



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

MEDICAID MEMO

Updates to Comprehensive Crisis Services (Appendix G) of the Mental Health Services Manual

Last Updated: 08/15/2022



Updates to Comprehensive Crisis Services (Appendix G) of the Mental Health Services Manual

The purpose of this memorandum is to notify providers of changes to the Comprehensive Crisis Services (Appendix G) of the Mental Health Services Manual, previously known as the Community Mental Health Services (CMHRS) Manual.

Appendix G contains level of care guidelines, medical necessity criteria, provider participation requirements, service authorization and billing guidance for Mobile Crisis Response, Community Stabilization, 23-Hour Crisis Stabilization and Residential Crisis Stabilization Unit (RCSU) services. In addition to clarifications and a reorganization of existing language, the following changes were made:

All crisis services:

- Added clarifications to care coordination requirements including adding a requirement that providers coordinate care with the individual's managed care organization (MCO) or the fee for service (FFS) contractor.
- Added a requirement that documentation must include a demonstration of active transitioning from the crisis service to an appropriate level of care for ongoing behavioral health service.
- Clarified that a safety plan is required for crisis services and that the completion of a Crisis Education and Prevention Plan (CEPP) is an optional way to meet this requirement.
- Added definitions for behavioral health crisis, crisis call center, DBHDS crisis data platform, individual, skills restoration, telehealth and telemedicine.
- Updated definitions for psychiatric evaluation and telemedicine assisted assessment.
- Added a clarification on qualifying diagnoses.
- Changed the term "emergent" to "urgent" throughout the document to broaden the service definitions to increase access to care.
- Consolidated service limitation lists with the "Non-Reimbursable Activities for all Mental Health Services" in Chapter IV.

Mobile Crisis Response:

- Added DBHDS crisis data platform engagement requirements.
- Made clarifications to the admission criteria, service authorization and billing sections.
- Added an allowance for assessments in Mobile Crisis to be completed through telemedicine by a LMHP, LMHP-R, LMHP-RP or LMHP-S.
- Removed prohibition that if services are provided in a residential level of care, that the residential provider cannot also be the Mobile Crisis Response provider.
- Clarified that services must be provided on a one-to-one basis with one staff or a team of staff providing services to one individual.

Community Stabilization



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- Added changes to the admission criteria, continued stay criteria, exclusions, service limitations, service authorization and billing requirements sections. These changes are effective 9/1/2022:
 - Additional admission criteria have been added.
 - Community Stabilization will require a service authorization. Service registration will no longer be available for Community Stabilization.
 - Existing authorizations for behavioral health services more intensive than outpatient psychiatric services and targeted case management can be used as an exclusion for community stabilization.
 - Additional language was added to emphasize that temporary housing shall not be conditioned upon an individual receiving a behavioral health service and housing (including temporary housing) is not a reimbursable component of this service.
 - Added DBHDS crisis data platform engagement requirements.
 - Clarified that services must be provided on a one-to-one basis with one staff or a team of staff providing services to one individual.

23-Hour Crisis Stabilization

- Added additional admission criteria.
- Clarified that service locations for 23-Hour Crisis Stabilization must be licensed and approved by DBHDS and reflected on the provider's Outpatient Crisis Stabilization license
- Clarified the requirements for psychiatric evaluations.
- Added the requirement to use telemedicine modifiers when the psychiatric evaluation is provided through telemedicine.
- Clarified that services must be individualized and that group delivery of services is not appropriate for this level of care.

Residential Crisis Stabilization Unit (RCSU)

- Added clarifications to the service requirements, service limitations and service authorization sections.
- Clarified the requirements for psychiatric evaluations.
- Added the requirement to use telemedicine modifiers when the psychiatric evaluation is provided through telemedicine.

PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>https://vamedicaid.dmas.virginia.gov/</p>



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<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p>https://www.dmas.virginia.gov/appeals/</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or Call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Molina Complete Care</p>	<p>1-800-424-4524 (CCC+) 1-800-424-4518 (M4)</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 www.optimahealth.com/medicaid</p>
<p>United Healthcare</p>	<p>www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), www.virginiapremier.com</p>