

**National
Association
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Healthcare**



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Funding Opportunities for Expanding Crisis Stabilization Systems and Services

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Overview

- **Dramatic Increases in Block Grant Funding**
- **Using Block Grants to Support Statewide Crisis Systems**
- **Helping Providers Cover Implementation and Construction Costs**
- **Medicaid Financing for State Investments in Crisis Stabilization Systems**
- **Medicaid Coverage of Crisis Services**
- **New Opportunities in Medicaid – Mobile Crisis Teams and HCBS**
- **Telehealth as a Key Component of Crisis Stabilization**



Dramatic Increases in Block Grant Funding

(Dollars in Millions)

	FY 2020 Appropriations Enacted 12/2019	FY 2021 Appropriations Enacted 12/2020	FY 2021 CAA Supplemental Appropriations Enacted 12/2020 Spending Deadline: 03/2023	American Rescue Plan Act Enacted 03/2021 Spending Deadline: 09/2025
MHBG	\$722.571	\$757.571 (including \$35 million for crisis set-aside)	\$825.000	\$1,500.000
SAPTBG	\$1,858.079	\$1,858.079	\$1,650.000	\$1,500.000



Using Block Grants to Support Statewide Crisis Stabilization Systems

- **988 highlights the need for collaboration and investment among numerous stakeholders and funding streams**
- **Key actions for developing statewide systems include –**
 - Assess availability of existing crisis hotlines, call centers, mobile crisis, crisis stabilization centers
 - Develop protocols for responding to 988 calls, 911 and other hotlines
 - Provide training on equitable responses to disadvantaged communities
 - Implement electronic systems for tracking availability of services
 - Remedy barriers in state laws that block crisis response
 - Assess adequacy of Medicaid reimbursement rates
 - Ensure private insurance covers crisis stabilization services and programs
 - Support providers to bill Medicare and private insurance
 - Expand use of peers for crisis response
 - Collect data to assess impact and ensure quality



Helping Providers Cover Implementation and Construction Costs

- **Start-up and improvement costs for providers include --**
 - Hiring staff
 - Developing billing capabilities for Medicare, Medicaid, private insurance
 - Implementation of health information technology
 - Improving telehealth capabilities
- **Prohibitions on use of funds for construction creates barriers to addressing the following needs:**
 - Developing new capacity to care for individuals experiencing behavioral health crises
 - Modifying existing facilities to accommodate walk-ins and drop-offs
 - Developing separate space for special populations including children and youth
- **Other Key Funding Opportunities include**
 - US Treasury Dept. Coronavirus State and Local Relief Funding
 - Earmarks in FY 2022 Appropriations



Medicaid Financing for State Investments in Crisis Stabilization Systems

- **CMS State Medicaid Director Letter (SMDL) on Innovative Delivery Systems for Individuals with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)**
- **Regular Medicaid authorities for supporting crisis systems include --**
 - Medicaid reimbursement for administrative costs at 50%:
 - For example, Georgia Crisis Access Line
 - Higher administrative match for technology-based activities under Medicaid Information Technology Architecture (MITA):
 - 90% match for implementation and 75% match for operations
 - SMDL refers to several activities as potentially qualifying:
 - Establishing and operating crisis call centers
 - Supporting technologies to link mobile crisis teams to beneficiaries in need
 - Enhancing data-sharing capabilities between hospitals and community-based organizations
 - State development of telehealth enabling technologies and electronic bed registries
- **Untapped Children's Health Insurance Program funds for Health Services Initiatives**



Medicaid Coverage of Crisis Services

- **Medicaid SMDL on SMI/SED points out crisis services that are directly coverable:**
 - Screening, assessment, diagnosis, treatment services, case management, psychiatric rehabilitation services, peer supports, and family supports.
- **Some not directly covered –**
 - Outreach and engagement, team coordination and supervision
 - Can be covered as ancillary costs
- **Other excluded services –crisis residential settings if IMDs**
 - Two Sec. 1115 demonstration initiatives allow for longer stays in a treatment settings
 - State plan amendment to cover these services when focused on SUD
- **Reimbursement should support crisis services available 24/7 and without an appointment**
 - Team-based reimbursement rates - better fit for crisis stabilization
 - Allow professional fees to be billed separately
 - Managed care authorities offer flexibility and support braided funding



New Opportunities in Medicaid – Mobile Crisis Teams

- **85% federal match for 12 quarters between April 2022 and 2027**
- **For covered services outside a facility to beneficiaries experiencing MH or SUD crises**
- **Multidisciplinary two-person teams available 24 hours 7 days a week**
- **Trained in trauma-informed care, de-escalation, and harm reduction**
- **Include a professional authorized to conduct an assessment**
- **Able to provide screening/assessment, stabilization, and coordination with health and social services**
- **Relationship with local medical and behavioral health providers**
- **Supplement, not supplant state funding for mobile crisis**



New Opportunities in Medicaid – Home and Community-Based Services

- Ten percentage point increase on federal match for HCBS April 2020-2021
- For improvements or expansions to HCBS over three-year period April 2021 through March 2024
- Can be reinvested one time as state share of expanded HCBS services matched at higher rate during first year, April 2021-2022
- Requirement to maintain coverage, eligibility, and provider rates for HCBS in effect April 2021 until additional federal funds are spent
- HCBS eligible for reinvestment covering state share of crisis stabilization services under Medicaid rehab services option or other
- Additional federal funds can be used for many activities to improve crisis stabilization systems – e.g., infrastructure development



Telehealth as a Key Component of Crisis Stabilization

- **Expanded coverage of telehealth can support crisis stabilization systems**
- **Include coverage of audio-only telehealth**
 - Especially important for rural areas and underserved populations
- **Recent Medicare improvements– should influence other coverage**
 - Covers MH and SUD treatment via telehealth in individual's home or community regardless of geographic location
 - Reimbursement at same rate as in person – but no facility fees
 - Covers audio-only for MH and SUD
- **Requirement that beneficiary must have been seen by the provider in-person within prior six months for MH only**





Questions?

“Funding Opportunities for Expanding Crisis Stabilization Systems and Services”
https://www.nasmhpd.org/sites/default/files/8_FundingCrisisServices_508.pdf

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