short-term, 24/7, facility-based psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress.	<ul style="list-style-type: none"> ▪ Assessment of Crisis ▪ Active listening and empathic responses ▪ Effective verbal and behavioral responses to warning signs of crisis related behavior ▪ Active problem solving, planning, and interventions ▪ Referral to appropriate levels of care ▪ Mobilize natural support systems ▪ Arrange transportation when needed to access appropriate levels of care 	
Critical Features		
This level of service is appropriate for individuals who have needs which exceed the abilities and the resources of those involved (e.g., collateral, provider, community member) to effectively resolve the situation or when an individual's ability to cope in the community is severely compromised and it is expected the crisis can be resolved in 23 hours. These services also include screening and referral for appropriate outpatient services and community resources. While these services are provided in a facility-based program, utilization of these services do not require an inpatient admission to the facility.		
Applicable Population	Unit	Duration
<input checked="" type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adol (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	Average episode length is 16 hrs. No longer than 23 hrs.
DMAS Proposed Rate		
23-hr Crisis Stabilization, Complex Level of Care	\$817.83, Per Diem	
Staffing Notation(s)		
Peer Support Specialist Qualified Mental Health Professional (QMHP) Registered Nurse on staff 24/7 Psychiatrist or Psychiatric Nurse Practitioner (ability to practice independently) for at least 20 hours per week Psychiatrist or Psychiatric Nurse Practitioner available for consult/emergency 24/7 23 hour crisis stabilization shall be supervised 24/7 by a Licensed Mental Health Professional (LMHP) Proposed staffing for a 9 bed unit providing 24/7 care is estimated to include: <ul style="list-style-type: none"> • 4.2 FTE nurses 		

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- 4.2 FTE Peers
- 6.3 FTE QMHP
- 1.75 FTE Psychiatric prescriber

Limitations

The following activities are not covered under 23-hr crisis stabilization:

- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the individual or family. Services provided in the car are considered Transportation and time may not be billed for Crisis. Additional medical transportation for service needs not considered part of Crisis Program Services may be covered by the transportation service through the State Plan. Medical transportation to Crisis providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the Crisis service manual or licensure standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's Crisis participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.
- Anything not included in the approved Crisis service description.
- Changes made to the service that do not follow the requirements outlined in the provider contract, service manual, or licensure standards.

Any intervention or contact not documented or consistent with the goals, objectives, and approved services of the provider contract, service manual, or licensure standards will not be reimbursed.

Billing Guidance

- 23-hour observation services are authorized for no more than 23-hours per episode.
- Activities beyond the 23-hour period must have prior authorization by the State or its designee. The beneficiary's clinical record must reflect resolution of the crisis which marks the end of the current episode. If the beneficiary has another crisis within 24-hours of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed.
- Providers visiting individuals discharged from a Crisis 23-hour observation program within 24-hours is considered reimbursement within the per diem for that unit or day.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- 23-hour Crisis observation can include up to 23-hours of continuous observation, monitoring, and support in a supervised environment. Because these programs operate 24/7 and the client must be discharged within 23-hours of admission. For individuals in need of greater than 23-hours, CSUs should be used depending on the severity of the individual's symptoms.
- If the individual is admitted to the CSU and remains for less than 4 hours, the provider would only bill one 23-hour observation billing code per diem.
- If an individual is admitted to the 23-hour observation and then transferred to the CSU, then the program should bill the first 23-hours at the 23-hour observation and then any subsequent 24-hour period to the CSU billing rate. The provider should not bill multiple per diems for the first 24-hours of care.
- If a provider has both a mobile crisis team, a 23-hour observation unit and a CSU, the provider may not bill using the mobile crisis codes within 24-hours of admission to a 23-hour observation unit or a CSU.

Face-to-face contacts with youth and relevant family and kinship network members and collateral contacts are billable. The rates set include costs for the following:

- Direct contacts with individuals and relevant family, caregivers and kinship network members
- Direct contacts with clinically relevant collateral contacts such as teachers, school administrators, social workers, probation officers and some social network contracts when clinically indicated
- Indirect contact, such as phone calls, with both individuals, caregivers, and relevant family and kinship network members, and collateral contacts.
- Costs of certification, training and data documentation as well as the time spent performing these tasks.

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
 January 2020

Service Definition- Crisis Stabilization Unit- Residential Facility		
Procedure Code Description	CPT®/HCPCS PROCEDURE CODE	
Behavioral Health, short term residential, per diem		
Service Description	Example Composition of Services	
This is a residential setting, serving as a diversion facility from inpatient hospitalization, offering psychiatric stabilization and/or withdrawal management services, when appropriate.	<ul style="list-style-type: none"> • Psychiatric, diagnostic, and medical assessments; • Crisis assessment, support and intervention; • Medication administration, management and monitoring; • Psychiatric/Mental Health Treatment; • Nursing Assessment and Care; • Psychosocial and psychoeducational individual and group support; • Brief individual, group and/or family counseling; and • Linkage to other services as needed. 	
Critical Features		
<p>This service is provided in a non-hospital community-based residential facility with no more than 16 beds. Crisis Stabilization Residential Units are designed for voluntary individuals who are in need of a safe, secure environment less intensive and restrictive than an inpatient hospital. The goal of crisis stabilization units are to stabilize and reintegrate the individual back into the community. Crisis Stabilization Residential Units can serve as a stepdown from a psychiatric admission, if the person meets admission criteria.</p> <p>Detoxification Crisis Stabilization Units provide medically monitored residential services for the purpose of providing psychiatric stabilization and substance withdrawal management services on a short-term basis. Additional services may include Medically Monitored Residential Substance Withdrawal Management (at ASAM Level 3.7-WM). These services are in addition to the services provided in crisis stabilization units that are not specific to detoxification and should be billed using the appropriate SUD detoxification billing codes.</p>		
Applicable Population	Unit	Duration
<input checked="" type="checkbox"/> Child (0-10) <input checked="" type="checkbox"/> Adol (11-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour	Average length of an episode is 3-7 days. No longer than 15 days.
DMAS Proposed Rate		
Crisis Stabilization Residential Unit, Special High Risk Population	\$684.48, Per Diem	

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

Staffing Notation(s)

Licensed Mental Health Professional
Registered Nurse on staff 24/7
Qualified Mental Health Support Professional
Psychiatrist or Psychiatric Nurse Practitioner available for consult/emergency 24/7

Proposed staffing for a 6-16 bed unit providing 24/7 care is estimated to include:

- 4.2 FTE nurses
- 4.2 FTE Peers
- 6.3 FTE QMHP
- 1.75 FTE Psychiatric prescriber

Limitations

The following activities are not covered under Crisis Stabilization:

- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the individual or family. Services provided in the car are considered Transportation and time may not be billed for Crisis. Additional medical transportation for service needs not considered part of Crisis Program Services may be covered by the transportation service through the State Plan. Medical transportation to Crisis providers may be billed to the transportation broker.
- Covered services that have not been rendered.
- Services provided without prior authorization by the department or its designee.
- Services not in compliance with the Crisis service manual or licensure standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's Crisis participant-directed Treatment Plan.
- Services provided that are not within the provider's scope of practice.
- Any art, movement, dance, or drama therapies.
- Anything not included in the approved Crisis service description.
- Changes made to the service that do not follow the requirements outlined in the provider contract, service manual, or licensure standards.
- Any intervention or contact not documented or consistent with the goals, objectives, and approved services of the provider contract, service manual, or licensure standards will not be reimbursed.

Billing Guidance

Virginia Department Medical Assistance Services
Enhanced Behavioral Health Services *Draft*
Reference Document

**All procedure codes and modifiers are currently being evaluated.*
January 2020

- Prior Authorization, may be required.
- Providers visiting individuals discharged from a CSU program within 24 hours is considered reimbursement within the per diem for that unit.
- If the individual is admitted to the CSU and remains for less than 4 hours, the provider would only bill one 23-hour observation billing code per diem.
- If an individual is admitted to the 23-hour observation and then transferred to the CSU, then the program should bill the first 23-hours at the 23-hour observation and then any subsequent 24-hour period to the CSU billing rate. The provider should not bill multiple per diems for the first 24-hours of care.
- If a provider has both a mobile crisis team, a 23-hour observation unit and a CSU, the provider may not bill using the mobile crisis codes within 24-hours of admission to a 23-hour observation unit or a CSU.
- For individuals in need of greater than 23 hours, CSUs should be used depending on the severity of the individual's symptoms.

Face-to-face contacts with youth and relevant family and kinship network members and collateral contacts are billable. The rates set include costs for the following:

- Direct contacts with individuals and relevant family, caregivers and kinship network members
- Direct contacts with clinically relevant collateral contacts such as teachers, school administrators, social workers, probation officers and some social network contracts when clinically indicated
- Indirect contact, such as phones calls, with both individuals, caregivers, and relevant family and kinship network members, and collateral contacts.
- Costs of certification, training and data documentation as well as the time spent performing these tasks.