

COMMUNITY STABILIZATION PROVIDER MANUAL TRAINING

August 2022



**PROJECT
BRAVO**



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- If you have any questions please send an email to CivilRightsCoordinator@dmas.virginia.gov

About Today's Webinar

- The presentation portion of this webinar will be recorded and posted to the DMAS website along with a PDF version of the slide presentation.
- The CHAT function has been disabled for this webinar.
- All participants are muted.
- DMAS will not be answering questions during the presentation.
 - As time permits, DMAS will answer questions at the end of the presentation
 - Please use the Q&A function to type in your questions
 - If your question(s) is not answered you may email the DMAS Behavioral Health Division at enhancedbh@dmas.virginia.gov

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Agenda Today



- Policy Manual Orientation
- Service Requirements Overview
- Question and Answer Session

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Where can I find the provider manuals?



Direct Link: <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Provider Manuals Library

Welcome to the Provider Manuals Library. You can find the most current version of the manuals here, by either searching or using the table of contents for manuals (Left). Finding information for Manuals is important, and through the MES portal, DMAS offers a solution where users can search and see manuals right in their browser, or download a PDF version of a manual or chapter.

Browse and Download:

To do this, you can use the navigation on the left side of the page to navigate through any of our current manuals. Click the VIEW button to load the selected chapter in your browser.

Download a PDF:

A PDF version of an entire manual or chapter can also be downloaded by clicking the PDF link (see Figure 1).

SEARCHING

MARCH 14, 2022, 01:02 EDT
Chapter 3: Member Eligibility
VIEW Download PDF
Fig. 1. Download or View the Chapter

- The BRAVO services are located in the “Mental Health Services Manual” within “Comprehensive Crisis Services: Appendix G”

Where can I find the provider manuals?



From our main website: www.dmas.virginia.gov

Virginia Medicaid
Department of Medical Assistance Services

Providers

- Addiction and Recovery Treatment Services
- Behavioral Health**
- Dental
- Foster Care
- General Information
- High Needs Support
- Learning Network
- Long Term Care
- Managed Care
- Maternal and Child Health
- Pharmacy Services
- Prescription Drug Formularies
- Plan First
- School Based Services
- Transportation

Member and Provider Services

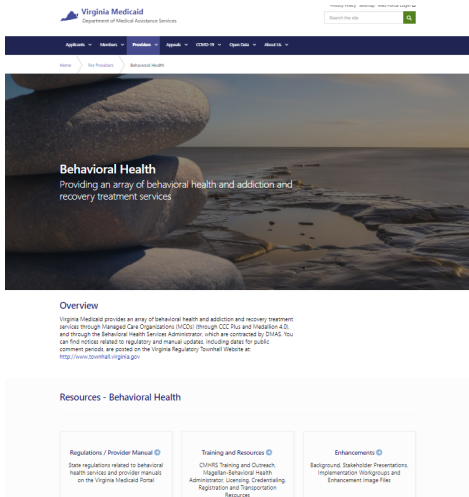
<https://www.dmas.virginia.gov/for-providers/>

- Under Providers Menu, select “Behavioral Health”

Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/regulations-provider-manual/>



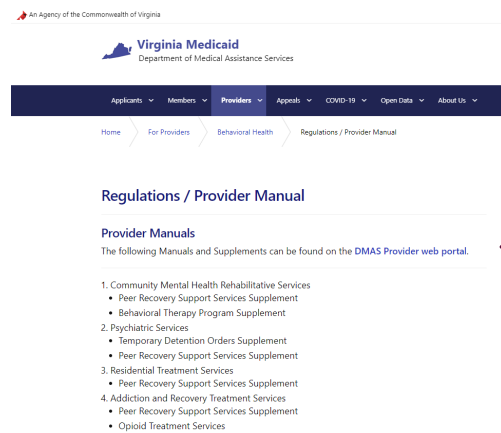
- Scroll down to Resources
- Select “Regulations/Provider Manual”



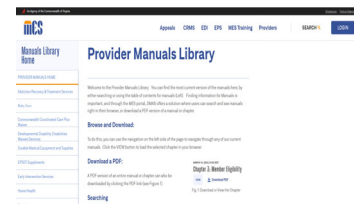
Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/regulations-provider-manual/>



- Click on link for Provider Web Portal



COMMUNITY STABILIZATION SERVICES:

***POLICY MANUAL CHANGES EFFECTIVE
SEPTEMBER 1, 2022***



COMMUNITY STABILIZATION SERVICES:


***SERVICE DEFINITION
CRITICAL FEATURES
REQUIRED ACTIVITIES***



Community Stabilization Services



Service Definition

- Short term
 - 24/7 coverage
 - Natural environment
 - Referral and linkage
 - Coordination
 - Advocacy and networking
- 

- The goal of Community Stabilization services is to stabilize the individual within their community and support the individual and/or support system during the periods:
 - 1) between an initial Mobile Crisis Response and entry into an established follow-up service at the appropriate level of care;
 - 2) as a transitional step-down from a higher levels of care if the next level of care service is identified but not immediately available for access; or
 - 3) as a diversion to a higher level of care.

COMMUNITY STABILIZATION

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Community Stabilization Services



Critical Features

- Community Stabilization teams must be available to provide services to an individual in their home, workplace, or other convenient and appropriate setting and must be able to provide services as needed, 24 hours per day, 7 days per week.
- **Critical Features of Community Stabilization (CS) includes:**
 - CS is an individual service, not a group service
 - CS includes recovery-oriented, trauma-informed, culturally congruent and developmentally appropriate provision of services, integrating the Zero Suicide/Suicide Safer Care principles;
 - Assessment and screening, including explicit screening for suicidal or homicidal ideation;
 - Treatment planning;
 - Brief Therapeutic Interventions;
 - Skill Building/Psychoeducation;
 - Interventions to integrate natural supports in the de-escalation and stabilization of the crisis;
 - Crisis education, safety, and prevention planning and support;
 - Engaging peer/natural and family support to strengthen the individual's participation and engagement;
 - Linkage and referral to ongoing services, supports and resources (examples: housing, peers, chaplaincy), as appropriate and least restrictive level of care.

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Community Stabilization Services



Required Activities / Service Components

- The provider must engage with the DBHDS crisis data platform as required by DBHDS. *This is documented in the service authorization form.*
- At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an **assessment** to determine the individual's appropriateness for the service. This assessment must be done in-person or through a telemedicine-assisted assessment. The assessment requirement can be met by one of the following:
 - A Comprehensive Needs Assessment (see Chapter IV for requirements).
 - A Prescreening assessment: If a prescreening assessment has been completed within 72 hours prior to the assessment, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment.
 - A DBHDS approved assessment for crisis services if conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S.

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Community Stabilization Services



Required Activities / Service Components

- **Care Coordination:**
 - Community Stabilization services shall link/transition the individual to follow-up services and other needed resources to stabilize the individual within their community. Active transitioning from Community Stabilization to an appropriate level of care shall be required; which includes care coordination and communication with the individual's MCO or FFS contractor, service providers and other collateral contacts.
 - Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).

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Community Stabilization Services



Required Activities / Service Components

- **Crisis Intervention:**

- Development of a plan to maintain safety in order to prevent the need for a higher level of care; or Completion of a Crisis Education and Prevention Plan (CEPP) meeting DBHDS requirements. The safety plan or CEPP process should be collaborative amongst team members but must be directed and authorized by a LMHP, LMHP-R, LMHP-RP or LMHP-S; or
- If there is an existing Crisis Education and Prevention Plan (CEPP), the provider may review the CEPP and update as necessary with the individual. *The CEPP meets the safety plan requirement.*

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Community Stabilization Services



Required Activities / Service Components

- **Treatment Planning:**

- Individual Service Plans (ISPs see Chapter IV for requirements) shall be required during the entire duration of services and must be current. The treatment planning process should be collaborative but must be directed and authorized by a LMHP, LMHP-R, LMHP-RP, LMHP-S.

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Community Stabilization Services



Required Activities / Service Components

- Discharge planning and transition to an appropriate level of care must occur as soon as possible.
- Services must be provided in-person with the exception of the telemedicine assisted assessment and care coordination activities.
- Services must be available to the individual participating in the service 24 hours per day, seven days per week, in their home, workplace, or other setting that is convenient and appropriate for the individual.
- Service delivery must be individualized. Group delivery of service components is not appropriate or allowable for this service.

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COMMUNITY STABILIZATION SERVICES: *MEDICAL NECESSITY CRITERIA*



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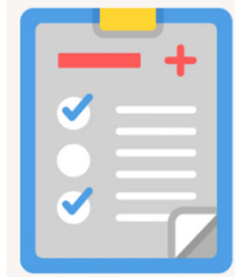
Community Stabilization Services

Medical Necessity Criteria: Admission Criteria



- **Individuals must meet these three criteria:**

1. Documentation indicates evidence that the individual meets criteria for a primary diagnosis consistent with the most recent version of the Diagnostic and Statistical Manual;



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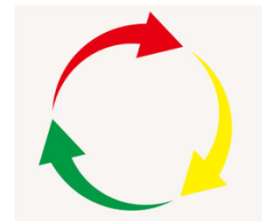
Community Stabilization Services

Medical Necessity Criteria: Admission Criteria



- **Individuals must meet these three criteria : (continued)**

2. The individual has demonstrated a level of acuity indicating that they are *at risk for crisis-cycling or dangerous decompensation in functioning* and additional support in the form of community stabilization is required to prevent an acute inpatient admission;
 - *Is the individual able to sustain safety during the interim period between services, if not, why?*
 - *Describe any repeated occurrences of behaviors that are endangering to self or others, are difficult to control, cause distress, or other evidence that the individual is at risk of crisis-cycling or dangerous decompensation and an acute inpatient admission.*



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Community Stabilization Services

Medical Necessity Criteria: Admission Criteria



Individuals must meet these three criteria (continued) :

3. Prior to admission the individual has to fall into one of two categories:

Category 1

The individual currently resides in a Therapeutic Group Home or ASAM 3.1 Level of Care

Category 2

The individual is coming from one of the following two types of referral pathways:

LMHP, LMHP-R, LMHP-RP or LMHP-S at CSB
Same Day Access
OR
MCO Direct Referral
OR
FFS (Magellan of VA) Direct Referral

Discharge and Referral from:
Hospital Emergency Room
Mobile Crisis Response
23 Hour Stabilization
Residential Crisis Stabilization
Partial Hospitalization Program
Therapeutic Group Home
Psychiatric Residential Treatment Short Term
Detention/Incarceration
Acute Psychiatric Hospitalization
ASAM 3.1-4.0 Services



Community Stabilization Services

Medical Necessity Criteria: Admission Criteria



Individuals must meet these three criteria (continued) :

3. If they have met category 1 or 2 from the last slide, they must ALSO meet both of these:

The community-based or outpatient service that this person needs just does not have immediate availability

"The service that the individual needs and is recommended by a professional listed in item i. above or a professional coordinating the discharge plan from services listed in item ii. above is not currently available for immediate access"

What is the intended service (name and procedure code) and what are the barriers to immediate availability?



There is a documented plan in place: what service the person is going to be referred to, what provider they are waiting for to have an opening, estimated timeline for making that care connection.

"A clinically appropriate and specific behavioral health service provider referral(s) has been identified and a plan for the timeline of transition from Community Stabilization to that provider has been established and documented. If the timeline for this transition exceeds 2 weeks, the Community Stabilization provider has documented communications with additional, specific service providers to support alternative service options or potentially faster access to the recommended service type."

Provide details about the transition plan: specific dates and times for the assessment or start of service, and any details about transition sessions; Provide additional referral information, service type/ procedure code, provider contact information (if applicable).



Community Stabilization Services

Continued Stay Criteria



All of the following criteria must be met:

1. The individual continues to meet admission criteria;
2. Treatment is rendered in a clinically appropriate manner and is focused on the individual's behavioral and functional outcomes as described in the treatment and discharge plan;
3. Safety plan includes support system involvement unless contraindicated;
4. There is documented, active discharge planning starting at admission;
5. There is documented active care coordination with other service providers. If care coordination is not successful, the reasons are documented, and efforts to coordinate care continue. If the timeline for this transition exceeds 2 weeks, the Community Stabilization provider has documented communications with additional, specific service providers to support alternative service options or potentially faster access to the recommended service type.

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Community Stabilization Services

Discharge Criteria



Once an individual meets criteria for discharge, services are no longer eligible for reimbursement.

At least one of the following discharge criteria is met:

1. The individual no longer meets admission criteria;
2. A safe discharge plan has been established and an appropriate level of care has been initiated;
3. An effective safety plan has not been established and the individual requires a higher level of care;
4. The individual and/or support system is not engaged in treatment. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues;
5. The individual's physical condition necessitates transfer to an acute, inpatient medical facility.

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COMMUNITY STABILIZATION SERVICES: *EXCLUSIONS / LIMITATIONS*



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Community Stabilization Services



Exclusions/Service Limitations

Individuals who meet any of the following criteria are not eligible to receive Community Stabilization Services (with exception for transitions, see billing requirements section):

1. The individual is receiving behavioral health services (MHS and ARTS) more intensive than standard outpatient psychotherapy/psychiatric services for mental health and substance use disorders or targeted case management service, unless approved by the individual's MCO or FFS contractor;
2. The individual is receiving inpatient or specific residential treatment services including psychiatric residential treatment facility (PRTF) or ASAM levels 3.3 – 4.0, unless for the purposes of service transition or approved by the individual's MCO or FFS contractor;

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Community Stabilization Services



Exclusions/Service Limitations, cont.

3. The individual's psychiatric condition is of such severity that it cannot be safely treated in this level of care;
4. The individual's acute medical condition is such that it requires treatment in an acute medical setting.

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Community Stabilization Services



Exclusions/Service Limitations, cont.

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply:

- Community stabilization is designed to address the behavioral health crisis triggered by use of interventions and a plan directed explicitly at the individual's behavioral health needs and symptoms.
- If an individual meets admission criteria for this service and housing is an assessed need, this should be noted as a need on the service authorization request submitted to support coordination of resources for the individual.

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Community Stabilization Services



Exclusions/Service Limitations, cont.

- While loss or lack of housing may contribute to a behavioral health crisis, the solution to the housing need must be addressed through non-Medicaid funding or services related to housing. Providers are prohibited from using Medicaid reimbursement to cover housing costs for an individual and any funds used for this purpose will be retracted.
- Services are individualized and may not be provided in groups where one staff person or a team of staff is providing services to two or more individuals at the same time.

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COMMUNITY STABILIZATION SERVICES: *PROVIDER QUALIFICATIONS*



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Community Stabilization Services



Provider Qualifications

- **Licensed** by DBHDS as a provider of a Outpatient Crisis Stabilization Services
- **Enrolled** with DMAS
- **Hold an Active Memorandum of Understanding** with the regional crisis hub via DBHDS in order to use the data platform, however these services will not be dispatched from the crisis call center.
- **Must follow** all general Medicaid provider requirements specified in Chapter II of this manual.

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Community Stabilization Services



Staff Requirements

#	Staffing/Team Composition (s)
1	1 QMHP-A or QMHP-C or 1 CSAC ^x
2	1 Licensed ^x
3	1 Licensed ^x and 1 PRS or 1 Licensed ^x and 1 CSAC-A
4	1 Licensed ^x and 1 QMHP-E or QMHP-C or QMHP-A or 1 Licensed ^x and 1 CSAC ^x

- Community Stabilization service providers may offer delivery of the service through different staffing complements depending on what activities are being delivered and what staffing is required to provide such activities. Providers must bill using the modifier associated with the team delivering the covered service component.

^x Includes those in their regulatory board approved residency/supervisee status.



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Community Stabilization



Providers: Who is allowed to do what?

Service Component	Provider Type
Assessments	LMHP, LMHP-R, LMHP-RP, LMHP-S
Care Coordination	LMHP, LMHP-R, LMHP-RP, LMHP-S; QMHP-A, QMHP-C, QMHP-E, CSAC*, CSAC-Supervisee*, CSAC-A*
Crisis Intervention	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC*, CSAC Supervisee* or CSAC-A*
Health Literacy Counseling	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant, CSAC*, CSAC Supervisee* or a RN or LPN with at least one year of clinical experience involving medication management.
Individual and Family Therapy	LMHP, LMHP-R, LMHP-RP, LMHP-S
Peer Recovery Support Services	Registered Peer Recovery Specialist
Skills Restoration	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E or a residential aide under the supervision of at least a QMHP-A or QMHP-C.
Treatment Planning	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C or QMHP-E, CSAC*, CSAC-Supervisee*

*CSACs, CSAC Supervisees and CSAC-As may only provide services related to substance use disorder treatment per § 54.1-3507.1 and § 54.1-3507.2

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COMMUNITY STABILIZATION SERVICES: INITIAL SERVICE AUTHORIZATION



Community Stabilization



Initial Service Authorization

- This service requires **prior authorization**.
- Providers shall submit service authorization requests within **one** business day of admission for initial service authorization requests and by the requested start date for continued stay requests.
- If submitted after the required time-frame, the begin date of the authorization will be based on the date of receipt.

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Community Stabilization



Initial Service Authorization, cont.

Service authorization requests must include, at a minimum:

1. **A complete service authorization request form.** The service authorization form must be submitted with the required DBHDS crisis data platform reference number.
2. Documented referral from discharging provider, if applicable. The referral must include the name of both the referring provider and the community stabilization provider.
 - DMAS Community Stabilization Referral Template (optional)

Service units are authorized based on medical necessity with a unit equaling fifteen minutes.

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COMMUNITY STABILIZATION SERVICES: CONTINUED STAY SERVICE AUTHORIZATION



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Community Stabilization Continued Stay Service Authorization



The following should be included with Continued Stay requests:

1. **A complete service authorization request form.** The service authorization form must be submitted with the required DBHDS crisis data platform reference number.
2. **An assessment meeting one of the following:**
 - a. A Comprehensive Needs Assessment (see Chapter IV for requirements); **or**
 - b. Prescreening assessment: If a prescreening assessment has been completed within 72 hours prior to admission, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment; **or**
 - c. A DBHDS approved assessment for crisis services if conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S; **and**
3. **A current addendum to the above assessment** (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery, and evidence the individual meets medical necessity criteria;
4. **A safety plan; and**

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Community Stabilization



Continued Stay Service Authorization, cont.

5. **Documentation of care coordination activities.** Service authorization requests may require the submission of documentation of referrals to post-discharge services at the appropriate level of care based on the assessed needs of the individual;
6. **Any housing needs must be noted** on the service authorization request form for the purposes of care coordination.

The information provided for service authorization must be corroborated and in the provider's clinical record. An approved Service Authorization is required for any units of Community Stabilization to be reimbursed.

Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/.



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Service Authorization Forms



Authorization Forms

- Best efforts made to:
 - Make form fields more functional
 - Reduce duplication of information
 - Organize with clinical mindset and most logical way to tell the individual's story
- DMAS recommends making a provider template to save for efficiency

THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Community Stabilization (59482)
INITIAL Service Authorization Request Form

Please be mindful of notes throughout this form providing reference to where documentation obtained during the Comprehensive Needs Assessment (CNA) are reviewed and can be used for reference.

MEMBER INFORMATION		PROVIDER INFORMATION	
Member First Name		Organization Name	
Member Last Name		Group ID #	
Medicaid #		Provider Tax ID #	
Member Date of Birth		Provider Phone	
Gender		Provider E-Mail	
Member Home ID #		Provider Address	
Member Street Address		City, State, ZIP	
City, State, ZIP		Provider Fax	
Member Phone #		Clinical Contact Name and Credentials*	
Parent/Legal Guardian Name (L)		Phone #	
Parent/Legal Guardian Address (L)			
City, State, ZIP (L)			

* The individual to whom the MCO can reach out to in order to gather additional necessary clinical information.

Request for Approval of Services
 Yes No (Date Requested: _____)

Notes Review Requested? Yes No (Date Requested: _____)

If the member is currently participating in this service, start date of service: _____

Period/Requested Service Information

From (date)	To (date)	Identify all known treatment periods of Community Stabilization and other behavioral health services that have been provided by any provider including the requesting provider in the past 90 calendar days:
Provider	Start of Service/Intervention	Outcomes

Primary ICD-10 Diagnosis _____
 Secondary Diagnosis(es) _____

September 2022 Community Stabilization Initial Authorization

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Service Authorization Processes

Fee for Service Vendor and Managed Care Organizations

- FFS: Magellan BHS
- Forms
 - <https://www.magellanofvirginia.com/for-providers/provider-tools/forms/>
- Provider Portal
 - <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Managed Care Organizations
 - <https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/>

Virginia Medicaid
Department of Medical Assistance Services

Applications Members Providers Appeals COVID-19 Data About Us

Mental Health Services Claims and Authorization Processes

Notice
We ask that all providers work directly with the CCC Plus MCO's directly for issue resolution. If there are issues that are unresolved by the MCO and for questions about the CCC Plus CMHRS services please forward inquiries to DMAS directly at: EnhancedBH@dmas.virginia.gov.

Processes
Medallion 4.0 and CCC Plus Eligibility Tracking Authorization and Claims Process for CMHRS

- ARTS and MHS Doing Business with the MCOs Spreadsheet
- ARTS and MHS Doing Business with the MCOs Spreadsheet - Effective September 1, 2022

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Community Stabilization



Billing Guidance

1. One unit of service equals fifteen minutes.
2. The staff who deliver the activities for each contact are the factors that determine the billing code modifier and the reimbursement rate associated with that unit of service.
3. To bill for a one of the team rates for compositions #3 - #4, both team members must be present for the duration of the unit billed as evidenced by, at a minimum, both team member signatures on progress notes. The exception to this rule is when a team member separates from their teammate and the individual participating in the service in order to conduct care coordination activities. Documentation must still indicate that both team members were providing a covered service for units billed.
4. Staff working physically alone without their teammate in team compositions #3-4 are not allowed to bill the team Medicaid reimbursement rate. If only one member of the team is required based on the individual's treatment needs, the provider may bill for staff compositions #1 or #2 depending on the credentials of the staff member providing the service.

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Community Stabilization



Billing Guidance

5. Community Stabilization staff must be engaged and actively delivering services to the eligible individual, family member or collateral contact during the time billed.
6. Teams that consist of two LMHPs, LMHP-Rs, LMHP-RPs or LMHP-Ss (any combination) may bill using the HT modifier even if one of the team members is not registered with DHP as a QMHP.
7. A service overlap of Community Stabilization with other behavioral health services is allowed with documented justification of time needed to transition to or from Community Stabilization to other services as part of a safe discharge plan. Overlap durations will vary depending on the documented needs of the individual and the intensity of the services but may not exceed 48 hours unless approved by the MCO or FFS contractor.

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Community Stabilization



Billing Guidance

8. Mobile Crisis Response, 23-Hour Crisis Stabilization and RCSU may be billed on the same day as Community Stabilization; however, services may not be delivered simultaneously.
9. Providers of telemedicine assisted assessment must follow the requirements for the provision of telemedicine described in the “Telehealth Services Supplement” including the use of the GT modifier for units billed for a telemedicine assisted assessment. Providers should not bill originating site fees. MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.

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Community Stabilization Services

Billing Guidance



Billing Code	Unit	Description	Notes	Provider Qualifications
59482	Per 15 minutes	Community Stabilization		Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)
90791	N/A	Psychiatric Diagnostic Evaluation	This code should be used when a LMHP, LMHP-R, LMHP-RP or LMHP-S conducts the comprehensive needs assessment, determines that the individual does not meet MNC and will not enter the service.	LMHP, LMHP-R, LMHP-RP, LMHP-S
90792		Psychiatric Diagnostic Evaluation	This code should be used when a psychiatrist, physician assistant or nurse practitioner completes the comprehensive needs assessment, determines that the individual does not meet MNC and will not enter the service.	Psychiatrists, Physician Assistants, and Nurse Practitioners

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Community Stabilization Services

Billing Modifiers

Team Composition (s) #	Modifier	Corresponding Staffing
1	HN	1 QMHP-A/QMHP-C/CSAC ^x
2	HO	1 Licensed ^x
3	HT, HM	1 Licensed ^x and 1 Peer OR 1 Licensed ^x and 1 CSAC-A
4	HT	1 Licensed ^x and 1 QMHP(QMHP-A, QMHP-C or QMHP-E) or 1 Licensed ^x and 1 CSAC ^x

^x Includes those in their regulatory board approved residency/supervisee status.

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COMMUNITY STABILIZATION SERVICES: VISUAL REFERENCES



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Access to Community Stabilization

Acceptable routes to referral

MOBILE CRISIS
RESPONSE TEAM

EMERGENCY ROOM

CSB SAME DAY
ACCESS

INPATIENT

PARTIAL
HOSPITALIZATION

RESIDENTIAL
TREATMENT
SETTINGS

CRISIS RECEIVING
CENTER:
23 HR / RCSU

SHORT TERM
INCARCERATION

MCO
RECOMMENDATION

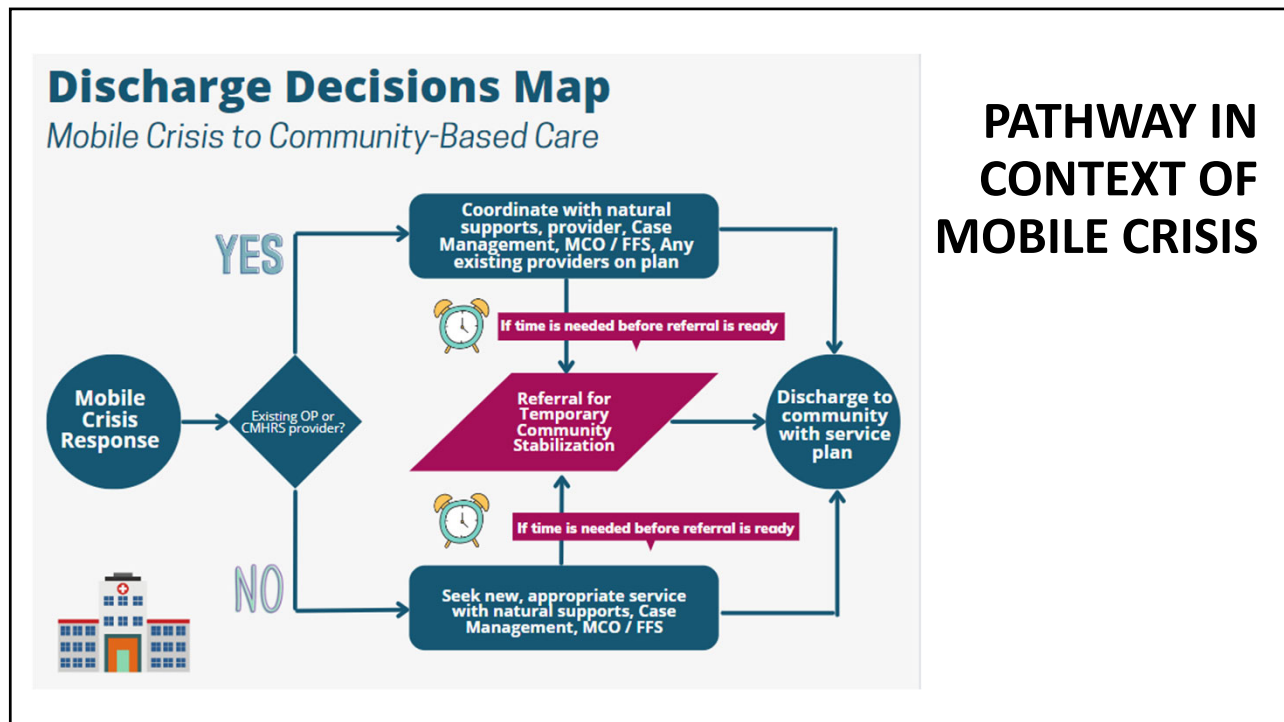
SERVICE AUTHORIZATION
REQUIRING:

- REFERRING PROVIDER DOCUMENTATION
- IDENTIFIED PROVIDER AT OTHER SIDE OF BRIDGE & TIMELINE
- RATIONALE FOR DELAY IN SERVICE ACCESS
- ASSESSMENT COMPLETE
- DIAGNOSIS
- RISK OF CRISIS CYCLING
- REQUIRED CARE COORDINATION DOCUMENTATION
- **DBHDS DATA PLATFORM**

NOT ALLOWED:

- SERVICE DELIVERY CONTINGENT ON FURNISHING HOTELS/MOTELS
- PARTICIPATION IN OTHER CMHRS
- GROUP SERVICE DELIVERY

**QUICK
REFERENCE:
REFERRAL ROUTES,
SA REQUIREMENT,
EXCLUSIONS**



Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov

DBHDS Crisis: crisis_services@dbhds.virginia.gov