Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-481
Employees' Manual, Title 8
Medicaid Appendix

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CRISIS RESPONSE SERVICES MANUAL TRANSMITTAL NO. 18-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***Crisis Response Services***, Title Page, new; Table of Contents, new;

Chapter I, ***General Program Policies***, Title Page, Table of Contents (pages 1, 2, and 3), and pages 1 through 47;

Chapter II, ***Member Eligibility***, Title Page, Table of Contents (pages 1 and 2), and pages 1 through 39;

Chapter III, ***Provider-Specific Policies***, Title Page, new; Table of Contents (page 1), new; and pages 1 through 20, new;

Chapter IV, ***Billing Iowa Medicaid***, Title page, Table of Contents (pages 1, 2, and 3), and pages 1 through 15 and 89 through 160;

Appendix, Title Page, Table of Contents (page 1), and pages 1 through 22.

Summary

This letter transmits a new manual for providers of Crisis Response Services. The manual is comprised of five sections:

- Chapter I contains information about Iowa Medicaid administration, coverage, and reimbursement that applies to all types of providers.
- Chapter II describes the different ways of attaining and demonstrating Medicaid eligibility. It also applies to all provider types.
- Chapter III explains Medicaid requirements specific to Crisis Response Services. The chapter:
  - Aligns with current policies, procedures, and terminology.
  - Ensures that current contact information is provided.
  - Includes links to forms to ensure that the most recent version of the form is accessible.

- Chapter IV contains instructions and forms to bill Iowa Medicaid. It also applies to all provider types.
- The Appendix contains directories of local offices of the Department of Human Services, the Social Security Administration, and EPSDT care and coordination agencies.

Effective Date

Immediately.

Material Superseded

None.

Additional Information

The updated provider manual containing the revised pages can be found at: http://dhs.iowa.gov/sites/default/files/Crisis.pdf

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.

Crisis Response Services

Provider Manual

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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. PROVIDERS ELIGIBLE TO PARTICIPATE

Organizations which are accredited under the mental health service provider standards established by the Mental Health and Disability Services Commission, set forth in 441—Chapter 24, Division II, are eligible to enroll and provide short-term individualized crisis stabilization services which follow a crisis screening or assessment and which are designed to restore the individual to a prior functional level. Services may include:

- Crisis response services,
- Crisis stabilization community-based services, and
- Crisis stabilization residential services.

Accreditation standards are located at 441 IAC 24.20(225C) through 24.39(225C).

Medicaid provider qualifications are located at 441 IAC 77.55(249A).

1. Enrollment

Providers eligible to participate must be enrolled with the Iowa Medicaid Enterprise (IME) in order to credential and contract with the managed care organizations and to bill the Iowa Medicaid Enterprise for services provided to Fee-For-Service (FFS) members.

Each provider shall provide the IME Provider Services Unit with the current address of the provider's primary location and any satellite locations. It is the responsibility of the provider to contact the IME Provider Services Unit and provide an update whenever:

- There is a change of address.
- Other changes occur that affect the accuracy of the provider enrollment information.

2. Provider Requirements

As a condition of enrollment, providers of crisis response services must:

- Request criminal history record information, child abuse, and adult abuse background checks on all employees and applicants to whom an offer of employment is made, as required by Iowa Code section 135C.33(5).
- Follow standards in 441 IAC 79.3(249A) for maintenance of records. These standards pertain to all Medicaid providers. See Documentation.
- Assure that any services delivered by an individual or agency, either through employment by or a contract with the enrolled provider, shall comply with the requirements that are applicable to the enrolled provider.

3. Staff Education and Experience

Staff providing crisis response services must meet one or more of the following qualifications:

- A mental health professional as defined in Iowa Code section 228.1.
- A bachelor's degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, nursing, education) and a minimum of one year of experience in behavioral or mental health services.
- A law enforcement officer with a minimum of two years of experience in the law enforcement officer's field.
- An emergency medical technician (EMT) with a minimum of two years of experience in the EMT's field.
- A peer support specialist with a minimum of one year of experience in behavioral or mental health services.
- A family support peer specialist with a minimum of one year of experience in behavioral or mental health services.
- A registered nurse with a minimum of one year of experience in behavioral or mental health services.
- A bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral or mental health services, and 30 hours of crisis and mental health in-service training (in addition to the required 30 hours of Department-approved training).

Staff proving crisis response services must complete:

- A minimum of 30 hours of Department-approved crisis intervention training.
- A post-training assessment of competency.

B. COVERED SERVICES

Crisis response services are an array of services provided to individuals experiencing a mental health crisis aimed at assessment and intervention to stabilize the member's level of functioning. A mental health crisis is defined as a "behavioral, emotional, or psychiatric situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual and which cannot be resolved without intervention."

Payment will be approved for services as authorized by state law and within the scope of the providers Chapter 24 accreditation. Services can be provided if an eligible recipient is an individual experiencing a mental health crisis or emergency where a mental health crisis screening is needed to determine the appropriate level of care.

Payment will be approved for services provided by qualified crisis response staff in the member's home, community or any location where the member is experiencing a mental health crisis or emergency.

Payment shall be made only for time spent in face-to-face services with the member.

Crisis response services provided to children and youth include coordination with:

- Parents,
- Guardians,
- Family members,
- Natural supports,
- Service providers, and
- With other systems such as education, juvenile justice, and child welfare.

Crisis response services for individuals who have co-occurring or multi-occurring diagnoses focus on the integration and coordination of treatment services, and supports necessary to stabilize the individual, without regard to which condition is primary.

Crisis response services are not to be denied due to the presence of a co-occurring substance abuse condition or developmental or neurodevelopmental disability.

Medicaid service requirements are located at 441 IAC 78.61(249A).

Medicaid reimbursement methodology is located at 441 IAC 79.1(2).

1. Crisis Evaluation

Legal reference: 441 IAC 24.32(225C)

Crisis evaluation includes crisis screening and crisis assessment.

a. Crisis Screening

Crisis screening includes a brief assessment of suicide lethality, substance use, alcohol use, and safety needs.

Crisis screening can be provided through contact with crisis response staff and through communication with the individual.

b. Crisis Assessment

Crisis assessment includes:

- A comprehensive assessment of the factors that led to the crisis,
- The needs of the member and their family,
- The diagnosis if the member has one, and
- To initiate the stabilization and discharge plan.

Individuals receive a comprehensive assessment by a mental health professional. The crisis assessment includes:

- An action plan.
- Active symptoms of psychosis.
- Alcohol use.
- Coping ability.
- History of trauma.
- Impulsivity or absence of protective factors.
- Intensity and duration of depression.
- Lethality assessment.
- Level of external support available to the individual.
- Medical history.
- Physical health.

- Prescription medication.
- Crisis details.
- Stress indicators and level of stress.
- Substance use.

2. Mobile Response

Legal reference: 441 IAC 24.36(225C)

Mobile crisis response services are on-site, in-person interventions for individuals experiencing a mental health crisis.

Mobile crisis response services are provided in the individual's home or at any other location where the individual lives, works, attends school or socializes**.**

Mobile response staff are dispatched immediately after crisis screening has determined the appropriate level of care.

Admission criteria for mobile response services:

- The member is presenting active symptomology consistent with a mental health crisis, *AND*
- The mental health crisis is interfering with the member's activities of daily living, *AND*
- The factors leading to admission and/or the member's history of treatment suggest that the symptoms can be stabilized with crisis stabilization services within the community, *AND*
- A crisis screening indicates that mobile response service is appropriate to be provided where the crisis is occurring.

3. Twenty-Three-Hour Crisis Observation and Holding

Legal reference: 441 IAC 24.37(225C)

Twenty-three-hour crisis observation and holding services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization.

The twenty-three-hour crisis observation and holding is primarily used as a diversion from hospital level of care.

This level of service is appropriate for individuals who require protection 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.

Twenty-three-hour crisis observation and holding services include, but are not limited to:

- Treatment
- Medication administration
- Meeting with extended family or significant others
- Referral to appropriate services

Twenty-three-hour crisis observation and holding chairs can be used.

a. Admission Criteria

Payment will be made for twenty-three-hour crisis observation and holding services when the following admission criteria are met:

- There are indications the symptoms can be stabilized and an alternative treatment can be initiated within a 23-hour period.
- The presenting crisis cannot be safely evaluated or managed in a less restrictive setting, or no such setting is available.
- The individual does not meet inpatient criteria, and it is determined a period of observation assists in the stabilization and prevention of symptom exacerbation.
- Further evaluation is necessary to determine the individual's service needs.
- There is an indication of actual or potential danger to self or others as evidenced by a current threat or ideation.
- There is a loss of impulse control leading to life-threatening behavior and other psychiatric symptoms requiring stabilization in a structured, monitored setting.
- The individual is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event or severe stressor.

b. Treatment Summary

A treatment summary is provided to the individual and the individual's treatment team when applicable. The treatment summary includes:

- An action plan.
- Crisis assessment, including challenges and strengths.
- Course and progress of the individual with regard to each identified challenge.
- Evaluation of the individual's mental status to inform ongoing placement and support decisions.
- Recommendations and arrangements for further service needs.
- Signature of the mental health professional.
- Treatment interventions.

4. Crisis Stabilization Community-Based Services (CSCBS)

Crisis stabilization community-based services are short-term services designed to de-escalate a crisis situation and stabilize an individual experiencing a mental health crisis, provided where the individual lives, works or recreates.

CSCBS is a voluntary service for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital. The goal of CSCBS is to stabilize the individual within the community

Individuals receive CSCBS services including, but not limited to:

- Psychiatric services,
- Medication,
- Counseling,
- Referrals,
- Peer support, and
- Linkage to ongoing services.

The duration for CSCBS is expected to be less than five days.

Contact between the individual and a mental health professional occurs at least one time a day. Additional services are provided by crisis response staff at a minimum of one hour per day, including, but not limited to, skill building, peer support or family support peer services.

Crisis response staff must be awake and attentive 24 hours a day.

a. Admission Criteria for CSCBS

- The member is presenting active symptomology consistent with a mental health crisis, *AND*
- The mental health crisis is interfering with the member's activities of daily living, *AND*
- The factors leading to admission or the member's history of treatment suggest that the symptoms can be stabilized with crisis stabilization services within the community, *AND*
- The member does not require inpatient hospitalization but requires crisis stabilization services that may include medication, counseling, referral, peer support, and linkage to ongoing services, not expected to exceed five days.

b. Continued Stay Criteria for CSCBS

- The individual's condition continues to meet admission criteria for crisis stabilization, *AND*
- The individual's treatment does not require a more intensive level of care, and a less intensive level of care would not be sufficient to meet the individual's needs, *AND*
- There is a written stabilization plan that identifies the short-term strategy to stabilize the crisis developed by the provider in collaboration with crisis staff and the member, *AND*
- This is evidence the stabilization plan has been activated with interventions that are appropriate to stabilize the member's crisis.
- There is documented evidence of active discharge planning.

c. Stabilization Plan

A written short-term stabilization plan is developed, with the involvement and consent of the individual within 24 hours of the individual's admittance.

The stabilization plan is reviewed frequently to assess the need for the individual's continued placement in CSCBS.

At a minimum, this plan includes:

- Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems.
- Description of any physical disability and any accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals.
- Evidence of input by the individual, including the individual's signature.
- Goals are consistent with the individual's needs and projected duration of service delivery and include objectives which build on strengths and are stated in terms allowing measurement of progress.
- Rights restrictions.
- Names of all other persons participating in the development of the plan.
- Specification of treatment responsibilities and methods.

d. Treatment Summary

Before the individual's discharge from CSCBS, a treatment summary is completed. A copy of the summary is provided to the individual and shared with the individual's treatment team of providers, if applicable.

At a minimum, the treatment summary includes:

- Course and progress of the individual with regard to each identified problem.
- Documented note of a mental health professional contact one time daily.

- Evolution of the mental status to inform ongoing placement and support decisions.
- Final assessment, including general observations and significant findings of the individual's condition initially while services were being provided and at discharge.
- Recommendations and arrangements for further service needs.
- Signature of the mental health professional.
- Stabilization plan.
- Reasons for termination of service.
- Treatment interventions.

5. Crisis Stabilization Residential Services (CSRS)

Crisis stabilization residential services (CSRS) are short-term services designed to de-escalate a crisis situation and stabilize an individual experiencing a mental health crisis.

CSRS is provided in facility-based settings of no more than 16 beds.

CSRS 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 CSRS is to stabilize and reintegrate the individual back into the community.

Crisis stabilization residential services can be for youth aged 18 and younger or adults aged 18 and older. Youth and adults cannot be housed in the same facility setting.

a. Eligibility Criteria

To be eligible for CSRS, an individual must:

- Be an adult aged 18 or older or a youth aged 18 or under,
- Be determined appropriate for the service by a mental health assessment, and
- Be determined to not need inpatient acute hospital psychiatric services.

b. Admission or Continued Stay Criteria for CSRS

An individual must:

- Meet all criteria for crisis stabilization community-based admission or continued stay criteria, *AND*
- Stabilization of the member's mental health crisis can be better addressed in an organization-arranged crisis stabilization setting, rather than the member's home.

c. Assessment

A comprehensive mental health assessment is completed within 24 hours of admission. The assessment includes:

- An action plan.
- Active symptoms of psychosis.
- Alcohol use.
- Coping ability.
- History of trauma.
- Impulsivity or absence of protective factors.
- Intensity and duration of depression.
- Lethality assessment.
- Level of external support available to the individual.
- Medical history.
- Physical health.
- Prescription medication.
- Crisis details.
- Stress indicators and level of stress.
- Substance use.

The length of stay is expected to be less than five days.

Contact between the individual and a mental health professional occurs at least one time a day.

Additional services are provided by crisis response staff at a minimum of one hour per day, including, but not limited to, skill building, peer support or family support peer services.

Crisis response staff must be awake and attentive 24 hours a day.

d. Stabilization Plan

A written short-term stabilization plan is developed, with the involvement and consent of the individual within 24 hours of the individual's admittance.

The stabilization plan is reviewed frequently to assess the need for the individual's continued placement in CSCBS.

At a minimum, this plan includes:

- Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems.
- Description of any physical disability and accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals.
- Evidence of input by the individual, including the individual's signature.
- Goal statement.
- Goals consistent with needs and projected length of stay.
- Objectives that are built on strengths and allow measurement of progress.
- Rights restrictions.
- Signatures of all participating in the development of the plan.
- Specification of treatment responsibilities and methods.

e. Treatment Summary

Before discharge, a treatment summary is provided and a copy shared with the individual and treatment team as appropriate. The treatment summary includes:

- Course and progress regarding each identified problem.
- Documentation of daily contact with a mental health professional.
- Impact on placement and support decisions.
- Assessment.
- Action plan.
- Stabilization plan.
- Treatment interventions.
- Reasons for termination of service.
- Signature of the mental health professional.

C. REQUIREMENTS FOR SERVICE COVERAGE AND PAYMENT

1. Documentation

Providers must maintain medical records for five years from the date of service as evidence that the services provided were:

- Medically necessary,
- Consistent with the diagnosis of the member's condition, and
- Consistent with evidence-based practice.

2. Medical Record

The medical record shall indicate the member's progress in response to the services rendered, including any changes in treatment, alteration of the plan of care, or revision of the diagnosis.

At the conclusion of services, the member's record shall include a discharge summary that identifies the:

- Reason for discharge.
- Date of discharge.
- Recommended action or referrals upon discharge.
- Treatment progress and outcomes.

The discharge summary shall be included in the member's record within 72 hours of discharge.

3. Progress Notes

The provider's file for each Medicaid member must include progress notes for each date of service that details specific services rendered related to the covered crisis response service for which a claim is submitted.

The following items must be included in each progress note entry, for each Medicaid member, and for each date of service:

- The date and amount of time services were delivered, including the beginning and ending time of service delivery, including AM or PM.
- The full name of the provider agency.
- The first and last name and title of provider staff actually rendering service, as well as that person's signature.

- A description of the specific components of the Medicaid-payable behavioral health intervention service being provided (using service description terminology from this manual).
- The nature of contact, relative to the Medicaid-payable service that was rendered. The progress note must describe what specifically was done, relative to both:
  - The goal as stated in the member's treatment plan or implementation plan, and
  - How the behavioral health intervention service provided addressed the symptoms or behaviors resulting from the member's psychological disorder.
- The place or location where service was actually rendered.
- The nature, extent, and number of units billed.
- Progress notes shall include the progress and barriers to achieving:
  - The goals stated in the treatment plan, and
  - The objectives stated in the implementation plan.

D. BASIS OF PAYMENT

See PROCEDURE CODES AND NOMENCLATURE for details on the basis of payment for crisis response services.

E. PROCEDURE CODES AND NOMENCLATURE

The Crisis Response Fee Schedule is located at:
https://dhs.iowa.gov/sites/default/files/Crisis_Response_and_Subacute_Mental%20Health_Services_Fee_Schedule.pdf

F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for crisis response services are billed on federal form CMS-1500 or UB-04, *Health Insurance Claim Form*.

The chart below indicates which claim form must be used for each service.

Billing FFS Medicaid

Chapter 24 Service Title	Procedure Code	Specialty Modifiers	Location of Service Modifier	Certified Crisis Response Services Modifier	Unit of Service	Revenue Code	Claim Type
Crisis Evaluation	90791	AF HO HP SA TD U1 U2		U3	Encounter		CMS 1500
24 Hour Access to Crisis Response	90839	AF HO HP SA TD U1 U2		U3	60 minutes		CMS 1500
24 Hour Access to Crisis Response Add 30 Minutes	90840	AF HO HP SA TD U1 U2		U3	30 minutes		CMS 1500
Mobile Response Per Hour	99510	HO HP SA TD U1 HN HM		U3	60 minutes		CMS 1500
23 Hour Crisis Observation and Holding	S0201			U3	Per diem 8 to 23 hours	762	UB-04
Crisis Stabilization Per Hour Community or Residential	S9484	HP HO TD U1 HN HM	TG TF	U3	60 minutes		CMS 1500
Crisis Stabilization Per Diem, Community or Residential	S9485		TG TF	U3	Per diem 8 to 24 hours	761	UB-04

Specialty Modifier Description	Professional Modifier	Location Modifier	Chapter 24 Certified Service
Specialty Physician	AF		
Physician's Assistant	U2		
Master's degree level/LMHC	HO		
Doctoral level/Psychologist	HP		
ARNP	SA		
RN	TD		
ACADC/CADC	U1		
Bachelor's level	HN		
Paraprofessional/Peer	HM		
Community		TF	
Residential		TG	
Certified Crisis Response Service			U3

Click here to view a sample of the CMS-1500.

Click here to view billing instructions for the CMS-1500.

Click here to view a sample of the UB-04

Click here to view billing instructions for the UB-04

Refer to *Chapter IV. Billing Iowa Medicaid* for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The billing manual can be located online at:
http://dhs.iowa.gov/sites/default/files/All-IV.pdf

Each Managed Care Organization (MCO) uses their own claims payment system and may have billing procedures which vary from FFS policy. It is important that providers review the MCO's claims instructions and submit claims for payment in accordance with the MCO's policies.

NOTE: The beginning and ending time recorded in the progress notes must match the units billed on the claim for that date of service.

When billing the IME for crisis response:

- A valid ICD-10 mental health diagnosis code must be entered on the claim form in addition to the procedure and revenue code. Claims billed without a valid mental health diagnosis code will be denied.
- The appropriate specialty modifier (AF, HO, HP, SA, TD, U1, U2, HN or HM) must be entered in the first modifier position in addition to the procedure code and revenue code on the CMS 1500 and UB-04 claim form to reflect which specialty is providing the services. Claims billed without a credentialing modifier entered on the claim will be denied.
- The appropriate location modifier (TG or TF) must be entered in the second modifier position in addition to the procedure and revenue code on the CMS 1500 and UB-04 claim form to reflect that the service was rendered in the community or in a residential program. Claims billed without the location modifier entered on the claim will be denied.
- The appropriate service modifier (U3) must be entered in the third modifier position in addition to the procedure and revenue code on the CMS 1500 and UB-04 claim form to reflect that the service was rendered by a certified crisis response service provider. Claims billed without the service modifier entered on the claim will be denied.

G. DEFINITIONS

"*Action plan*" means a written plan developed for discharge in collaboration with the individual receiving crisis response services to identify the problem, prevention strategies, and management tools for future crises.

"*Crisis assessment*" means a face-to-face clinical interview to determine an individual's:

- Current and previous level of functioning,
- Potential for dangerousness,
- Physical health, and
- Psychiatric and medical condition.

The crisis assessment becomes part of the individual's action plan.

"*Crisis response services*" means short-term individualized crisis stabilization services which follow a crisis screening or assessment and which are designed to restore the individual to a previous functional level.

"*Crisis response staff*" means a person trained to provide crisis response services that meets one or more of the following qualifications:

- A mental health professional as defined in Iowa Code section 228.1.
- A bachelor's degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, nursing, education) and a minimum of one year of experience in behavioral or mental health services.
- A law enforcement officer with a minimum of two years of experience in the law enforcement officer's field.
- An emergency medical technician (EMT) with a minimum of two years of experience in the EMT's field.
- A peer support specialist with a minimum of one year of experience in behavioral or mental health services.
- A family support peer specialist with a minimum of one year of experience in behavioral or mental health services.
- A registered nurse with a minimum of one year of experience in behavioral or mental health services.
- A bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral or mental health services, and 30 hours of crisis and mental health in-service training (in addition to the required 30 hours of Department-approved training).

"*Crisis screening*" means a process to determine what crisis response service is appropriate to effectively resolve the presenting crisis.

"*Crisis stabilization community-based services*" or "*CSCBS*" means short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.

"*Crisis stabilization residential services*" or "*CSRS*" means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.

"*Face-to-face*" means services provided in person or using telehealth in conformance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

"*Informed consent*" refers to time-limited, voluntary consent. The individual using the service or the individual's legal guardian may withdraw consent at any time without risk of punitive action. "Informed consent" includes:

- A description of the treatment and specific procedures to be followed,
- The intended outcome or anticipated benefits,
- The rationale for use,
- The risks of use and nonuse, and
- The less restrictive alternatives considered.

The individual using the service or the legal guardian has the opportunity to ask questions and have them satisfactorily answered.

"*Mental health crisis*" means a behavioral, emotional, or psychiatric situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual and which cannot be resolved without intervention.

"*Mental health professional*" means an individual who has either of the following qualifications:

- The individual meets all of the following requirements:
  - The individual holds at least a master's degree in a mental health field, including but not limited to, psychology, counseling and guidance, nursing, and social work, or is an advanced registered nurse practitioner, a physician assistant, or a physician and surgeon or an osteopathic physician and surgeon.
  - The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law.
  - The individual has at least two years of post-degree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services.

- The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law and is:
  - A psychiatrist,
  - An advanced registered nurse practitioner who holds a national certification in psychiatric mental health care and is licensed by the board of nursing,
  - A physician assistant practicing under the supervision of a psychiatrist, or
  - An individual who holds a doctorate degree in psychology and is licensed by the board of psychology.

"*Mobile response*" means a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response has the capacity to intervene wherever the crisis is occurring, including but not limited to:

- The individual's place of residence,
- An emergency room,
- Police station,
- Outpatient mental health setting,
- School,
- Recovery center, or
- Any other location where the individual lives, works, attends school, or socializes.

"*Stabilization plan*" means a written short-term strategy used to stabilize a crisis and developed by a mental health professional, in collaboration with the crisis response staff and with the involvement and consent of the individual or the individual's representative.

H. FREQUENTLY ASKED QUESTIONS

Click here to view the Crisis Response and Subacute Mental Health Facility Services Frequently Asked Question.

Crisis Response and Subacute Mental Health Facility Services Frequently Asked Questions

Questions	Responses
1. Can a Crisis Stabilization Residential Services (CSRS) provider bill for psychiatry services while the member is receiving CSRS?	Services rendered by physicians (medical doctors [MD] and doctors of osteopathy [DO]), particularly psychiatrists; advanced registered nurse practitioners; and physician assistants may be separately billed to Medicaid for services rendered to members admitted to a CSRS center.
2. Can individuals who are referred to CSRS services by an outpatient psychiatry or psychotherapy provider have that service billed on the same day that the individual is admitted to the Crisis Stabilization Residential center?	Yes. Medicaid pays for multiple mental health services furnished to the same patient on the same day. CSRS and psychiatry services may be billed separately for the same date of service. Under specific circumstances, providers will need to indicate that a procedure or service was distinct, separate or independent from other services performed on the same day. Certain modifiers may be appropriate to represent different sessions or patient encounters. Multiple services rendered by a provider on the same day must be billed on the same claim form.
3. There are two separate service rates for CSRS services: • Hourly (S9484) and • Per diem (S9485). Are both of these procedure codes available for Crisis Stabilization Response service providers to use? Or is the per diem rate the expected procedure code to be used? Can both of these codes be used depending on the circumstance?	CSRS per hour S9484 (HP, HO, TD, SA, IA, HN or HM) and modifiers TF and U3 is entered on the claim when services are provided on an hourly basis in the member's community, or S9484 (HP, HO, TD, SA, IA, HN or HM) and modifiers TG and U3 when provided in a CSRS center. Total costs of hourly services may not exceed the daily per diem for CSRS. The CSRS per hour code S9484 and the per diem code S9485 are not billable for the same date of service. Providers must bill for services based on the number of hours of service provided on the specific date of service. A daily rate is applicable when a member has a need for 8 hours or more of service during a 24-hour-period. The 24-hour-period is 12:01 AM to 11:59 PM. If thw member is admitted on April 1 at 10:30 PM and discharges at 10:30 PM on April 2, using the ground rules for hourly services, the provider bills 1 hour for April 1 (1.5 hours rounded down to the hour and 1 day for April 2).
4. If the individual is considered at the day rate we would bill $360.19 per diem and this is to cover all services provided by our staff both paraprofessionals and mental health professionals?	The Residential Crisis Response Service per diem is an "all inclusive" rate meaning that the services of a mental health professional, other than the medical services identified in number 1, rendered while the member is admitted to the CSRS center are the responsibility of the CSRS center.

Questions	Responses
5. If during our service, the individual needs to see a psychiatrist our agency is to pay for this service? Currently it costs $250 for crisis clients to see a telehealth psychiatrist while in crisis services.	The services of the psychiatrist are billed separately by the rendering physician. See response to number 1.
6. What happens if a client needs to be transported to another community for something that's relevant to their treatment plan or when they are discharged from Iowa City to Cedar Rapids, Waterloo etc.? Our staff within the$360.19 rate provided wouldn't be able to drive anyone outside of Johnson County. So is there another entity that will be doing transportation? Mileage reimbursement for staff alone to Waterloo would be around $55 roundtrip.	Enrolled FFS members and MCO enrollees with the exception of limited coverage groups may access Non-emergency Medical Transportation (NEMT) to obtain Medicaid covered services. If the member requires emergency transportation, Medicaid covers ambulance services for emergencies.
7. 90791--Psychiatric evaluation with no medical services--Can these services be provided via telehealth?	Yes 90791 and 90792 may be provided via telehealth as follows: The originating sites authorized by law are: • The offices of physicians or practitioners • Hospitals • Critical Access Hospitals (CAHs) • Rural Health Clinics • Federally Qualified Health Centers • Community Mental Health Centers (CMHCs) **Distant Site Practitioners** Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to state law) are: • Physicians. • Nurse practitioners (NPs). • Physician assistants (PAs). • Clinical psychologists (CPs) and clinical social workers (CSWs). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

Questions	Responses
8. What procedure code should be used for psychiatric evaluation with medical services? Is this part of the crisis services fee schedule or something separate?	90792 is not covered for provider type 80. Psychiatric Diagnostic Evaluation with Medical Services – This code is used for an initial diagnostic interview exam for an adult or adolescent patient that includes medical services. It includes a: • Chief complaint, • History of present illness, • Review of pertinent systems, • Family and psychosocial history, and • Complete mental status examination, as well as, any medical work such as the ordering and medical interpretation of laboratory or other diagnostic studies or the prescribing of medications. In the past most insurers would reimburse for one 90792 (then a 90801) per episode of illness. The guidelines now allow for billing this on subsequent days when there is medical necessity for an extended evaluation (i.e., when an evaluation of a child that requires that both the child and the parents be seen together and independently).
9. S9484 (hourly) Crisis Stabilization Services (Crisis intervention mental health services) -- Is this service for only face-to-face contact or does phone contact qualify? Do increments less than an hour (i.e., 15 minutes) meet requirements?	Yes this service is required to be delivered face-to-face. 441 IAC 24.38(225C) requires that there is contact between the individual and mental health professional that occurs one time per day and that the individual receives a minimum of one hour per day of additional services intended to stabilize the member. Hours should be rounded to the nearest whole unit, by rounding down for 1-30 minutes and rounding up for 31-59 minutes. When a procedure/service indicates time, more than half of the designated time must be spent performing the service in order for a unit to be billed. In the case of a 60-minute service, at least 31 minutes of the service must be performed.
10. S9485 (per diem) Crisis intervention mental health services--at what point does the rate change from hourly to per diem? If a person is receiving services from 10:30 PM on April 1 until 10:30 PM on April 2, how would that is billed?	A daily rate is applicable when a member has a need for 8 hours or more of service during a 24-hour-period. The 24-hour-period is 12:01 AM to 11:59 PM. If a member is admitted on April 1 at 10:30 PM and discharged at 10:30 PM on April 2, using the ground rules for hourly services, the provider bills 1 hour for April 1 (1.5 hours rounded down to the hour, and 1 day for April 2).