

Mobile Crisis Service Fee Development

State of New Mexico

June 2023

Mercer Human Services Government Consulting

Fee-For-Service Payments

A fee-for-service (FFS) fee is a set amount for each service procedure code paid by the state or managed care organization through a directed payment to a provider for a delivered service.



Service Description

Policy and clinical staff develop the service description outlining the service interventions and practitioner qualifications for delivering those interventions.



Payment Amount

Financial staff set rates for the expected average provider costs for those interventions by qualified providers.



Efficiency

Strategically consider how to incent cost-effective treatments for specified populations.

CMS Requirements – FFS Rate Setting



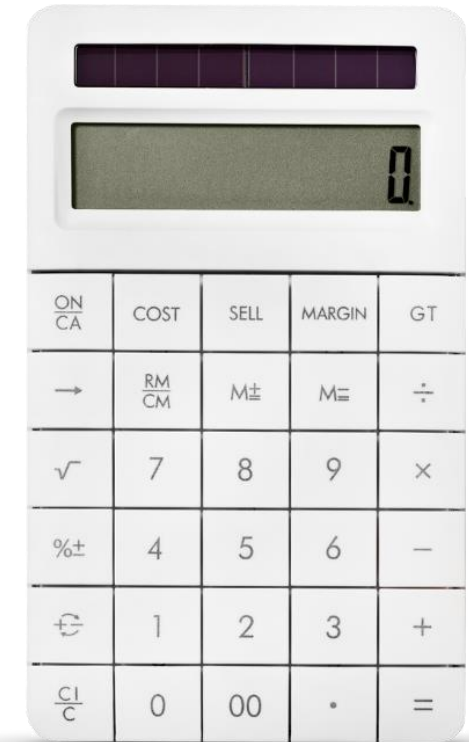
Medicaid Reimbursement

- Medicaid is a complex federal/state program where the federal government partially funds state medical services meeting certain federal requirements.
- CMS enters into a contract (a “State Plan”) with the state defining the exact beneficiaries receiving services from providers meeting specified qualifications.
- Medicaid reimbursement hinges on these three components:



Medicaid Reimbursement

- Medicaid/Medical Assistance (MA) reimbursement compensates for services meeting federal definitions and requirements.
- In addition, state-set reimbursement should include consideration for:
 - Overall system goals and strategies to promote cost-effective care.
 - Intended delivery and desired outcomes of the service.
 - Ensuring payment fees are sufficient to enlist enough providers and are not excessive to incentivize over- or under-utilization of other services.



Medicaid Reimbursement



Federal regulations at 42 CFR Part 447 provide regulatory guidance for service payments made by the states using Medicaid funds. The regulations are broad-based to allow states to establish different payment options in their Medicaid services and programs.



Reimbursement for Medicaid FFS services are based on each services' provider qualifications that are required to deliver the services as defined in the State Plan.

Medicaid Reimbursement

Broad rate-setting requirements:

Payments must be sufficient to attract enough providers such that services are readily available to beneficiaries (42 CFR 447.204)

Payments must be consistent with efficiency, economy, and quality of care (42 CFR 447.200)

Each service must be sufficient in amount, duration, and scope to achieve its purpose (42 CFR 440.230)

Public notice is required for any significant change in FFS methodology or standards for setting payment rates for services (42 CFR 447.205). CMS interprets this as any change in FFS rates

Medicaid Reimbursement

What influences reimbursement?

Provider qualifications are the primary determinant of FFS provider rates

Service definitions and medical necessity criteria influence the provider qualifications, indirect costs, and non-productive time (e.g., caseload, supervisor to staff ratios, etc.)

Costs associated with service delivery (e.g., training and oversight, travel, occupancy, administration, etc.)

CMS Reimbursement Principles

Fee schedule or cost-based rates need to consider:



Direct costs of services to be utilized

Indirect costs associated with service delivery

General administration

Non-Medicaid/Non-MA activities

How billed time does not exceed available productive time

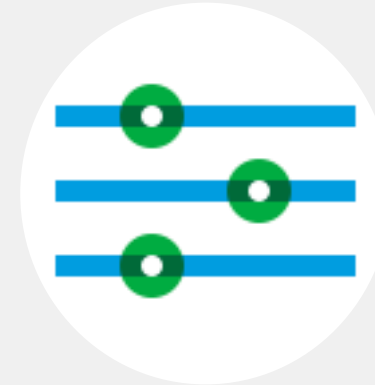
Single rates exclude differently licensed practitioners

CMS Reimbursement Principles



State Plans

State plans are written for individual, discrete services reimbursed using FFS methodologies.



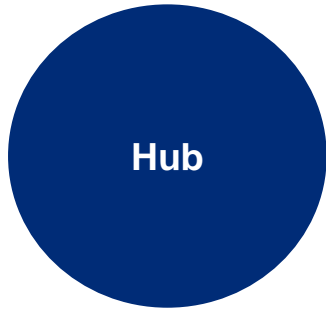
Unit Cost

The FFS payment methodology must be based on the unit of service to be paid.

Mobile Crisis Service Structure

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Mobile Crisis Response Structure



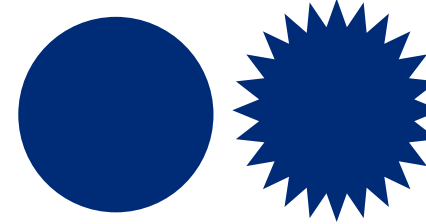
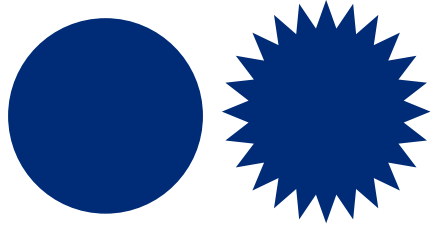
- Hubs provide 24/7 access and support to out-stationed teams (Dandelions).
- Hubs are responsible for outcomes of providing 24/7 access for crisis services (including licensed clinicians) within 60-90 minutes of the Hub.
- Hubs can be co-located with Behavioral Health Agencies (BHAs) or Community Calming Centers (CCCs).
- Rates cover costs for 24/7 capacity, operation of the Hub and immediate availability of response teams of two.



- Mobile response teams of two individuals who are on-call.
- Teams can be trained staff employed by BHAs. BHA can provide licensed practitioner or purchase licensed practitioner services from the Hub through telehealth.
 - If a Dandelion purchases services from the Hub, the Dandelion would reimburse the Hub with a portion of their rate to compensate for access to the licensed practitioner. The arrangement can be determined by the Hub and Dandelion.
- Rates cover costs for expected encounters and overhead only. BHA is responsible for outcomes and providing 24/7 on-call access within catchment area.

Note: There is no requirement for Hubs and Dandelions to contract with each other.

Related Services



Team Response with Telehealth

- Dispatched mobile response team relies on telehealth to access independently licensed practitioner
- Mobile response team can be a team with a Hub or a Dandelion

Stabilization Services

- Available only under Mobile Response and Stabilization Services (MRSS)
- Community-based follow-up services for up to eight weeks following a children's mobile response
- Services available to children and families

Mobile Crisis Follow-up – Telephone

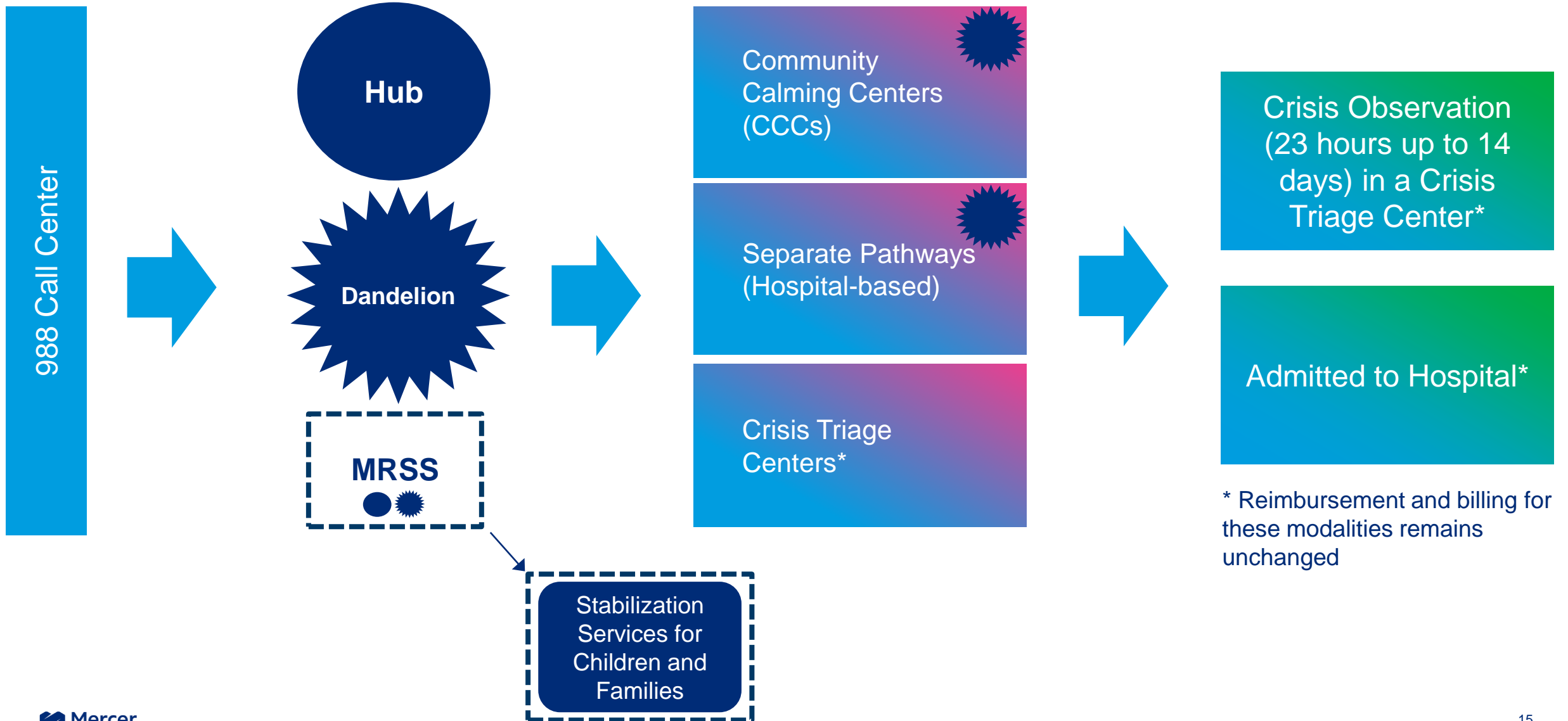
- Follow-up phone calls made by staff following any mobile crisis response

Mobile Response and Stabilization Services for Children Aged 0-21



- Specialized mobile response teams for children aged 0-21 where available
- Mobile response teams for children can be a team with a Hub or a Dandelion
- Response type will typically align with a non-licensed response with non-licensed and peer/youth family support responders

New Mexico Visual for Crisis Services Continuum




* Reimbursement and billing for these modalities remains unchanged

New Mexico Visual for Crisis Services Continuum

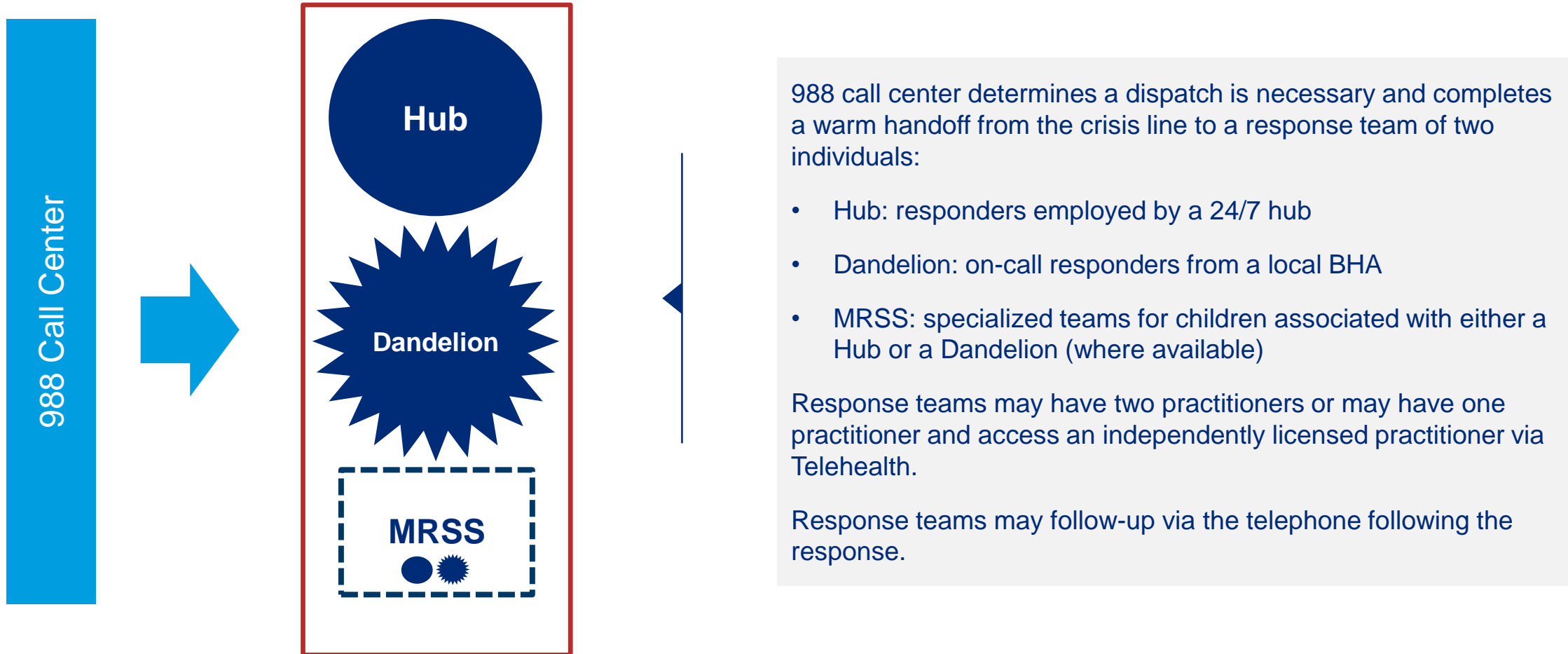


988 Call Center

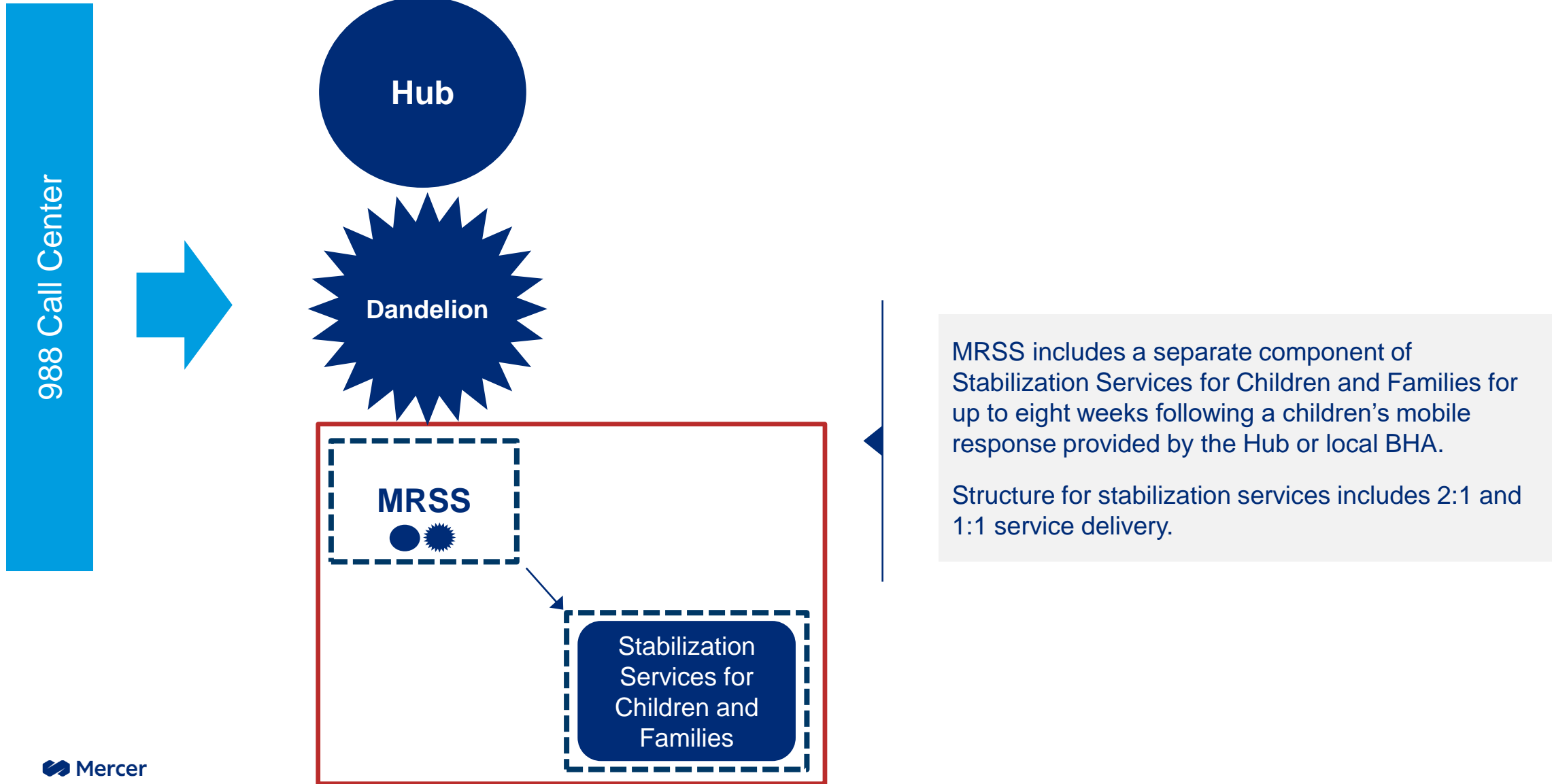


An individual calls 988 and call center determines whether a dispatch is necessary.

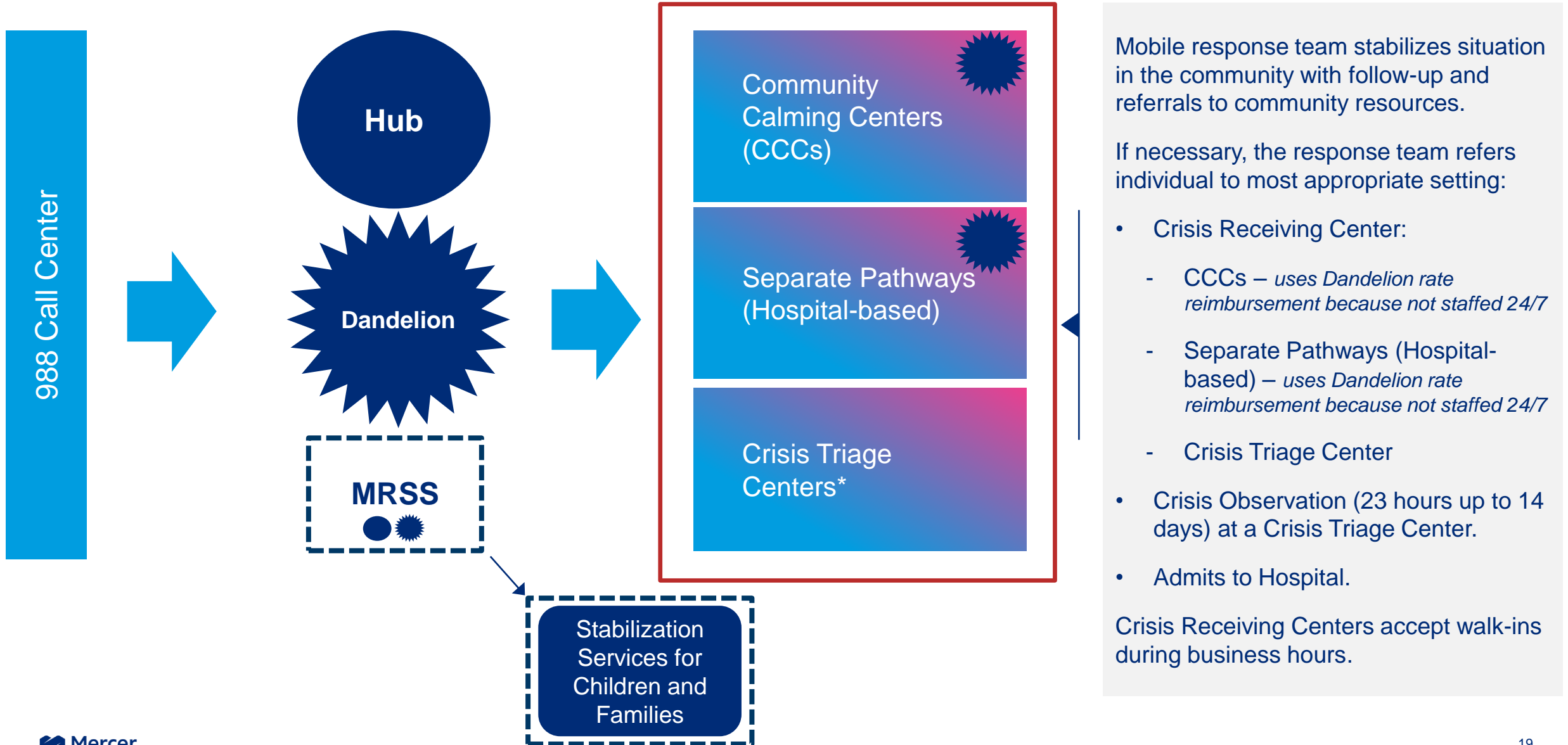
New Mexico Visual for Crisis Services Continuum



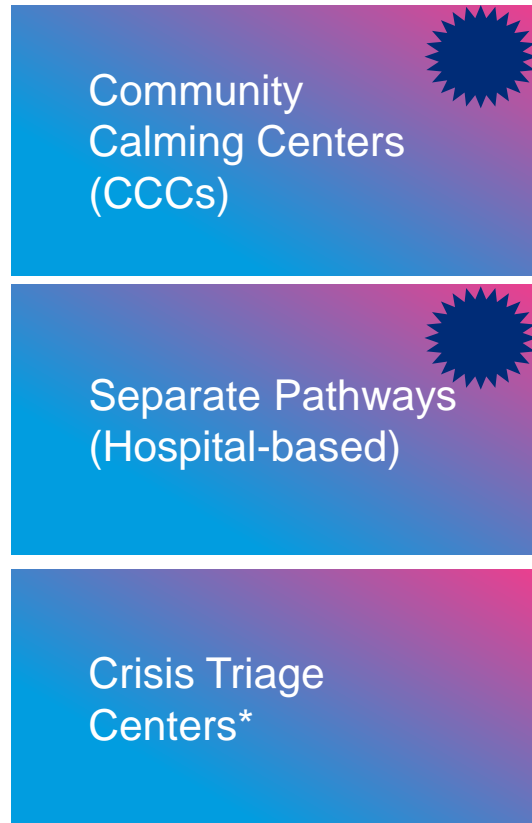
New Mexico Visual for Crisis Services Continuum



New Mexico Visual for Crisis Services Continuum



New Mexico Visual for Crisis Services Continuum



Crisis Receiving Center stabilizes situation in the community with follow-up and referrals to community resources.

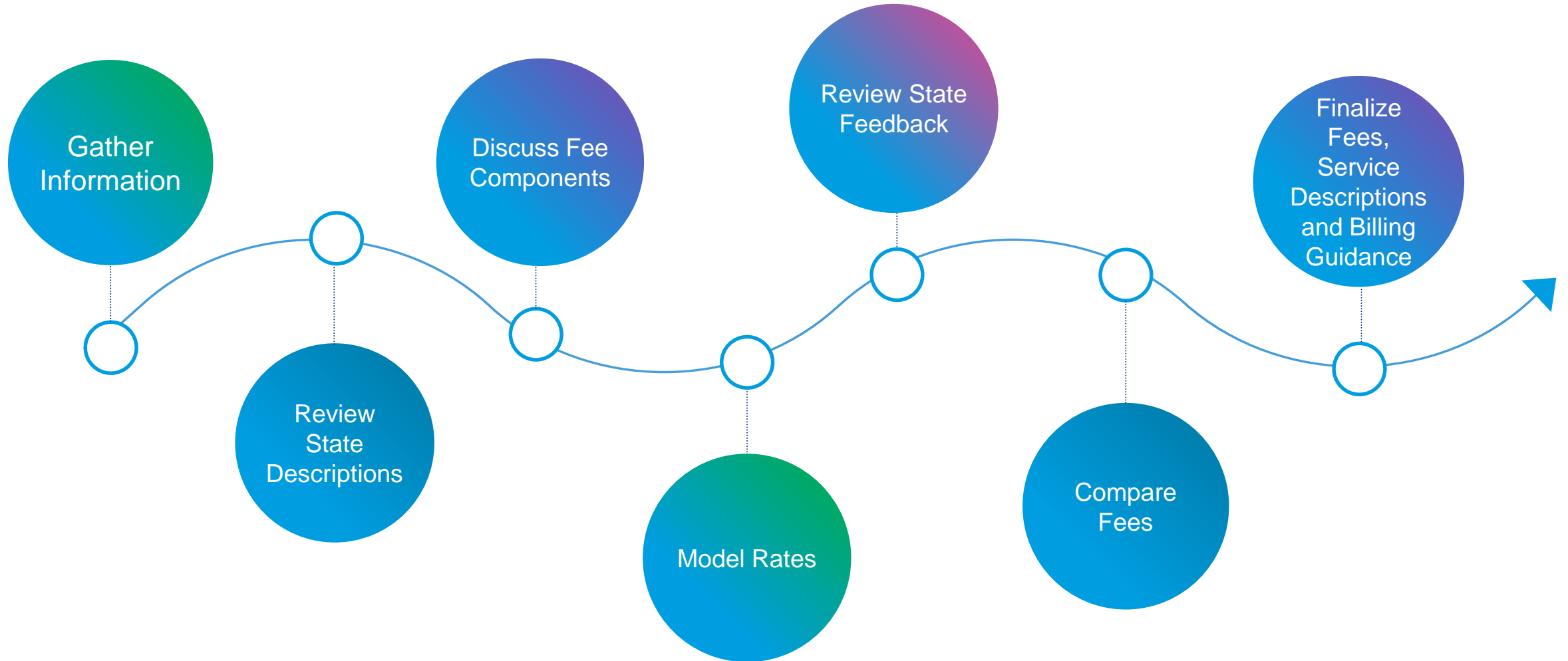
If necessary, the team refers individual to most appropriate setting:

- Crisis Observation (23 hours up to 14 days) at a Crisis Triage Center
- Admits to Hospital


Fee Development Process

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Process for Developing FFS Fees



Process for Developing FFS Fees



What are the expected service outcomes?

What are the national models and service standards, and how have they been implemented (or how will they be implemented in NM)?

What constitutes a billable service?

Which costs are included for each service?

A critical component of the rate development process is clarifying the service definitions.

Process for Developing FFS Fees

Policy Perspective

- Ensure CMS participation in funding via compliance with federal requirements
- Ensure compliance with state regulations and requirements

Clinical Perspective

- Ensure service is designed to achieve clinical results, both for the individual service and across the system of care

Financial Perspective

- Ensure assumptions incent behaviors that meet clinical objectives and meet CMS requirements:
 - Fees priced too low will hinder provider recruitment and service utilization
 - Fees priced too high may attract provider base, but may not achieve clinical results

Fee Assumptions and Development

CMS Reimbursement Principles

Fee schedule rates include consideration for:

- Direct costs of services to be utilized (e.g., wages of practitioners delivering the service)
- Indirect costs (e.g., wages of supervisors)
- General administration
- Costs for non-MA activities were excluded
- How billed time does not exceed available productive time

Reimbursement

- Relevant federal reimbursement principles that are applicable in determining rates paid to providers, when those rates are established under a FFS program

Financial Decisions

- Wages to pay practitioners
 - Compensation data was sourced from the Bureau of Labor Statistics representative of wages paid in the Albuquerque metropolitan area
 - Mercer performed reasonability checks of average wages and wage ranges by comparing to compensation studies on similar positions in other regions of New Mexico
 - Wages were adjusted upwards to reflect additional trend consideration
- Benefits to allow/employee-related expenses (ERE)
 - Health insurance, federal and state unemployment taxes, Workers' Compensation, Federal Insurance Contributions Act, and other benefits (e.g., long-term and short-term disability, retirement benefits)
- Employment structure (e.g., Full-time/part-time staff, turnover, supervision)
- Collective days off
- Training days and training expenses
- Components of service delivery that reduce productivity
- General and administrative allowances
- Staff travel costs associated with response



Mobile Crisis Services

Additional Costs Included in Fees

Costs Associated With Direct Service, But Not Directly Billable Include Items Such As:

- ERE
- Cost of supplies required to deliver the service
- Cost of training and other expenses incurred specifically to carry out the service including
 - Initial training
 - Supervised Shadowing
 - On-boarding and role-specific training
 - Intellectual and Developmental Disability (IDD)-related training
- Cost of necessary supervision of direct care practitioners and part-time workers
- Costs associated with staff travel

Costs Associated With Administrative Expenses Include Items Such As:

- Salaries of staff supporting the provision of service/other staff support
- Interpretation Limited English Proficient (LEP)/American Sign Language (ASL) and Quality Service Review (QSR)
- Insurance expenses

Mobile Crisis Rate Structure

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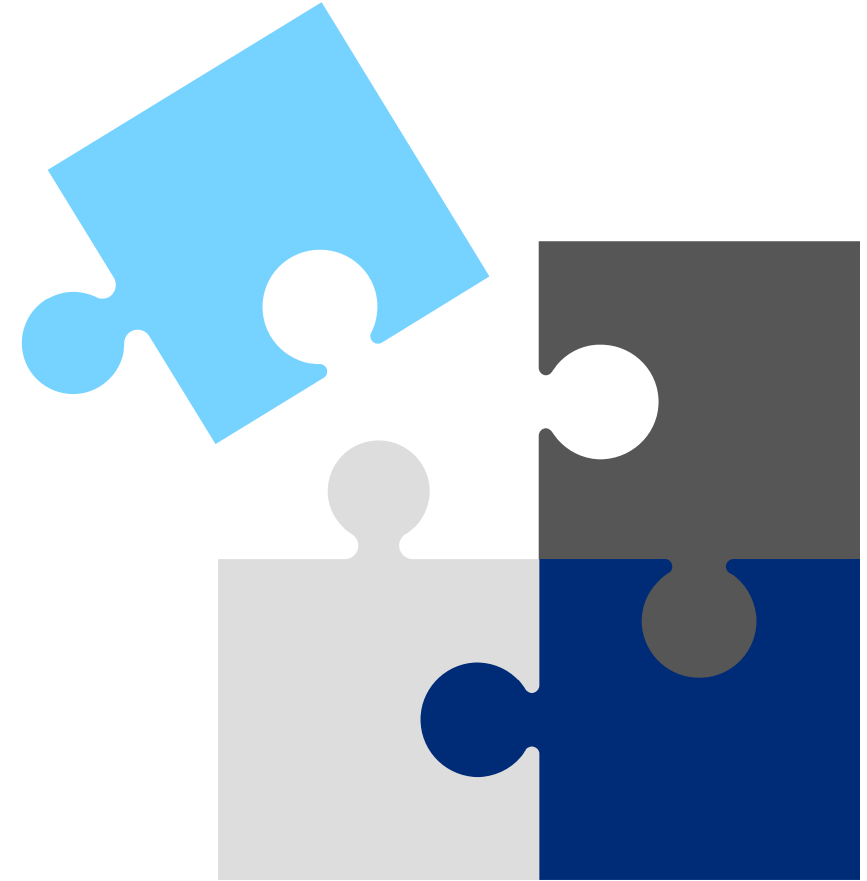
Staff Levels

Position	Description
Medical Professional (MD, APRN, PA, RxP)	An MD, APRN, PA or RxP.
Clinical Supervisor (Independently Licensed)	An independently licensed behavioral health professional.
Crisis Licensed Response	A licensed professional delivering services such as LMHT, RN, EMT with specialized crisis training, LADAC or CADAC, or non-independently licensed behavioral health professionals.
Crisis Level II Non-Licensed	A non-licensed professional or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including community support workers and emergency medical technicians.
Crisis Peer/Youth & Family Support	A certified peer specialist such as certified family support worker or certified peer support specialist.
Crisis Level I Non-Licensed	A non-licensed behavioral health care professional able to conduct a mobile crisis screening and assessment within their permitted scope of practice under state law.

Rate Structure Overview

Fees were developed separately for the following groupings:

- Hubs and Dandelions
- Telephonic Follow-up Services
- Stabilization Services – *available only under MRSS*



Mobile Crisis Services Hubs

Service	Team Qualification Type	Unit	Fee
Mobile Crisis – Hub – Licensed Response	Responders: Crisis Licensed Response and Crisis Level I Non-Licensed	Per Encounter	\$1,541.34
Mobile Crisis – Hub – Non-Licensed Response	Responders: Crisis Level II Non-Licensed and Crisis Peer/Youth & Family Support	Per Encounter	\$1,355.29
Mobile Crisis – Hub – Licensed Response with Peer	Responders: Crisis Licensed Response and Crisis Peer/Youth & Family Support	Per Encounter	\$1,549.47
Team Response with Telehealth in Hub	Responder: Crisis Level II Non-Licensed Clinical Supervisor via Telehealth at Hub	Per Encounter	\$926.68

Mobile Crisis Services

Dandelions

Service	Team Qualification Type	Unit	Fee
Licensed Response – Crisis Licensed and Crisis Level I Non-Licensed	Responders: Crisis Licensed Response and Crisis Level I Non-Licensed	Per 15 Minutes	\$74.10
Non-Licensed Response – Crisis Level II Non-Licensed & Crisis Peer/Youth and Family Support	Responders: Crisis Level II Non-Licensed and Crisis Peer/Youth & Family Support	Per 15 Minutes	\$65.82
Licensed Response – Crisis Licensed and Crisis Peer/ Youth & Family Support**	Responders: Crisis Licensed Response and Crisis Peer/Youth & Family Support	Per 15 Minutes	\$74.10
Team Response with Telehealth	Responder: Crisis Level II Non-Licensed Clinical Supervisor via Telehealth	Per 15 Minutes	\$46.72

** This fee is also the proposed fee for the Community Calming Center and Separate Pathways (Hospital-based) service delivery.

Mobile Crisis Services

Telephonic Follow-up Services

Service	Unit	Fee
Mobile Crisis Follow-Up – Telephone	Per 15 Minutes	\$23.70

Mobile Crisis Services

Stabilization Services – MRSS Only

Service	Practitioner Type	Unit	Fee
Stabilization Services – Licensed and Peer	Practitioners providing stabilization: Crisis Licensed Response and Crisis Peer/Youth & Family Support	Per 15 Minutes	\$77.49
Stabilization Services – Licensed and Non-Licensed	Practitioners providing stabilization: Crisis Licensed Response and Crisis Level II Non-Licensed	Per 15 Minutes	\$77.49
Stabilization Services – Non-Licensed Only	Practitioner providing stabilization: Crisis Level II Non-Licensed	Per 15 Minutes	\$41.45
Stabilization Services – Licensed Only	Practitioner providing stabilization: Crisis Licensed Response	Per 15 Minutes	\$51.98

Other Considerations

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Other Considerations

Braided Funding

988 Funding

**Mental Health
Parity**

Medicare

**Commercial
Insurance**

CCBHCs



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