Sentara Health Plans

Medicaid

Mobile Crisis Response, BH 31

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

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Mobile Crisis Response services are available 24 hours a day, seven days a week, to provide for rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real-time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to i) de-escalate the behavioral health crisis and prevent harm to the individual or others; ii) assist in the prevention of an individual's acute exacerbation of symptoms; iii) development of an immediate plan to maintain safety; and iv) coordination of care and linking to appropriate treatment services to meet the needs of the individual.

Mobile Crisis Response is designed to support individuals in the following manner:

- Provide rapid response to individuals experiencing a behavioral health crisis
- Meet the individual in an environment where they are comfortable to facilitate service engagement, stabilization and resolution of the crisis when possible;
    - Services provided in community locations where the individual lives, works, participates in services or socializes. Locations include but are not limited to schools, homes, places of employment or education, or community settings.
- Provide appropriate care/support/supervision in order to maintain safety for the individual and others, while avoiding unnecessary law enforcement involvement, emergency room utilization, and/or avoidable hospitalization;
- Prevent further exacerbation of symptoms that would put the individual at risk of an out of home placement or disruption in current living environment.
- Refer and link to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care;
- Coordinate with behavioral health providers providing services to the individual throughout the delivery of the service.

Critical features of Mobile Crisis Response include:

- Recovery-oriented, trauma-informed, developmentally appropriate provision of services, integrating the Zero Suicide/Suicide Safer Care principles;
- An approach to the individual in crisis that is sensitive to their cultural identity and demonstrates humility and respect for their lived experiences and preferences in participating in care;
- Assessment

- Crisis Intervention: De-escalation including on-site interventions of presenting emotional or behavioral symptoms and safety/crisis planning

- Care Coordination
    - Engaging peer/natural and family support;
    - Linkage and referral to ongoing services, supports and resources as appropriate in coordination with law enforcement, emergency responders, and DBHDS Certified Preadmission Screening Clinicians.

Covered service components of Mobile Crisis Response include:

- Assessment, including telemedicine assisted assessment
- Care Coordination
- Crisis Intervention
- Health Literacy Counseling
- Individual and Family Therapy
- Peer Recovery Support Services
- Pre-admission screening
- Treatment Planning

Required Activities:

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In addition to the "Requires activities for All Services" section of Chapter IV, the following required activities apply to Mobile Crisis Response:

- **DBHDS Crisis Data Platform Engagement:** The provider must engage with the DBHDS crisis data platform as required by DBHDS.
- **Assessment:** At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. This assessment must be done in-person, through telemedicine or through a telemedicine assisted assessment. See the Assessment Requirements section for details. For consecutive registration requests, an LMHP, LMHPR, LMHP-RP, or LMHP-S must, at a minimum, review and update the assessment to include evidence and clinical justification for the additional units requested.
- **Care Coordination:**
    - Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
    - Active transitioning from Mobile Crisis Response to an appropriate level of care shall be required; which includes care coordination and communication with the individual's MCO or FFS service authorization contractor, service providers and other collateral contacts.
- **Crisis Intervention:** A safety plan is required. See the Safety Plan and Crisis ISP section for additional information.
- **Additional Service Requirements:**
    - Services must be provided in-person with the exception of the assessment and care coordination activities.
    - Services must be available to the individual 24 hours per day, seven days per week, in their home, workplace, or other setting that is convenient and appropriate for the individual.
    - Service delivery must be individualized.
- Service requirements in this section do not apply to CSBs providing only emergency services pursuant to section §37.2-800 et. seq. and section §16.1-335 et seq. of the Code of Virginia. Telehealth is also permissible for these emergency services billed using modifiers HK and 32

Admission Criteria:

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This service is available to any individual meeting the below criteria, regardless of diagnosis.

Mobile Crisis Response is medically necessary for **ALL** of the following criteria:

- The individual must be in an active behavioral health crisis; **and**
- Urgent intervention is necessary to stabilize or prevent escalation of the individual's behavioral health crisis; **and**
- The individual or collateral contact reports at least **1 or more** of the following:
    - Suicidal/assaultive/destructive ideas, threats, plans or actions; **or**
    - An acute or increasing loss of control over thoughts, behavior and/or affect that could result in harm to self or others; **or**
    - Functional impairment or escalation in mood/thought/behavior that is disruptive to home, school, or the community or impacting the individual's ability to function in these settings; **or**

- The symptoms are escalating to the extent that a higher level of care will likely be required without intervention; **and**
- Without urgent intervention, the individual will likely decompensate which will further interfere with their ability to function in at least one of the following life domains: family, living situation, school, social, work, or community

Discharge Guidelines:

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Not available for this level of care. If additional units are needed, providers should conduct necessary call center engagement in accordance with DBHDS guidelines and submit a new registration form with the managed care organization (MCO) or fee-for-service (FFS) service authorization contractor. Individuals must meet admission criteria.

Exclusions and Service Limitations:

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In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV of the DMAS manual, the following service limitations apply:

- Mobile Crisis Response may only be provided to individuals receiving inpatient hospital services for the explicit purpose of pre-admission screening by a DBHDS Certified Preadmission Screening Clinician.
- Services may not be provided in groups where one staff person or a team of staff provides services to two or more individuals at the same time.

Document History:

Revised Dates:

- 2025: May – Implementation date of August 1, 2025. Updated to new format only. Criteria changes per DMAS manual update.
- 2024: June – June - DMAS manual updated 8/21/2023. Housekeeping updates only. No criteria changes.
- 2023: July
- 2022: June, September

Reviewed Dates:

- 2026: May – Implementation date of September 1, 2026. No changes to criteria or DMAS manual.

Origination Date: January 2018

Coding Information:

CPT/HCPCS codes considered **medically necessary** if policy criteria are met:

Coding	Description
H2011	Crisis intervention service, per 15 minutes

Considered **Not Medically** Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products:
  - This guideline is applicable to all Sentara Health Plan Virginia Medicaid products
- Authorization Requirements:
  - Pre-certification by the Plan is required.
- Service Authorization:

- Provider Manual Title:
    - Service Authorization: Mental Health Services: 1MHS - Appendix G (updated 11.15.24)_Final.pdf. Page 15
        - Providers must submit a registration to the individual's MCO or FFS service authorization contractor within one business day of admission. The registration form must be submitted with the required DBHDS crisis data platform reference number. The provider is responsible for ensuring that the correct service-specific provider NPI and individual's Medicaid number is entered into the DBHDS crisis data platform. The registration permits eight hours (32 units) in a 72 hour period. Units billed must reflect the treatment needs of the individual and be based on individual meeting medical necessity criteria. The 72 hours must be consecutive hours during the registration period but may occur over four calendar days. Services shall not be provided beyond the 72 consecutive hours from the time of admission indicated on the service authorization form. If additional time is needed, including time on the last day of the registration that exceeds the 72 consecutive hours from the time of admission, providers must submit a new registration form.
        - Registrations for CSB Emergency Services only must identify "prescreening only" as the service type.
        - If additional units are needed, providers must submit a new registration form with the MCO/FFS service authorization contractor and engage in required DBHDS crisis call center and crisis data platform engagement in accordance with DBHDS guidelines. Individuals must meet admission criteria. Registrations may have overlapping dates with a previous registration based on medical necessity. At a minimum, for consecutive registration requests, an LMHP, LMHP-R, LMHP-RP, or LMHP-S must review and update the assessment to include evidence and clinical justification for the additional units requested.
        - Concurrent registrations/billing with two separate Mobile Crisis Response teams are allowable only if a prescreening evaluation is needed to allow prescreening activities to be completed and billed.
        - Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at www.dmas.virginia.gov/forproviders/behavioral-health/training-and-resources/. Information on the FFS service authorization contractor's processes is located at Acentra Health/DMAS Reference Info | MES (virginia.gov).
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for

the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22)_Final.pdf.

References:

References used include but are not limited to the following:

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H 2216 - § 38.2-3412.1. Coverage for mental health and substance use disorders. (2023, Mar 22). Retrieved Mar 12, 2026, from Virginia Legislative Information System: https://legacylis.virginia.gov/cgi-bin/legp604.exe?231+ful+CHAP0186

Mental Health Services - Appendix G: Comprehensive Crisis Services. (2024, Nov 15). Retrieved Mar 24, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-11/MHS%20-%20Appendix%20G%20%28updated%2011.15.24%29_Final.pdf

Keywords:

SHP Mobile Crisis Response, SHP Behavioral Health 31, Marcus alert system