Introduction & Housekeeping

- Housekeeping
  - Slides are posted at MCTAC.org
  - Questions not addressed today will be reviewed by the state and included in an FAQ document.
  - There will be **two time periods** during the presentation that are allocated specifically for question and answer.
  - **We kindly ask that you hold your questions until the designated time.**
- **Reminder:** Information and timelines are current as of the date of the presentation
Agenda

› Adult BH HCBS Billing Content
› (15 minute Q & A/break)
› Adult BH HCBS Billing Content
› Q & A
What is MCTAC?

MCTAC is a training, consultation, and educational resource center that offers resources to all mental health and substance use disorder providers in New York State.

MCTAC’s Goal
Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.
Who is MCTAC?

McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH

The National Center on Addiction and Substance Abuse
Adult BH HCBS Services

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Respite
  - Short-Term Crisis Respite
  - Intensive Crisis Respite
- Educational Support Services

- Individual Employment Support Services
  - Prevocational
  - Transitional Employment Support
  - Intensive Employment Support
  - On-going Supported Employment
- Peer Supports
- Family Support and Training
- Non Medical Transportation
- Self Directed Services Pilot (anticipated start date July of 2016)
NYS Allowable Billing Combinations of OMH/OASAS State Plan Services and Adult BH HCBS

<table>
<thead>
<tr>
<th>Adult BH HCBS/State Plan Services</th>
<th>OMH Clinic/OLP****</th>
<th>OASAS Clinic***</th>
<th>OASAS Opioid Treatment Program</th>
<th>OMH ACT</th>
<th>OMH PROS</th>
<th>OMH IPRT/CDT</th>
<th>OMH Partial Hospital*</th>
<th>OASAS Outpatient Rehab</th>
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<tbody>
<tr>
<td>PSR</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>CPST</td>
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<td>Yes/No</td>
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<td>Habilitation</td>
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<tr>
<td>Family Support and Training</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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*If a participant is admitted into a Partial Hospital program, their Adult BH HCBS payments will be suspended so that their services will not be terminated.

** All HARP Members are eligible for Crisis Respite Services except for individuals residing in excluded settings. However, MCOs can choose to provide crisis respite as an in lieu of service for those individuals.

***If an individual receives OASAS state plan peer services through an OASAS clinic, then they are not eligible for Adult BH HCBS peer services and vice versa.

****OLP= Other Licensed Professionals
<table>
<thead>
<tr>
<th>Adult BH HCBS Combinations</th>
<th>PSR</th>
<th>CPST</th>
<th>Residential Support Service</th>
<th>Family Support and Training</th>
<th>Education Support Services</th>
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<td>Education Support Services</td>
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* PSR and Habilitation may only be provided at the same time by the same agency.
** All HARP Members are eligible for Crisis Respite Services except for individuals residing in excluded settings. However, MCOs can choose to provide crisis respite as an in lieu of service for those individuals.


- Adult BH HCBS Fee Schedule and Rate Codes (Companion to above Manual) http://www.omh.ny.gov/omhweb/bho/phase2.html

➤ MCTAC Billing Guidance Presentation:
http://mctac.org/page/events/past-events/article/updated-integrated-billing-presentation-1030-1130-am/

➤ Adult BH HCBS Provider Manual:
Managed Care Mailboxes

➢ OMH Managed Care Mailbox Email Address:
MH-Managed-Care@omh.ny.gov

➢ OASAS Managed Care Mailbox Email Address:
PICM@oasas.ny.gov

➢ In order to ensure that all questions related to Medicaid Managed Care coverage of Behavioral Health Services are reviewed and responded to by appropriate staff within OMH and OASAS, Please note that providers must use the following forms to submit questions:
  - OMH providers
  - OASAS providers
Overview

- All Adult BH HCBS billing must be done using the 837 I form

  - For OMH licensed clinics and OASAS Certified Clinics and OTP programs

  - the state directed that plans must
    - accept the 837 I
    - accept the APG rate codes
    - accept APG CPT / HCPCS codes and modifiers.
Adult BH HCBS service providers will utilize the “HF” modifier whenever SUD disorder is the primary focus of that person’s services. **NOTE:** Plan’s may not deny claims if the “HF” is not present on the HCBS service claim.

For all Adult BH HCBS billing for a duration of more than one unit, the business/billing rule stipulates that providers must round down to the nearest time unit/increment.

For example, if a Peer Specialist spent 40 minutes with a member/client, the provider would bill for a 30 minute visit/2 units (15 minute increments allowed)
Adult BH HCBS Utilization Thresholds

Adult BH HCBS services will be subject to utilization caps at the recipient level that apply in a calendar year. These limits will fall into three categories:

1. Tier 1 HCBS services will be a cap limited to $8,000 as a group. There will also be a 25% corridor on this threshold that will allow plans to go up to $10,000 without a disallowance.

2. Tier 1 and Tier 2 HCBS services combined will be a cap limited to $16,000 as a group. There will also be a 25% corridor on this threshold that will allow plans to go up to $20,000 without a disallowance.

3. Both cap 1 and cap 2 are exclusive of crisis respite. The two crisis respite services are limited within their own individual caps (7 days per episode, 21 days per year).

If a Plan anticipates they will exceed any limit for clinical reasons they should contact the HARP medical director from either OMH or OASAS and get approval for a specific dollar increase above the $10,000/$20,000 effective limit.
EPACES Codes

H9 - HARP eligible but pending enrollment. This person has been determined to be “categorically eligible” for a HARP. They will be given the option of moving to a HARP.

- If this person were already in an HIV SNP (Special Needs Plan) they would not have been given code H9, but rather code H4.
- They can choose to remain in the HIV SNP or move to a HARP.
- If they remain in the HIV SNP they could potentially, based on the results of a more in depth assessment, qualify for Adult BH HCBS services under codes H5 or H6.

EMEDNY Manual:
HARP ENROLLED

- **H1** - HARP enrolled without Adult BH HCBS (Home and Community Based Services) eligibility. This means that the person:
  - Has been assessed and is not eligible for Adult BH HCBS, or
  - Has not yet been assessed for Adult BH HCBS eligibility.
  - *At this time HH should begin the CMHA process if it has not yet done so and found the person not eligible for Adult BH HCBS services.*

Adult BH HCBS eligibility – HARP enrolled

- **H2** – This code identifies the person as enrolled in a HARP. It also indicates that the person has been assessed and determined to be eligible for Tier 1 HCBS services (peer supports, employment supports, education supports).
  - *As authorized by the HARP referrals should be made by the HHCM (Health Home Care Manager) to Adult BH HCBS service providers.*

- **H3** – This code identifies the person as enrolled in a HARP. It also indicates that the person has been assessed and determined to be eligible for Tier 2 HCBS services (which includes all Tier 1 services listed under H2, plus psychosocial rehab, community psychiatric supports and treatment, etc.).
  - *As authorized by the HARP referrals should be made by the HHCM to Adult BH HCBS service providers.*
EPACES Codes Continued

**Adult BH HCBS eligibility – HIV SNP enrolled**

- **H4** - This code identifies the person as HARP eligible, but with enrollment in an HIV SNP.
  - It also indicates that the person:
    - Has been assessed and is not eligible for Adult BH HCBS, or
    - Has not yet been assessed for Adult BH HCBS eligibility.

*At this time HH should begin the CMHA process if it has not yet done so and found the person not eligible for Adult BH HCBS services.*

- **H5** - Indicates that the person has been assessed and determined to be eligible for Tier 1 HCBS services (peer supports, employment supports, education supports), which will be administered by their HIV SNP.
  - *As authorized by the HARP referrals should be made by the HHCM to Adult BH HCBS service providers.*

- **H6** - Indicates that the person has been assessed and determined to be eligible for Tier 2 HCBS services (which includes all Tier 1 services listed under H2, plus psychosocial rehab, community psychiatric supports and treatment, etc.), which will be administered by their HIV SNP.
  - *As authorized by the HARP referrals should be made by the HHCM to Adult BH HCBS service providers.*

**Codes H7 & H8 are not in use at this time.**
CPST Business/Billing Rules

- Billed daily in 15 minute increments with a limit of 6 units (1½ hours) per day.
- Payment for CPST services is broken into various levels through the use of Px modifier codes that indicate the type of staff providing the service (i.e., physician, psychologist, NP, RN, all other professions).
- There are no group sessions for this service.
- May only be provided off-site.
- Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.
CPST Setting & Admission Criteria

Setting

- Services must be offered in the setting best suited for desired outcomes, including home or other community-based setting.
- Off site

Admission and Eligibility Criteria

- CPST services are intended to help engage individuals with mental health and/or a substance use diagnosis who are unable to receive site-based care or who may benefit from community based services including those who had only partially benefited from traditional treatment or might benefit from more active involvement of their family in their treatment. In addition, this service is intended for individuals who are being discharged from inpatient units, jail or prisons, and with a history of non-engagement in services, transitioning from crisis services, and for people who have disengaged from care.
CPST Limitations/Staffing

Limitations/Exclusions

- Community treatment for eligible individuals can continue as long as needed, within the limits, based on the individual’s needs. The intent of this service is to eventually transfer the care to a place based clinical setting.

- The total combined hours for CPST and Psychosocial Rehabilitation (PSR) and are limited to no more than a total of 500 hours in a calendar year.

Certification/Provider Qualification

- Agencies who have experience providing similar services should already have a license to provide treatment services (i.e., Clinics, PROS, Intensive Psychiatric Rehabilitation Treatment (IPRT), Partial Hospitalization, Comprehensive Psychiatric Emergency Programs (CPEP), or currently utilize an evidence based or best practice off-site treatment model using licensed professionals.

- Licensed staff (see appendix) must provide this service.

Staffing ratios/case limits

- Decisions about how to balance caseloads will be left to the provider agencies as they see appropriate to ensuring quality of care and maintaining acceptable performance outcomes.
<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
<th>Mod.</th>
<th>Unite Measure</th>
<th>Unit Limit</th>
<th>Other rate codes prohibited on the same day</th>
<th>EPACES codes</th>
<th>Notes</th>
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<tbody>
<tr>
<td>0220</td>
<td>7790</td>
<td>HARP HCBS CPST (physician)</td>
<td>H0036</td>
<td>Community Psychiatric Supportive Treatment, face-to-face; per 15 min</td>
<td>AF</td>
<td>Per 15 min</td>
<td>6</td>
<td>H3, H6 Off-site only. Use appropriate modifier. Bill transportation separately. No groups.</td>
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<tr>
<td>0220</td>
<td>7791</td>
<td>HARP HCBS CPST (NP, psychologist)</td>
<td>H0036</td>
<td>Community Psychiatric Supportive Treatment, face-to-face; per 15 min</td>
<td>SA or AH</td>
<td>Per 15 min</td>
<td>6</td>
<td>H3, H6 Off-site only. Use appropriate modifier. Bill transportation separately. No groups.</td>
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<td>COS</td>
<td>Rate Code</td>
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<td>Px Code Description</td>
<td>Mod.</td>
<td>Unite Measure</td>
<td>Unit Limit</td>
<td>Other rate codes prohibited on the same day</td>
<td>EPACES codes</td>
<td>Notes</td>
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<tr>
<td>0220</td>
<td>7792</td>
<td>HARP HCBS CPST (RN, LMHC, LMFT, LCSW, LMSW)</td>
<td>H0036</td>
<td>Community Psychiatric Supportive Treatment, face-to-face; per 15 min</td>
<td>TD or AJ</td>
<td>Per 15 min</td>
<td>6</td>
<td>H3, H6 Off-site only. Use appropriate modifier. Bill transportation separately. No groups.</td>
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<tr>
<td>0220</td>
<td>7793</td>
<td>HARP HCBS CPST (all other allowable professions)</td>
<td>H0036</td>
<td>Community Psychiatric Supportive Treatment, face-to-face; per 15 min</td>
<td>Per 15 min</td>
<td>6</td>
<td>H3, H6 Off-site only. Bill transportation separately. No groups.</td>
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</table>
PSR Business/Billing Rules

PSR is divided into three different types of sessions:

**Individual, per 15 minutes**

- Billed daily in 15 minute units with a limit of 8 units per day.
- Individual service may be billed the same day as a PSR group session.
- Individual service (15 minute unit billing) cannot be billed on the same day as a PSR Individual per diem.
- May be provided on or off-site (two separate rates apply).
- Transportation is billed separately as appropriate.
- Maximum of 8 units (2 hours) per day.
Individual, per diem

- Billed daily with a max of 1 unit.
- Due to the long duration of these sessions, the PSR Individual per diem service may not be billed the same day as a PSR group session.
- Individual per diem service cannot be billed the same day as PSR Individual per 15 minutes.
- May be provided on or off-site - under a single rate code and payment amount.
- Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.
- Minimum of 3 hours.
Group

- Billed daily in 15 minute units with a limit of 4 units per day.
- Group sessions may be billed on the same day as a PSR individual per 15 minutes.
- Group sessions may not be billed on the same day as a PSR Individual per diem session.
- Service must be offered in the setting best suited for desired outcomes.
- Maximum 4 units (1 hour) per day.
- Payment for group sessions is broken into various levels through the use of Px modifier codes to distinguish the number of individuals present in the session (i.e., 2-3, 4-5, 6+). The rate code/procedure code/modifier code combinations are shown on the attached Adult BH HCBS services coding crosswalk.
PSR Settings

Services must be offered in the setting best suited for desired outcomes, including home, or other community-based setting in compliance with Medicaid regulations.

Services may be provided individually or in a group setting and should utilize (with documentation) evidence-based rehabilitation and recovery. The program should utilize all goal-directed individual and group task to meet the goals identified above.

On or off site.
An individual must have the desire and willingness to receive rehabilitation and recovery services as part of their individual service plan, with the goal of living their lives fully integrated in the community and, if applicable, to learn skills to support long-term recovery from substance use through independent living, social support, and improved social and emotional functioning.
PSR Limitations/Staffing

• Limitations/Exclusions
  ➢ These services may complement, not duplicate, services aimed at supporting an individual to achieve an employment-related goal in their plan of care. The total combined hours for Psychosocial Rehabilitation and Community Psychiatric Support and Treatment are limited to no more than a total of 500 hours in a calendar year.

• Certification/Provider Qualification
  ➢ Providers of service may include non-licensed behavioral health staff (see appendix). Workers who provide PSR services should periodically report to a supervising licensed practitioner on participants’ progress toward the recovery and re-acquisition of skills.

➤ Staff to Member Ratio-- Maximum 1 FTE to 20
<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
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<td>7784</td>
<td>Psychosocial Rehab - Indv - on-site</td>
<td>H2017</td>
<td>Psychosocial rehab services; per 15 minutes</td>
<td>U1</td>
<td>Per 15 min</td>
<td>8</td>
<td>7785, 7789</td>
<td>H3, H6</td>
<td>On-site rate code. Use U1 modifier. Do not bill transportation supplement.</td>
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<td>Psychosocial Rehab - Indv - off-site</td>
<td>H2017</td>
<td>Psychosocial rehab services; per 15 minutes</td>
<td>U2</td>
<td>Per 15 min</td>
<td>8</td>
<td>7784, 7789</td>
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<td>Psychosocial Rehab - Group 2-3</td>
<td>H2017</td>
<td>Psychosocial rehab services; per 15 minutes</td>
<td>UN, UP</td>
<td>Per 15 min</td>
<td>4</td>
<td>7787, 7788, 7789</td>
<td>H3, H6</td>
<td>On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient).</td>
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<td>COS</td>
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<td>Per 15 min</td>
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<td>Psychosocial Rehab; per diem</td>
<td>Per diem</td>
<td>1</td>
<td>7784, 7785, 7786, 7787, 7788</td>
<td>H3, H6</td>
<td>On-site or off-site. Bill transportation supplement as appropriate. Minimum of 3 hours.</td>
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</table>
Habilitation Business/Billing Rules

- Billed daily in 15 minute increments with a limit of 12 units (3 hours) per day.
- There are no group sessions for this service.
- May be provided on or off-site.
- Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.
Habilitation Setting & Admission Criteria

Setting

- Habilitation Services may be delivered in a home (on-site), or in the community (off-site)

Admission and Eligibility Criteria

- An Individual requires residential support, rehabilitation, and onsite services that may include, but are not limited to: cognition (cognitive skills), functional status (ADL), and recovery-oriented community support.
Habilitation Limitations/Staffing

Limitations/Exclusions

- The total combined hours for Habilitation are limited to no more than a total of 250 hours in a calendar year. Time limited exceptions to this limit for individuals transitioning from institutions are permitted if prior authorized and found to be part of the cost-effective package of services provided to the individual compared to institutional care.

Certification/Provider Qualification

- Non-licensed Staff (see appendix) may provide this service.

Staffing ratios/case limits

- Staff to Member Ratio-- Maximum 1 FTE to 20
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<tr>
<td>0220</td>
<td>7795</td>
<td>Habilitation</td>
<td>T2017</td>
<td>Habilitation, residential - waiver, 15 minutes</td>
<td>Per 15 min</td>
<td>12</td>
<td>H3, H6</td>
<td>On-site or off-site. Bill transportation supplement as appropriate. If billed with PSR, both services must be provided by the same provider.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Peer Business/Billing Rules

➢ Billed daily in 15 minute units with a limit of 16 units (4 hours) per day.

➢ May be provided on or off-site.

➢ Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.
Peer Setting & Admission Criteria

• Setting – Majority of the services should be provided offsite in the community, which may include: a person’s home, homeless shelters, etc.

• Admission/Eligibility Criteria -- Based on assessed need and subject to periodic review of goals
Peer Limitations/Staffing

• Limitations/Exclusions
  • Limited to no more than a total of 500 hours in a calendar year
  • Individuals receiving OASAS state plan peer services cannot receive Adult BH HCBS covered peer services.
  • While an individual is incarcerated or institutionalized are not Medicaid reimbursable.

• Certification/Provider Qualification
  ▪ OMH established Certified Peer Specialist
  ▪ OASAS established Certified Recovery Peer Advocate
  ▪ Supervision of peer support must be provided by a licensed behavioral health practitioner

 Staffing ratios/case limits -- Maximum 1 FTE to 20 Adult BH HCBS recipients.
## Peer Services

<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
<th>Mod.</th>
<th>Unite Measure</th>
<th>Unit Limit</th>
<th>Other rate codes prohibited on the same day</th>
<th>EPACES codes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7794</td>
<td>HARP HCBS Peer Supports - by credentialed staff</td>
<td>H0038</td>
<td>Self Help / Peer Services, per 15 minutes</td>
<td>HE or HF</td>
<td>Per 15 min</td>
<td>16</td>
<td>H2, H3, H5, H6</td>
<td></td>
<td>On-site or off-site. Use HE modifier for an &quot;OMH service&quot; or the HF modifier for an &quot;OASAS service&quot;. Bill transportation supplement as appropriate.</td>
</tr>
</tbody>
</table>
Family Support Business/Billing Rules

FST session provided to one family

- Billed daily in 15 minute increments with a limit of 12 units per day.
- FST is detailed by using modifiers that indicate whether the service was provided to the family with the recipient present or to the family without the recipient present.
- May be provided on or off-site.
- Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.
Family Support Business/Billing Rules Continued

Group FST (consists of 2-3 families)

- Billed daily in 15 minute increments with a limit of 6 units (1.5 hours) per day.
- Group sessions may be billed on the same day as an FST one family session.
- May be provided on or off-site.
- Payment for FST group sessions is differentiated through the use of Px modifier codes to distinguish the number of families present in the session (i.e., 2 or 3).
- Billing is at the recipient (family level (e.g., if the group consists of the families of three recipients and, for purposes of this example, eight people are in the group, there would be only three claims submitted).
Family Support Setting & Admission Criteria

• Setting – Home, Community, office.

• Admission/Eligibility Criteria
  – Participant assessed to need, and has a preference for family support and consultation services.
  – A release of information from the individual is always required to allow staff to contact significant people, except in cases of threat of injury or death.
Family Support Limitations/Staffing

• Limitations/Exclusions
  • The total combined hours for Family Support and Training are limited to no more than a total of 40 hours in a calendar year.

• Certification/Provider Qualification
  – Para-professional staff may provide this service.

• Staffing ratios/case limits
  – 1:15 for staff to individual ratio
  – 1:16 for groups with family members.
# Family Support

<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
<th>Mod.</th>
<th>Unite Measure</th>
<th>Unit Limit</th>
<th>Other rate codes prohibited on the same day</th>
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<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7799</td>
<td>HARP HCBS Family Support / Training (individual)</td>
<td>H2014</td>
<td>Skills training and development; per 15 minutes</td>
<td>HR or HS</td>
<td>Per 15 min</td>
<td>12</td>
<td>7800</td>
<td>H3, H6</td>
<td>On-site or off-site. Bill transportation supplement as appropriate. Use modifiers.</td>
</tr>
<tr>
<td>0220</td>
<td>7800</td>
<td>HARP HCBS Family Support / Trn (group of 2 or 3)</td>
<td>H2014</td>
<td>Skills training and development; per 15 minutes</td>
<td>HR or HS, UN or UP</td>
<td>Per 15 min</td>
<td>6</td>
<td>7799</td>
<td>H3, H6</td>
<td>On-site or off-site. Bill transportation supplement as appropriate. Use modifiers.</td>
</tr>
</tbody>
</table>
Education Business/Billing Rules

- Billed daily in 1 hour units with a max units of 2 (2 hours).

- May be provided on or off-site.

- Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.
Education Setting & Admission Criteria

- Setting – Ideal setting is in the educational setting site, but can also be provided at program site and other community-based locations as well as the individual's home.

- Admission/Eligibility Criteria -- Individual who have been assessed to need Education Support Services and clearly stated interest in obtaining employment with the skills obtained.
Education Exclusions & Staffing

• Limitations/Exclusions
  – The hours for supported education are limited to no more than a total of 250 hours per year.
  – Can only access this service if other appropriate state plan services are not available or appropriate.

• Certification/Provider Qualification –
  – Education Specialists should possess a BA, and two years of experience supporting individuals in pursuing education goals.
  – A supervisor may be unlicensed and requires a minimum of a BA (preferably a Masters in Rehabilitation or a relevant field), a minimum of three years of relevant work experience preferably as an education specialist.
  – All staff should have minimum of two years working in the behavioral health.
  – Staff should have knowledge in the following areas: disability accommodations and assistive technology, financial aid, student loan default, Substance Use Disorder recovery resources on campus, etc.

• Staffing ratios/case limits --
  – 1:20 for staff to individual ratio
## Education Support

<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
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<th>Mod.</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7805</td>
<td>HARP HCBS Education Support Services</td>
<td>T2013</td>
<td>Habilitation educational, waiver</td>
<td>Per hour</td>
<td>2</td>
<td>H2, H3, H5, H6</td>
<td>Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Billing/Business Rules Employment Services

<table>
<thead>
<tr>
<th></th>
<th>Pre-Vocational</th>
<th>Transitional Employment</th>
<th>Intensive Employment *</th>
<th>On-Going Supported Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily Limits</strong></td>
<td>Billed daily in 1 hour units with a limit of 2 units (2 hours) per day.</td>
<td>Billed daily in 15 minute units with a limit of 12 units (3 hours) per day.</td>
<td>Billed daily in 15 minute units with a limit of 12 units (3 hours) per day.</td>
<td>Billed daily in 15 minute units with a limit of 12 units (3 hours) per day.</td>
</tr>
<tr>
<td><strong>On/Off Site</strong></td>
<td>May be provided on or off-site.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Admission Criteria</strong></td>
<td>Individual must have made a clear decision to work in competitive employment in the community. **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Certification/Provider Qualification</strong></td>
<td>Employment Specialists may be unlicensed (see appendix) and should possess education and experience equivalent to an undergraduate degree in vocational services, disabilities services, business, personnel management, mental health or social services counseling.</td>
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<td></td>
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<tr>
<td></td>
<td>A program manager requires a minimum of a BA (preferably a Masters in Rehabilitation or a behavioral health field) and a minimum of three years’ relevant work experience preferably as an employment specialist and minimum 18 months of management experience in a SUD rehab/treatment setting.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Staffing Ratios</strong></td>
<td>1:20 for staff to individual ratio</td>
<td></td>
<td>The recommended program manager to staff ratio is 1:10</td>
<td></td>
</tr>
</tbody>
</table>

*Intensive Employment – Modifier is used to indicate “Complex Level of Care”.
**The basic tenet of Transitional Employment is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity.
**The basic tenet of ISE is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity. Should be reviewed by the Adult BH HCBS care manager and/or the MCO at least quarterly.
Prevocational Setting

• This service is generally provided at the program site, but also includes support at a work location where the individual may acquire work-related experience such as volunteering and internships in the community.
Prevocational Limitations/Exclusions

• The total combined hours (for pre-vocational services and transitional supported employment) are limited to no more than a total of 250 hours and a duration of 9 months of service in a calendar year.

• Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:
  • Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program
  • Payments that are passed through to users of supported employment programs
  • Payments for training that is not directly related to an individual's supported employment program

• When Pre-vocational services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting or work environment.
<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7801</td>
<td>HARP HCBS Pre-vocational</td>
<td>T2015</td>
<td>Habilitation prevocational, waiver; per hour</td>
<td>Per hour</td>
<td>2</td>
<td>7802, 7803, 7804</td>
<td>H2, H3, H5, H6</td>
<td>Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.</td>
<td></td>
</tr>
</tbody>
</table>
Transitional Employment Setting

• This service is generally provided at the program site, but also includes support at a work location where the individual may acquire work-related experience such as volunteering and internships in the community.
Transitional Employment Limitations/Exclusions

- The total combined hours for pre-vocational and transitional supported employment are limited to no more than a total of 250 hours and a duration of 9 months of service in a calendar year.

- Additionally, Transitional Employment placements should be part-time and time-limited, usually 15-20 hrs/week from 6-9 months in duration.

- For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following: incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program, payments that are passed through to users of the state VR supported employment programs, and payments for training that is not directly related to an individual's supported employment program.

- When employment support services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.
## Transitional Employment

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<thead>
<tr>
<th>COS</th>
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<th>Unit Limit</th>
<th>Other rate codes prohibited on the same day</th>
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<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7802</td>
<td>HARP HCBS Transitional Employment</td>
<td>T2019</td>
<td>Habilitation, supported employment, waiver; per 15 minutes</td>
<td>Per 15 min</td>
<td>12</td>
<td>7801, 7803, 7804</td>
<td>H2, H3, H5, H6</td>
<td>Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.</td>
<td></td>
</tr>
</tbody>
</table>
Intensive Supported Setting

• Generally provided at an employment program but can be provided at a location of the participant's choosing including the workplace based on individual need.
Intensive Supported Limitations/Exclusions

- 250 hours per calendar year.
- For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following: incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program, payments that are passed through to users of supported employment programs, and payments for training that is not directly related to an individual's supported employment program.

- When employment support services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.
## Intensive Supported

<table>
<thead>
<tr>
<th>COS Code</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
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<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7803</td>
<td>HARP HCBS Intensive Supported Employment</td>
<td>H2023</td>
<td>Supported Employment</td>
<td>TG</td>
<td>Per 15 min</td>
<td>12</td>
<td>7801, 7802, 7804</td>
<td>H2, H3, H5, H6</td>
<td>Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.</td>
</tr>
</tbody>
</table>
Ongoing Supported Setting

- Ongoing Supported Employment services may be provided in any community location as well as at the workplace.
- May not duplicate vocational services for which the person is eligible through Rehabilitation Services Act (RSA/ACCES-VR).
250 hours per calendar year.

For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following: incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program, payments that are passed through to users of supported employment programs, and payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>0220</td>
<td>7804</td>
<td>HARP HCBS Ongoing Supported Employment</td>
<td>H2025</td>
<td>Ongoing support to maintain employment, per 15 minutes</td>
<td>Per 15 min</td>
<td>12</td>
<td>7801, 7802, 7803</td>
<td>H2, H3, H5, H6</td>
<td>Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.</td>
<td></td>
</tr>
</tbody>
</table>
Short Term Crisis Respite
Business/Billing Rules

- Billed daily with a max unit of 1 per day.
- Stays may be no longer than 7 days per episode, not to exceed a maximum of 21 days per year (some exceptions apply, see Adult BH HCBS manual).
  - If more than 7/21 days are needed, MCO can authorize additional days of service, but will need to obtain OMH or OASAS Medical Director approval.
- May only be provided in facilities dedicated solely for this purpose.
- Fee includes transportation, do not bill transportation separately.
- It is anticipated that persons may also receive other Adult BH HCBS services and state plan services while in this level of care.
Short Term Crisis Respite Setting

- Site-based residential settings will offer a supportive home-like environment with a maximum preferred capacity of 8-10 guests (fewer in rural areas), preferably in single rooms.

- The setting must be code compliant.

- Staffed and open 24 hours a day, seven days a week when a resident is present.

- Residents should be allowed to leave and return as needed, maintaining employment and other daily activities to the extent possible.

- To the greatest extent possible, guests will be encouraged to maintain contact with significant others, including family members, friends, and spouses. To facilitate this contact, guests may have visitors at any time that is convenient and practical for the guest as well as the operations of the CRC.
Crisis Respite Based on Residential Settings

Respite staff should coordinate with HH care coordinators and MCOs to assist with the housing process (brokering enrollment in Health Homes, identifying housing readiness skills, etc.) and should focus care and discharge planning on moving the housing process along as they are able, but will not be expected or required to find housing or to hold recipients in Respite until housing is available.

- If someone enters a Respite program from a shelter, it is appropriate to discharge them back to a shelter.

- If someone enters a Respite program from the street, it is strongly recommended that client be discharged to a shelter.

Providers should develop policies and procedures and recipient consent and orientation processes to address these points.
Short Term Crisis Respite Admission Criteria/Exclusions

• Admission/Eligibility Criteria
  • Must be experiencing a crisis, and be:
  • Willing to voluntarily stay at a Crisis Respite
  • Willing to be assessed by a treating professional
  • Willing to authorize release of medical records by relevant treating providers
  • Experiencing challenges in daily life that create imminent risk for an escalation of symptoms and/or a loss of adult role functioning but who do not pose an imminent risk to the safety of themselves or others

EXCLUSIONS:
• Diagnosis of dementia, organic brain disorder or TBI
• Those with an acute medical condition requiring higher level of care
• At imminent risk to self or others that requires higher level of care
• Displays symptoms indicative of active engagement in substance use manifested in a physical dependence or results in aggressive or destructive behavior
• Does not have permanent housing or is homeless
• Is not willing or able to respect and follow the guest agreement during his/her stay
• Is not willing to sign necessary registration documentation
• Is not willing to participate in the wellness process during his/her stay
Short Term Crisis Respite Limitations/Staffing

• Limitations/Exclusions
  – No longer than 1 week per episode, not to exceed a maximum of 21 days per year. Individual stays of greater than 72 hours require prior authorization. Individuals requiring crisis respite for longer periods may be evaluated on an individual basis and approved for greater length of stay based on medical necessity.

• Certification/Provider Qualifications
  – Crisis Respite services may be delivered by peers or non-licensed staff.
  – The CR should have a Program Director (1 FTE) who will have 3-5 years of management experience working in a social service or related setting and will supervise CR staff and coordinate day-to-day activities associated with managing the CR.
  – Peer Respite staff will have experience as a recipient of mental health services with a willingness to share personal, practical experience, knowledge, and first-hand insight to benefit program enrollees.
  – Peer Respite staff will possess the competency to meet requirements outlined in the job description, and will complete any relevant trainings within 90 days of employment.
  – All Peer staff must be OMH or OASAS certified.

• Staffing ratios/case limits
  – There shall be a minimum of one staff person on-site for every four guests from 7 am to 8 pm.
  – Between the hours of 8 pm and 7 am, there shall be a minimum of two staff on-site.
  – The director or a designee shall be available at all times by cell phone.
# Short Term Crisis Respite

<table>
<thead>
<tr>
<th>COS</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
<th>Px Code Description</th>
<th>Mod. UNITE</th>
<th>Unit Measure</th>
<th>Limit</th>
<th>Other rate codes prohibited on the same day</th>
<th>EPACES codes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7796</td>
<td>HARP Short-term Crisis Respite</td>
<td>H0045</td>
<td>Respite Care Services, not in the home; per diem</td>
<td>HK, U5</td>
<td>Per diem</td>
<td>1</td>
<td>7798</td>
<td>H1, H2, H3, H4, H5, H6</td>
<td>Limit - 7 days per stay, 21 days per year. Must have PA before stay exceeds 72 hours. Billed daily. Bill U5 - reduced services modifier and HK modifier. Do not bill for transportation.</td>
</tr>
</tbody>
</table>
Intensive Crisis Respite Business/Billing Rules

• Billed daily with a max unit of 1 per day.
• Stays may be no longer than 7 days per episode, not to exceed a maximum of 21 days per year (some exceptions apply, see Adult BH HCBS manual).
  • If more than 7/21 days are needed, MCO can authorize additional days of service, but will need to obtain OMH or OASAS Medical Director approval
• Fee includes transportation, do not bill transportation separately.
• Because of the high level of clinical involvement associated with this service, persons receiving intensive crisis respite may not receive any other Adult BH HCBS or state plan service – with the only exception being peer supports.
Intensive Crisis Respite Setting/Admission Criteria

• **Setting**
  - Participants are encouraged to receive respite in the most integrated and cost-effective settings appropriate to meet their respite needs, preferably in a residential, community-based setting.

• **Admission/Eligibility Criteria**
  - Individuals who may be a danger to self or others and are experiencing acute escalation of mental health symptoms and/or at imminent risk for loss of functional abilities, and raise safety concerns for themselves and others but can contract for safety.
  - Experiencing symptoms beyond what can be managed in a short term crisis respite.
  - Individual does not require inpatient admission or can be used as an alternative to inpatient admission if clinically indicated and person can contract for safety.
Limitations/Exclusions

- 7 days maximum
- Intensive Crisis Respite services include a limit of 21 days per year. Individuals requiring Intensive Crisis Respite for longer periods than those specified may be evaluated on an individual basis and approved for greater length of stay based on medical necessity.
- Have an acute medical condition requiring higher level of care.
- If more than 7/21 days are needed, MCO can authorize additional days of service, but will need to obtain OMH or OASAS Medical Director approval.
Intensive Crisis Respite Provider Qualifications

- **Certification/Provider Qualifications**
  - Agency must possess a current license to provide crisis and/or treatment services (i.e. clinic, Comprehensive Psychiatric Emergency Programs (CPEP), Partial Hospital, PROS, Psychiatric Inpatient or have licensed professionals who have a minimum of 1 year of experience in delivering off-site crisis services including conducting psychiatric evaluations and providing treatment.

  - Agency must demonstrate capacity for mobile crisis visits to be conducted by a minimum of 2 staff persons – one of whom must be a licensed clinician.

  - This service will be provided by a multidisciplinary team of licensed, para-professional and certified peer staff.
Intensive Crisis Respite Staffing

- **Staffing ratios/case limits**
  - Adequate number of staff and an appropriate staff composition to carry out its goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision and treatment.
  - Every ICR shall have at least one psychiatrist as primary medical coverage. Back-up coverage may be a physician who will consult with the psychiatrist. The psychiatrist or physician shall be on call 24-hours-a-day and will make daily rounds. Counties of less than 50,000 population may utilize a licensed physician for on-call activities and daily rounds as long as the physician has postgraduate training and experience in diagnosis and treatment of SMI and SUD.
  - At least one registered nurse shall be on duty 24-hours-a-day, 7-days-a-week when there is a consumer in care.

- **Staffing ratio:**
  - Beds: 1-10  11-20
  - RNs: 1  1
  - Mental Health Treatment Staff: 1  2
## Intensive Crisis Respite

<table>
<thead>
<tr>
<th>COS Code</th>
<th>Rate Code</th>
<th>Rate Code Description</th>
<th>Px Code</th>
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<th>Mod.</th>
<th>Unit Measure</th>
<th>Unit Limit</th>
<th>Other Rate Codes Prohibited on the Same Day</th>
<th>EPACES Codes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>7798</td>
<td>HARP Intensive Crisis Respite</td>
<td>H0045</td>
<td>Respite Care Services, not in the home; per diem</td>
<td>HK</td>
<td>Per diem</td>
<td>1</td>
<td>7796</td>
<td>H1, H2, Limit - 7 days per stay, H3, H4, 21 days per year. Billed H5, H6 daily. Use HK modifier. Do not bill for transportation.</td>
<td></td>
</tr>
</tbody>
</table>
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