

# Overview of Mobile Response and Stabilization Service (MRSS)

8:00 – 9:00 AM April 4, 2022

# **Meeting Agenda**

- OhioMHAS updates
- ODM updates
- Q&A

# **MRSS** Implementation

## OhioMHAS Rule Package # 5122-29-14

- Original filing March 14<sup>th</sup>
- Practice Standards Link
- Intake Tool Link
- Discharge Tool Link

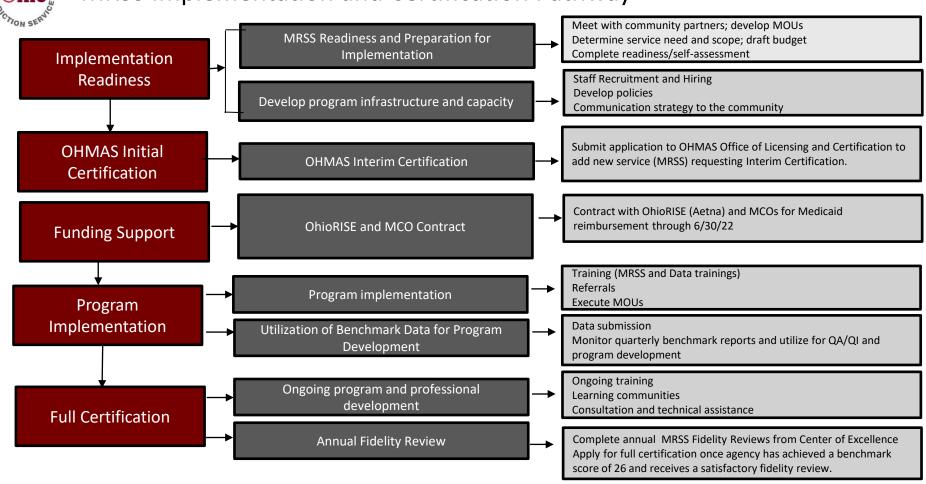
### **MRSS**

**Call Center - Thrive Peer Recovery Services** has been selected as vendor for the development and management of a statewide Call Center for <a href="Mobile Response Stabilization Services">Mobile Response Stabilization Services (MRSS)</a>

**Data System- Accenture** selected for the development and implementation of a statewide data management system



#### MRSS Implementation and Certification Pathway



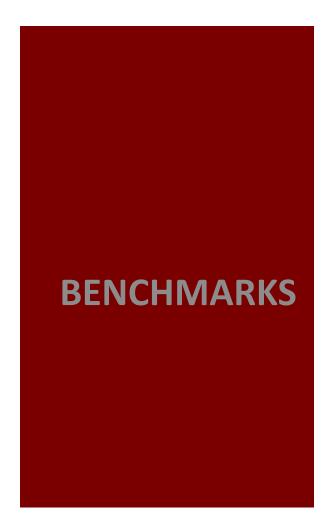


# **Some Implementation Items Clarified**

- Piloting Fidelity Reviews beginning March 2022-
  - Process overview with the COE on 3/9/22 for cohort 1
- Mobile response (up to 72 hours) is allowable for children enrolled in IHBT; after the mobile response period the youth will be transitioned back to the IHBT team from whom they are already receiving services.
- Ohio CANS Brief to be completed within the 72-hour mobile response.
- The MRSS Plan as defined in the practice standards must be completed within 42 days (6 weeks)
- After hours staff providing back up to MRSS teams will need to receive 4 hours of MRSS specific training (Introductory to MRSS).
- MRSS will disengage when the youth and family's needs are able to be met by and are <u>transitioned</u> to other services within the System of Care, including OhioRISE services, before the end of stabilization phase of MRSS.

# LACTS: Adding MRSS as a new certified service

- 4/1/2022 MRSS was added to LACTS (the OhioMHAS Licensure & Certification Tracking System)
- An <u>update application</u> will need to be submitted to add MRSS to a provider's certificate
- Applications received before Friday, April 15 will be assured a decision for certification by early May
- Applications received after April 15 will be processed as timely as possible by the Licensure & Certification office
- MRSS will be listed as an interim certified service
- Detailed directions on how to apply <u>https://mha.ohio.gov/supporting-providers/licensure-and-certification/how-to-apply</u>



# MOBILE RESPONSE AND STABILIZATION SERVICES

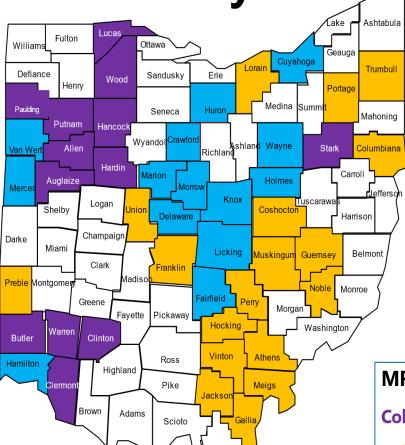
# BENCHMARK TOOL

| Provider Agency: | Date:           |
|------------------|-----------------|
| Data Reviewer:   | Data Timeframe: |

| Item   | Possible Points | Provider<br>Score | Comments |
|--|-----------------|-------------------|----------|
| Initial Visit: Face-to-face in the Community                                       | 4               |                   |          |
| Response Time: Immediate: 60 Minutes   | 4               |                   |          |
| Duration of Services: 72 hours or less   | 4               |                   |          |
| Duration of Services: 4 to 42 Days   | 4               |                   |          |
| MRSS Essential Services: Family Defined Problem                                    | 4               | /                 |          |
| MRSS Essential Services: Safety Plan   | 4               |                   | 3        |
| MRSS Essential Services: Youth Peer Support and/or Parent Peer<br>Support Services | 4               |                   |          |
| Referrals and Linkages   | 4               |                   |          |
| Provides 24/7 MRSS Services  | 4               |                   |          |
| TOTAL  | 36              |                   |          |

Circle the level of Benchmark Fidelity Level based on the total percentage of points.

Best Practice Implementation 100-85% of total points (36-31) Effective Implementation 84-70% of total points (30-26) Developing Implementation 69-55% of total points (25-20) Emerging Implementation Less than 55% of total points (19 or fewer points) **MRSS** in Ohio Today





**MRSS FY22:** 

**Cohort 1: Established** 

**Cohort 2: In process** 

**Cohort 3: Early Stages of Development** 

# **MRSS Funding**

- MRSS will become a Medicaid-funded service effective 7/1/22
- \$6 million in braided funding through OhioMHAS starting 7/1/22 for individuals receiving MRSS services who are non-Medicaid funded
- More details to come



# Medicaid Policy & Payment Rates for Mobile Response and Stabilization Services (MRSS)



# Mobile Response and Stabilization Services (MRSS) Medicaid Policy

New Ohio Medicaid service, effective 7/1/22 (OAC 5160-27-13\*)

- Eligible consumers: Medicaid enrolled youth < age 21 and their families experiencing self-defined "crisis" situation
- Eligible agencies/ practitioners:
  - Certified by OhioMHAS for MRSS; have a "Fidelity" review within first year of operation
  - ➤ Billing Providers: Medicaid Provider Types 84, 95 or Hospital
    - Agency will be assigned a new MRSS specialty type
  - Rendering Providers: Eligible team members / practitioners as defined in 5122-29-14 (H)

See billing details in following slides

<sup>\*</sup> Ohio Dept of Medicaid Rule is with CSIO – To Be Final Filed, Spring 2022



### **Medicaid Billing Codes for MRSS Services**

### **Initial Mobile Response (S9485)**

- Dated on the initial meeting with the youth and family
- Per diem rate

#### **Mobile Response Follow-up (S9484)**

- For follow-up visits/contacts during the "de-escalation" period within first 72 hours post initial mobile response
- Hourly Rate

#### **Stabilization Services (S9482)**

- Services up to 6 weeks after the initial mobile response
- 15-minute billing units
- Prior authorization is required if stabilization service is needed more than 6 weeks after the initial mobile response

**Note:** MRSS is typically delivered <u>in person</u>, but telehealth is allowable in certain unique situations described in OAC 5122-29-14



# Medicaid Billing Codes and Rates for MRSS: Crisis Mobile Response

| MH/SUD                |  |       |         |   |        |
|-----------------------|--|-------|---------|---|--------|
| Service               | Provider<br>Type   | Code  | Procedu | re Modifier   | Rate   |
|                       | PSY Lic school PSY LPCC LISW LIMFT LICDC   | S9485 |         | -   | 476.64 |
| MRSS<br>Crisis Mobile | LPC<br>LSW<br>LMFT<br>LCDC II<br>LCDC III  | S9485 | 1       |   | 466.34 |
| Response              | CDCA QMHS CMS PSY assistant SW-A SW-T MFT-T C-T  | S9485 |         |   | 432.63 |
|                       | PRS  | S9485 |         | -   | 365.55 |
| Unit Value            | nit Value Per diem   |       |         |   |        |
| Permitted POS         | Any valid place of service code may be used.  Telehealth allowed with G GT modifier is required w rendered via telehealth. Repractice standards for telelogical telephoral telep |       |         | s required when service<br>elehealth. Refer to MHAS |        |



# Medicaid Billing Codes and Rates for MRSS: Crisis Mobile Response Follow-Up

| MH/SUD   |   |       |         |  |        |
|--|---|-------|---------|--|--------|
| Service  | Provider Type                                   | Code  | Procedu | ıre Modifier   | Rate   |
|  | PSY Lic school PSY LPCC LISW LIMFT LICDC        | S9484 |         | -  | 139.92 |
| MRSS<br>Crisis Mobile<br>Response<br>Follow-Up | LPC<br>LSW<br>LMFT<br>LCDC II<br>LCDC III       | S9484 |         |  | 136.49 |
|  | PSY assistant SW-A SW-T MFT-T C-T QMHS CMS CDCA | S9484 |         | -  | 125.25 |
|  | PRS   | S9484 |         | -  | 102.89 |
| Unit Value                                     | Per hour  |       |         |  |        |
| Permitted POS                                  | Any valid place of service code may be used a   |       |         | Telehealth allowed with GT modifier.<br>GT modifier is required when service<br>rendered via telehealth. |        |



# Medicaid Billing Codes and Rates for MRSS: Stabilization Service

| MH/SUD                           |   |       |        |  |       |
|----------------------------------|---|-------|--------|--|-------|
| Service                          | Provider Type                                   | Code  | Proced | ure Modifier   | Rate  |
|                                  | PSY Lic school PSY LPCC LISW LIMFT LICDC        | S9482 |        | -  | 34.95 |
| MRSS<br>Stabilization<br>Service | LPC<br>LSW<br>LMFT<br>LCDC II<br>LCDC III       | S9482 |        |  | 34.01 |
|                                  | CDCA QMHS CMS PSY assistant SW-A SW-T MFT-T C-T | S9482 |        | -  | 30.92 |
|                                  | PRS   | S9482 |        | -  | 24.77 |
| Unit Value                       | Per 15 minutes                                  |       |        |  |       |
| Permitted POS                    | Any valid place of service code may be used.    |       |        | Telehealth allowed with GT modifier.<br>GT modifier is required when service<br>rendered via telehealth. |       |

# Sample MRSS Billing Scenario, pg. 1

#### Sunday 7/3/22 - Initial Mobile Response: 8:00 - 9:30 PM

- MRSS team members LSW and Family Peer Supporter respond together
- Initial meeting and safety plan developed
  - ✓ Agency Bills S9485; two detail lines with one unit (per diem) for each team member (LSW and Peer)

#### Monday 7/4/22 - Mobile response follow-up: 3:00 - 5:00 PM

- LSW (CANS certified) visits to complete the Ohio Children's Initiative Brief Child and Adolescent Needs and Strengths (CANS) assessment and begin the MRSS Plan; CANS took from 3:00 to 4:00 PM; remaining time spent on developing the MRSS Plan
- Agency bills:
  - ✓ One unit of H2000 (CANS assessment) with LSW rendering
  - ✓ One unit of S9484 (MRSS follow-up) with LSW rendering

#### Tuesday 7/5/22 - Mobile response follow-up: 3:00 - 4:00 PM

- LSW & Peer visit to complete the MRSS Plan
  - ✓ Agency bills S9484 with two detail lines; 1 unit for each team member (LSW and Peer) following the billing rates for each

# Sample MRSS Billing Scenario, pg. 2

#### Wednesday 7/6/22 - Mobile response follow-up: 9:00 - 10:00 AM

- LSW team member visits family to coordinate with school, primary care & other providers
  - ✓ Agency Bills S9484, one unit (one hour); LSW rendering

#### Monday 7/11/22 - Stabilization Phase: 4:00 - 4:45 PM

- First visit after transition to stabilization
- Peer supporter works with family on skill building and skill practice as directed in the MRSS Plan
  - ✓ Agency Bills S9482, 3 units (45 mins); with Peer as rendering

Note: Providers must follow Medicaid billing rules in BH Provider Manual re: billing of time-based services

# MRSS for Youth Enrolled With IHBT or MST Teams\*

If IHBT or MST enrolled youth/family requests MRSS:

MRSS team will respond to initial crisis & de-escalate

When situation is stable, MRSS team will:

- Refer the youth/family back to IHBT/MST provider
- Contact IHBT/MRSS provider to alert them to the family/youth request for MRSS

MRSS team does not offer stabilization services

<sup>\*</sup>Both IHBT and MST teams have a responsibility for crisis planning and intervention for their enrolled youth & families



## Medicaid BH Provider Manuals & Resources

#### https://bh.medicaid.ohio.gov/manuals

- ➤ Behavioral Health Provider Manual
- ➤ Opioid Treatment Program (OTP) Manual

#### **Additional Resources**

- ► BH Coding Workbook
- Final Services Billable to Medicare and TPL Bypass List
- >ACT-IHBT
- ► 2019 ICD-10 DX Code Groups BH Redesign
- ► BH Workgroup Limits, Audits and Edits
- ➤ Dual Licensure Grid
- Supervisor, Rendering, Ordering Fields

https://codes.ohio.gov/ohio-administrative-code/chapter-5160-27

**Q&A** 

# Questions?