

## Crisis Center FAQs

In an effort to help expedite your search on various topics, the questions below have been organized under key areas of interest. All new questions that have been added to this document (#9, 15, 19, 23, 24, 26, 27, 40, 41, 42, 43, 44, 45 and 46) are noted in **red**:

### **Introduction:**

**1. Why the change?**

To fund expansion of Idaho Medicaid, the 2019 State Legislature reduced the statewide appropriation for community crisis centers by \$2 million (\$1 million each from state fiscal years 2020 and 2021).

**2. Crisis Center IDAPA rules:**

The Behavioral Health Community Crisis Center's rule (IDAPA 16.07.30) expired on 7/1/19. Optum Idaho will use the information from the Division of Behavioral Health to create guidelines, auditing tools and outcomes measures. Additional information will be forthcoming.

### **Funding:**

**3. Should we expect a future reduction in state funds if the billable rate exceeds the current financial reduction?**

Current funding for Crisis Centers is subject to appropriation by the Idaho Legislature. We are not aware of plans for further funding reductions at this time, but we will notify the Centers immediately if the appropriation is adjusted.

**4. What will be the branding change of Crisis Centers from being a "free service" moving forward?**

Although reimbursement and billing for care is a significant change, the underlying intent of Crisis Centers as a community resource for any adult experiencing a behavioral health crisis, regardless of ability to pay, will not change. Individuals without insurance will not be billed unless the individual center chooses this as part of their sustainability plan.

**5. Will this become one of our biggest sustainability items?**

Although each Center's plan for sustainability will be individualized, reimbursement from any insurer, including Medicaid, will be an important component.

**6. Medicaid reimbursement for Crisis Centers:**

As of 1/1/2020, Medicaid reimbursement is available for Crisis Centers. Optum Idaho will be amending the contracts with the providers of Crisis Centers in order to reimburse for medically necessary Crisis Center services. Optum Idaho will begin contacting each Center individually to amend their provider contracts as needed.

**7. If a client has no insurance will the client be required to be billed as per CMS law?**

If a client does not have Idaho Medicaid, the Crisis Centers should bill in the same manner as they have previously.



- 8. Are there any negotiations going on regarding other private insurance payers?**  
The IDHW is not currently negotiating Crisis Center reimbursement rates with private payors.
- 9. Do Medicaid+ plans with Molina and Blue Cross of Idaho cover crisis centers?**  
For more information about Medicaid+ coverage, visit the Idaho Department of Health and Welfare’s website by clicking [here](#), or visiting [www.healthandwelfare.idaho.gov/Medical/Medicaid/DualEligibleParticipants](http://www.healthandwelfare.idaho.gov/Medical/Medicaid/DualEligibleParticipants).
- 10. Will sliding scales be required to be offered to clients that are not insured?**  
Yes. Per Idaho Statute (39-9108), a fee determination schedule will need to be established by the Crisis Centers, and approved by the IDHW, if they choose to bill uninsured clients. Additional information will be forthcoming in these circumstances.

**Credentialing/Contracting Process:**

- 11. What is Optum Idaho’s credentialing process for Crisis Centers?**  
Each of the Crisis Centers will have a site audit using the ‘Organizational Site Audit’ tool prior to 1/1/2020. During that site audit, the Crisis Center will be asked to provide mock charts for review and feedback using the Community Crisis Center audit tool. The agency’s Optum Idaho contract will be amended to allow for the providing of the Crisis Center services.
- 12. How will a Crisis Center be credentialed with Optum?**  
There is no special credential for Crisis Centers. The Crisis Centers will follow the same credentialing process as the agency/group. See question #11.

**Billing:**

- 13. Who bills?**  
The Crisis Center contracted with Optum Idaho bills Optum using the S9485 all-inclusive HCPCS code for the Idaho Medicaid member who received the crisis services.
- 14. When billing, who needs to be listed as the provider?**  
The agency would be listed to bill for the Crisis Center services, not an individual provider.
- 15. What does the Crisis Center do if the member has another primary insurance and Optum is secondary?**  
The Crisis Center would bill the primary insurance. After the primary insurance has adjudicated the claim, the Crisis Center would then submit the claim to Optum for processing.
- If a member has other insurance and there is no Explanation of Benefits (EOB) from that other insurance submitted with the claim for payment, Optum Idaho will process and pay the claim as primary for the Crisis Center claim.
- 16. Does the Crisis Center need to use the HO modifier?**  
No. Since the Crisis Center is billing under the agency and not as an individual provider, there is no need for a modifier.

**17. What Place of Service should be billed when billing for the Crisis Center services?**

The Place of Service will be 20: Urgent Care Facility. The description is: Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.

**18. Does the Crisis Center have to diagnose the member?**

In order to submit a claim for Crisis Center services, there must be a diagnosis on the claim form. Since there is not a CDA being completed, the most appropriate diagnosis in most situations will be a *Z-code-Other Conditions That May Be a Focus of Clinical Attention*. Z-codes identify conditions other than a disease or injury and are used to report significant factors that may influence present or future care.

**19. Will there be a more specific range of Z codes? How descriptive do you need?**

The Z codes to be used by crisis centers will be identified including and between Z55 (problems related to education and literacy) and Z73 (problems related to life management difficulty). The appropriate subcategory specifier should be selected to most closely reflect the member's presenting problem for obtaining crisis center services.

**20. What billing code will be used?**

HCPCS code S9485-Crisis intervention mental health service is all-inclusive. Providers may not bill other services while a member is in a crisis center. However, the provider will be reimbursed for medically necessary Outpatient services if the member is seen in the clinic before being seen at the crisis center or after leaving it, even if those services are delivered on the same calendar day.

**21. Does the billing code S9485 require pre-authorization?**

No. Crisis Center services never require prior authorization.

**22. What is expected to be included in the services and what can be billed in addition to "Crisis Center Services?" (i.e.: peer supports, therapy, case management)**

Crisis Center Services would be expected to include: behavioral health assessment, medical evaluation, treatment/crisis planning, case management/coordination, crisis services, peer support and/or recovery coaching, and referrals. Billing for crisis center services is an all-inclusive encounter code. As such, no other billing can occur while the individual is at the facility.

**23. Will there be limits on the number of episodes or days billed on a client per year?**

The S9485-Crisis Intervention code can be billed 1X per day. A day is defined as **from midnight to 11:59pm as opposed to** 23 hours and 59 minutes after the member was admitted to the Crisis Center level of care.

**24. Can a member be billed for twice if they return the same day?**



No, the S9485-Crisis Intervention code can only be billed 1X per day for a member. A day is defined as **midnight to 11:59pm as opposed to** 23 hours and 59 minutes after the member was admitted to the Crisis Center level of care.

**25. What about Non-Episode Contacts? Are these reimbursable? For referrals only or counselor check-ins?**

Reimbursable services only apply to members who meet the definition of needing crisis services.

**26. What is the minimum threshold to be considered an episode vs. non episode? i.e. When does the admission “clock” start?**

After the crisis center conference call and further discussion, it makes sense to move to a more traditional billing definition of a ‘day’ as from midnight to 11:59pm, as opposed to a 23 hour, 59 minute ‘day’ after intake.

**27. What do we bill if after the Intake Eligibility Assessment it is determined that the member doesn’t meet admission criteria for crisis center services?**

If after completing the Intake Eligibility Assessment it is determined the member doesn’t meet the admission criteria for crisis center level of care, the crisis center should bill the Crisis Intervention code H2011 with the appropriate number of units instead of billing the crisis center code.

**28. Will billing be accessible through WITS or will it be up to the Crisis Center?**

At this time, there are no plans to modify the WITS system to support billing functions.

**29. What is the expected turn-around time for payment from insurers?**

Turn-around times for Optum Crisis Center claims payments will be the same as they are for Outpatient services.

**30. What is the reimbursement rate?**

The reimbursement rate for S9485 will be \$310 per encounter.

**31. Since services provided at the Crisis Centers are individualized, what falls under the flat rate?**

All services that occur at the Crisis Center fall under the encounter rate.

**32. Does this same rate apply if the participant is in the center for 1 hour or 23 hours?**

Yes. The rate is an encounter rate and will be for the length of service.

**33. Will a day rate be based on a calendar day or a 24-hour time frame of admittance?**

Day rate billing is for an encounter. An encounter could last up to the full 23hrs 59 minutes.

**Clinical:**

**34. What are the parameters for “medically necessary” services? What is medically necessary in a behavioral health crisis? Who determines medical necessity? How is it documented?**



Medical necessity and appropriateness for treatment is determined and shown by a screening of the members' reasons for admission to the Crisis Center.

**35. Since Optum currently allows for master's level clinicians and bachelor's level paraprofessionals with CPI training to bill Crisis Services, will the credentials for billing "Crisis Center Services" be the same?**

Crisis Services and Crisis Center Services are similar but not the same. Crisis Center Services will be billed as an all-inclusive encounter and not individualized Fee-For-Service. Additional information and details will be communicated directly with each Crisis Center.

**36. Will Crisis Centers have to be compliant with the Crisis Prevention Institute (CPI) requirements:**

Bachelor's level paraprofessionals must be trained and certified in Nonviolent Crisis Intervention by the Crisis Prevention Institute (CPI) for the provision of Crisis Center Services. A CPI-trained paraprofessional or master level clinician must be available during operation.

**37. What are the supervision requirements (credentials) for the billing services to be authorized?**

Crisis Center billing will be based on an encounter and done through the facility, and not through an individual provider. Billing will not use supervisory protocol.

**38. Will Supervisory Protocol apply to Crisis Center Services?**

Yes. Supervisory Protocol does apply to Crisis Center Services. All services provided as part of the Crisis Center must be provided under the supervision of at least a licensed master behavioral health clinician in the practice of his or her profession.

**39. What are the proposed staffing arrangements and programming requirements?**

Idaho Medicaid & Optum Idaho would expect that the scope of work requires security, assessment/evaluation, medical assessment, risk assessment, behavioral health assessment, a plan of care, case management, peer/recovery coaching, referral and after care.

**40. "Mental Status Exam" – wording is not in the DBH SOW with the centers; will it be required by Optum?**

Though the DBH Scope of Work Contract-Intake Eligibility Assessment, Behavioral Assessment does not require the Mental Status Exam, Optum Idaho will require the mental status exam, as described in the Optum Level of Care Guidelines.

**41. What is the definition of "Licensed Medical Staff"?**

Licensed medical staff includes the following professionals: Rn's, LPN's, EMT's and Paramedics.

**42. Are other certifications such as MOAB acceptable in place of CPI?**

The Medicaid State Plan requires CPI, therefore, Optum's expectation is that only CPI qualifies to meet the certification requirement for non-master's level clinicians.



**43. What is the time allowed to preform an intake assessment: 30 minutes vs. 1 hour?**

Per the DBH Scope of Work Contract the intake eligibility assessment must be completed within thirty (30) minutes of application for services. Optum will use this same standard for Medicaid members.

**44. When does the Behavioral Health assessment have to be completed by?**

Best practice guidance is to complete the behavioral health assessment as soon as possible with the understanding there may be times when the assessment will be completed several hours after the member is admitted to the crisis center.

**45. Do we have to have a patient complete an ALERT form as we do in clinical?**

The ALERT (Wellness Assessment) will not be required for crisis center services.

**46. Will Optum accept amendments to a previous assessment, which is written as acceptable in our contract with IDHW, instead of having a new assessment completed for a new episode of a recurring member?**

Per the DBH Scope of Work Contract an updated behavioral health assessment may be used on clients who were assessed within the last three (3) months (e.g. presenting problem, treatment history). Optum will use this same standard for Medicaid members.

**Auditing:**

**47. How will audits happen? Frequency? Is Optum looking for a specific type of documentation? If so, what are the tool and training requirements?**

For organizational providers who do not already hold an Optum accepted national accreditation, the provider will be audited prior to the program being contracted and every three years during recertification. The audits will be an on-site review. This will include a site tour, review of policies and procedures, HR Files, and service records.

**48. What auditing tool will Optum use to review documentation?**

For all audits of Crisis Center Services, the audit team will use the Organizational Provider Tool and the CCC (Community Crisis Center) Record Tool—additional information and details will be shared directly with each center.

**Reporting:**

**49. If centers are allowed to utilize a different EHR system, how will data be collected for state reports?**

Centers that choose to use an alternative EHR and data submission process may do so, subject to a contract amendment, evaluation, readiness testing, and approval of their EHR system and processes by the Division of Behavioral Health's Automation/Data unit. The data points collected are the same as those required by the contract/WITS system.