



Global Commitment Register

December 21, 2023

GCR 23-132
PROPOSED

Community-Based Mobile Crisis Services

Policy Summary:

The Vermont Medicaid program proposes to enhance the current continuum of mental health crisis services and provide 24/7/365 community-based mobile crisis services to achieve a statewide mobile crisis response system of care that meets the needs of individuals of all ages experiencing a mental health and/or substance use crisis. This enhanced mobile crisis approach emphasizes community-based treatment rather than relying on emergency departments. Community-based mobile crisis services include rapid community crisis response, screening, and assessment; stabilization and de-escalation services; coordination with and referrals to health, social, other services and supports.

Community-based mobile crisis services may also include follow-up interventions for a period up to 3 days for adults and up to 7 days for children after the initial response.

Services will be delivered by a multi-disciplinary team comprised of professionals and paraprofessionals who are trained in crisis intervention skills for individuals of all ages and people with developmental disabilities. The multidisciplinary team includes at least one mental health and substance use treatment professional who is qualified to provide an assessment within their authorized scope of practice under state law. The second responding provider may be a paraprofessional, including trained peer specialists or other paraprofessionals (i.e., Adult Peer Support Workers, Family Peer Support Workers, Certified Peer Recovery Coaches, and Case Managers) with expertise in substance use and mental health crisis intervention.

Eligible Providers:

The Department of Mental Health (DMH), through a competitive bidding process, has contracted with Health Care and Rehabilitation Services (HCRS) to deliver community-based mobile crisis services. HCRS, a Designated Agency located in southern Vermont, will subcontract with the other nine Designated Agencies to ensure statewide coverage.

Rate Structure:

Community-based mobile crisis services will be paid prospectively and reconciled annually based on an established valuation for the cost to deliver mobile crisis services. This valuation includes the direct costs for the team delivering the service; costs for supervisory or scheduling staff; costs for training, quality assurance, and reporting activities; and administrative support costs. The valuations for mobile crisis dispatches are as follows:

- \$571.39 per mobile team dispatch into the community where the client is located.
\$683.50 for overnight/weekend
- \$350.94 per mobile team assisting clients at an eligible office location. \$425.72 for overnight/weekend.

Follow-up services delivered by mobile crisis teams will be valued on a per service basis using Medicaid rates established by the Department of Mental Health. The valuation for each specific service will be equal to 115% of the fee-for-service rate on file for community support services.

Reconciliation will occur annually. The prospective payments (“Payments”) made on a 1/12th basis throughout the year will be compared to the sum of the following (“Valuations”):

- The number of mobile crisis teams dispatched into the community multiplied by the valuation for each community-based mobile team dispatch.
- The number of mobile crisis teams delivering services in an office setting multiplied by the valuation of each office-based mobile team service delivered.
- The number of follow-up services delivered during the year multiplied by the valuation amount assigned to each follow-up service during the year.

Reconciliation will be conducted as follows:

- If Valuations equal less than 60% of Payments, then the provider will be required to pay back to the state 100% of the payments below 60% of the initial prospective payments.
- If Valuations equal at least 60% and up to 100% of Payments, then there are no payments due to or from the state in the reconciliation process.
- If Valuations exceed 100% of Payments, then the provider will receive an additional payment of 100% of the valuations above 100% of the initial payments, up to 120% of the initial payments.

The risk corridor of 60% - 120% of payments is in recognition of the limited data available to predict utilization for this new service and the need to ensure fully staffed teams for the federally required 24/7/365 coverage. This risk level will change to 80% in Calendar Year 2025.

This will be submitted to the Centers for Medicare and Medicaid Services (CMS) as State Plan Amendment (SPA) # 24-0005. Coverage of community-based mobile crisis services will also be added to the Alternative Benefit Plan (ABP) for the New Adult Group through SPA 24-0007. The ABP replicates the full Medicaid State Plan and includes the 10 essential health benefits required under the Affordable Care Act, as well as the full range of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for individuals under the age of 21.

Effective Date:

January 1, 2024

Authority/Legal Basis:

[Medicaid State Plan](#)

This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$5,042,755.

Public Comment Period:

December 21, 2023 – January 22, 2024

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

[Provider Manual: Community-Based Mobile Crisis Services](#)

The draft SPA provides additional details on the proposed changes; copies of the draft SPA can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the [Agency of Human Services website](#).