

On December 15, 2023, there was a process change regarding the Mobile Crisis Response, requiring dispatch by 988 Call Center or regional crisis hub staff via Virginia Crisis Connect. Below are questions and answers posed by email or during a series of informational sessions held across Virginia, beginning with two of the most common.

Topic	Question	Response
988 Call Center	Can a provider be present with an individual in crisis and call 988 or the regional crisis call center together to request that the provider be dispatched to provide Mobile Crisis Response or be given a registration code to be used for billing?	<p>When an individual in crisis connects with call center staff through 988 or calling the call center directly, the call center staff will gather information on the person’s crisis including any risk present, offer support, explore resources for the individual that mitigate risk and provide stabilization. If ultimately the risk and crisis cannot be supported on the phone, the call center staff can move to dispatching mobile crisis if that is the right level of care. If a Mobile Crisis Response team is to be dispatched, the dispatcher will follow regional procedures and dispatch the appropriate provider that is appropriately logged into Virginia Crisis Connect and closest to the individual. Providers should remember that connection to Virginia Crisis Connect via Wi-Fi hotspots or VPN connections may alter GPS location on the dispatch board. Call takers and dispatchers will follow procedure and will not automatically dispatch a provider just because they are physically with an individual, nor will they provide registration numbers to providers.</p> <p>Mobile Crisis Response is intended to provide a rapid and brief resource for individuals that do not have access to any other service. If an individual engages directly with a provider in the community or in the provider’s office, Mobile Crisis Response may not be the best indicated service. In that scenario, providers are encouraged to explore available service array to best serve the individual, including a service intake.</p>
988 Call Center	Can an individual in crisis call 988 or the regional crisis call center and request a housing voucher?	Housing vouchers are not included in Mobile Crisis Response and are not distributed by regional crisis call centers or the 988 Call Center.
988 Call Center	Taking into consideration body language and non-verbal cues, what are the set standards that the 988 call centers have in order to determine a mobile health crisis?	The call centers are licensed 988 providers. The risk assessment protocols they utilize, which are built into Virginia Crisis Connect, meet stringent national standards set by SAMHSA, and are developed by Vibrant, a national leader which in the field of risk assessment.
988 Call Center	Will 988 and this new process eliminate other private mobile crisis referral services like UniteUs or Findhelp.org?	No

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988 Call Center	How many Call Centers and Call center reps are there in VA?	There are two 988 Contact Centers answering Virginia calls, Hopelink Behavioral Health (formerly PRS Crisis Link) and Frontier Health. Frontier Health serves Region 3, all other Regional Hubs work with Hopelink Behavioral Health. Staffing varies for each call center and the region they serve. As volume increases so does staffing. The 988 call centers use nationally recognized call center staffing models to keep pace with volume.
988 Call Center	Is it true that if call center representative feels that the caller is in a safe environment, then the individual would not be considered to be in a crisis?	Call center staff does not determine what is or isn't a crisis, that is up to the individual. Call center staff will provide support, intervention, and resources via the phone in an attempt to stabilize the situation and mitigate any risk. If the individual needs in person intervention, then the call center staff will dispatch the closest mobile crisis response team.
988 Call Center	What are the credentials of the call center representatives?	<p>Call representative credentials vary, but all go through a robust training approved by Vibrant regarding call handling and risk screening. All calls identified as high risk are subject to participation and/or review by a supervising clinician.</p> <p>For a Crisis Worker or similar position, high school diploma or GED are required, bachelor's degree preferred.</p> <p>Credentialing and Training Requirements</p> <p>Minimum Training includes:</p> <ul style="list-style-type: none"> • Virginia DBHDS Call Center Training • NSPL Safety and Risk Assessment • Suicide Prevention Training <p>Once fully trained, the minimum expectations for Call Center Agents/Crisis Workers can be found at this link https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf on Pg 14.</p>
988 Call Center	Will there be a limit on how many times clients can call into the call center for crisis services for the month / year?	No, there is no limit to how many times an individual may call the 988 for assistance with a behavioral health crisis. Also, care navigation is an important function of the Hubs in the air traffic control function consistent with SAMHSA best practices. Central to this is ensuring each individual has the best resources available to them, and for individuals who can frequently engage with call centers, Hubs, and crisis services, they can work to develop individualized plans that can be accessed by call center staff and other services.

Topic	Question	Response
988 Call Center	Will the Crisis dispatch center refer consumers to agencies for alternative services after determining mobile crisis wasn't needed? How will those referrals to agencies be distributed?	Yes, the call centers will refer individuals to appropriate services if they determine that a mobile crisis response is unnecessary.
988 Call Center	Will the call center representative refer the caller to an internal clinician to mitigate the risk?	Clinicians are a part of the dispatch process and review complex cases at the call center.
988 Call Center	How does the call center determine the level of care needed?	They will follow the sequential intercept model outlined by Marcus Alert to determine level of response.
988 Call Center	From experience, there has been contact with 988 and the wait time was 45 minutes + to even get an agent on the phone. How will this affect clients in immediate need?	Current data shows the speed to answer by Virginia call centers is around 20 seconds, with over 90% of all calls answered by the initial call center routed. For those going to a backup center, it is almost always in Virginia.
988 Call Center	Can police refer client to 988?	Yes. 911 Public Safety Answering Points (PSAPs) in Virginia have strong relationships with the 988 call centers, with active MOUs outlining the relationship in many cases. This allows for good communication and collaboration, ensuring that individuals get the right level of support, and not an automatic law enforcement response.
988 Call Center	Has this system been successfully utilized in other states/areas?	Yes. It is national best practice to have regional call centers act as air traffic control for the statewide crisis continuum. Georgia and Arizona are two states implementing similar models, and many other states are making similar changes to be in alignment with SAMHSA best practices and best utilize the national 988 network.
988 Call Center	What does the dispatch assessment consist of?	The call centers are accredited by the American Association of Suicidology and are part of the 988 Lifeline network which requires high standards of practice. The risk assessment protocols they utilize, which are built into Virginia Crisis Connect, meet stringent national standards set by SAMHSA, and are developed by Vibrant, a national leader in the field of risk assessment.
Community Services Board Emergency Services	What changes, if any, will emergency services' pre-screeners have to make to get the reference number for reimbursement for pre-screens?	There will be no changes for CSB Emergency Services

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Community Services Board Emergency Services	How does this affect ECOs and preadmission screenings?	There is no change to ECO or CSB Emergency Services processes.
Community Services Board Emergency Services	How will this affect regular state mandated CSB Emergency Services where the main number is called about persons threatening to hurt themselves or others? Are they referred to 988 vs answering the call?	Emergency services is unaffected by this process. If Emergency Services staff would like Mobile Crisis to respond, they can contact the hub directly for assistance.
Community Services Board Emergency Services	Since providers and community members can currently refer clients directly to providers for Mobile Crisis, what should the Mobile Crisis provider do if they receive a community referral? Can there be a 3-way call to 988 at the time of referral with the client/referring person at that time?	Mobile Crisis Response providers will be dispatched by the call center or Regional Hub when an individual calls 988 and cannot be fully served by the call center staff. If a individual is referred to or seeks services directly from a provider, it may be that the individual can appropriately be served through Community Based Stabilization or another outpatient service. If Mobile Crisis Response seems to be the most appropriate service, then the person should call 988 or the regional call center.
Community Services Board Emergency Services	My agency receives phone calls from various potential clients looking for crisis services from us. In the upcoming changes...do we forward the client to 988 and then in return the client is dispatched to another provider, when they have reached out to a specific agency?	If a individual is referred to or seeks services directly from a provider, it may be that the individual can appropriately be served through Community Based Stabilization or another outpatient service. If Mobile Crisis Response seems to be the most appropriate service, then the person should call 988 or the regional call center. When an individual contacts a call center and cannot be fully served by the call center or Regional Hub staff, mobile crisis response will be dispatched based on proximity to the individual in crisis and regional dispatch protocols.
Dispatch	Can we designate a single person to receive all referrals so that we can manage their distribution to our staff ourselves, ensuring accountability?	No. The team dispatched for mobile crisis response will be determined based on proximity to the individual in need, utilizing the geolocation function. Providers are responsible for ensuring that all team members are strategically positioned for dispatch, aligning with their business processes, staffing plans, licensing requirements, and other relevant considerations to maintain appropriate team composition and supervision. The geolocation function operates based on the logged-in user's location within the platform.
Dispatch	Do any notifications occur when a dispatch happens, or will the MCR staff have to be logged in and looking at their screen to know they have been dispatched?	A text is also sent with the alert on Virginia Crisis Connect.

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Dispatch	When will the call center dispatch Mobile Crisis to private providers? Our agency is being told by the CSB Hub that they do not know when that will happen?	Beginning 12/15, when an individual calls 988/call center and requires mobile crisis response, the call center or regional Hub will dispatch the closest qualified provider to the individual.
Dispatch	Will each member of a crisis team need to be in the same location together before receiving a mobile call?	The dispatched agency is responsible for the team response/composition. Providers have the discretion of determining whether each of their team members will be required to be in the same location.
Dispatch	Are 1 or 2 staff members will be dispatched to serve the client in need?	The dispatched agency is responsible for the team response/composition
Dispatch	Will providers still be allowed to select which clinical teams are able to respond to the crisis when dispatched or will it be only for the clinicians that show available within Behavioral Health Link (BHL)?	The dispatched agency is responsible for the team response/composition.
Dispatch	Will dispatch occur directly to the Mobile Crisis Response (MCR) staff being mobilized, or to an administrative contact with the provider?	Directly to the MCR staff being mobilized.
Dispatch	Who will get the dispatch calls?	Dispatchers work for the Regional Hub. They will message via the Virginia Crisis Connect and text individuals logged into the platform, not your office number.
Dispatch	How will you determine if the dispatch request is sent to a provider that is able to service the client? For instance, a company is based in Richmond and a client needs to be serviced in Emporia	Calls are dispatched based on proximity of responding provider with appropriate training (child or adult) to the individual in crisis.
Dispatch	Will the map of teams be based on where provider offices are located, or where the team members are actively located? E.g., if an office is Petersburg but the team members are active in Richmond, where would the team show on the dispatch map?	Where the team members are actively located based on their cell phones GPS coordinates.
Dispatch	Since Mobile Crisis is Team based, are both staff required to respond to the dispatch and ensure their profile is updated?	Yes, this is an in-person service and both team members need to be present, providing a covered service, in order to bill for the team rate.

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Dispatch	How will providers be contacted / dispatched for mobile crisis response for individuals needing the service in the proximity area to their service location?	They will message via the Virginia Crisis Connect and text individuals logged into the platform. By being logged into Virginia Crisis Connect, the GPS coordinates from your phone populate the dispatch board and inform the Dispatcher of your proximity to the individual.
Dispatch	Does every mobile crisis responder on the team need to have access to the behavioral health link? As it stands now, only our Licensed Mental Health Professional (LMHPs) have access. Should our QMHPs have access?	Having multiple people logged in for your agency would make sense to better account for your ability to respond. However, each provider is responsible for their team response and dispatch is only sent to one individual. If you choose to have only LMHP type staff to have access and coordinate QMHP response with them, that would make sense.
Dispatch	Do providers need to register each mobile team member on their roster into the hub, or can each provider have 1-2 accounts that gets the mobile calls?	For better representation on the dispatch map, it would make more sense for each member to be on the platform. The dispatched provider is responsible for coordinating the response of their team. Additionally, if a person was dispatched but not responding, that would display as not responding by the Dispatcher and could lead to a cancelled dispatch.
Dispatch	How does the system handle dispatch when team members are located in different locations? Is it necessary for team members to be physically together for effective coordination	One member of the team will be dispatched at a time, it is up to the provider to coordinate their team response.
Dispatch	Since the composition of each crisis team consists of at least two or more direct care staff (with the exception of an LMHP working solo), how will the system notify each team member to report to the consumer in crisis?	Each provider is responsible for their team response and dispatch is only sent to one individual.
Dispatch	Are QMHPs able to be dispatched or are licensed individuals the only people that can be dispatched for assessment purposes?	Please refer to the Comprehensive Crisis and Transition Services Appendix (Appendix G) of the Mental Health Services Manual. Assessments may be completed by the LMHP, LMHP-R, LMHP-RP or LMHP-S in-person, through telemedicine or through a telemedicine assisted assessment where a QMHP is in-person with the individual while the LMHP, LMHP-R, LMHP-RP or LMHP-S conducts an assessment through telemedicine.
Dispatch	How do we handle staff that is registered with multiple agencies as QMHP staff. Is this monitored to know what agency the referral goes too?	Log in is tied to a provider, individuals cannot be logged into multiple accounts at once from one device
Dispatch	We have multiple responders in one agency. Can the agency still show available in the queue even if they are responding to a case?	There is only one status per log in. If you have multiple responders, they should all have log ins.

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Dispatch	Will agency administrators be able to see activity on the case as the MCR staff enters updates?	Admin will be able to review the case information within their agency.
Dispatch	Do you need to login to update your location each time it changes?	Once you login, you should remain logged in for the duration of your shift. Your location will be available to dispatchers based on the GPS functionality on your cell phone.
Dispatch	Do staff need to continue checking in, into the system, hourly, once they have arrived on the scene?	There are safety checks that need to be maintained while on scene. Maintaining the login on your phone would be necessary.
Dispatch	If the LMHP is not available during dispatch, but the rest of the team is, will the case be reassigned to someone else?	The team will need to decline the dispatch, so it can be reassigned. If the dispatch was accepted by a different staff person, who then is unable to have an appropriate colleague join, they can then 'reject' the case in Virginia Crisis Connect so that it can be reassigned to another proximal provider.
Dispatch	How are you dispatching to the crisis agencies?	By provider proximity through the VCC dashboard, which is known based on the GPS location of provider's phone when they are logged in to Virginia Crisis Connect.
Dispatch	If the call taker and dispatcher are also employed by the Regional Hub who may also provide Mobile Crisis Response services, what checks and balances are in place to prevent inappropriate self-referrals?	Mobile Crisis Providers are dispatched based on proximity to the individual in crisis and are subject to regional dispatch protocols. DBHDS will collect data to ensure efficient and appropriate functioning of the system, which will include information on which providers were deployed in what instances.
Dispatch	A DBHDS presentation showed that out of 100 calls, only 20 are likely to require dispatch of a Mobile Crisis Response team. What happens with the other 80 calls? Which providers get referrals for lower level services?	Call Center staff will make referrals for outpatient and other services when indicated. There likely will be many calls that are resolved without further referral or intervention, especially if the individual is already open to services. If other services are indicated, call center staff will seek input from the individual should there be a preferred provider, or make connections through resources they know to be available.
Dispatch	Do we have any context on the number of calls expected to come through this line and the ability for the hub to screen them appropriately?	Yes. Call center providers, Regional Hubs, and DBHDS have been monitoring 988 call volume and will continue to assess system capacity. There is no indication that the call centers will be unable to continue to safely handle calls.
Dispatch	Will the dispatcher refer to "lower level" services? If so, how does that process work?	Call Center staff will make referrals for outpatient and other services when indicated. There likely will be many calls that are resolved without further referral or intervention, especially if the individual is already open to services. If other services are indicated, call center staff will seek input from the individual should there be a preferred provider or make connections through resources they know to be available.

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Dispatch	How is quality assurance of the calls between a citizen and a call center representative monitored?	The 988 Call Centers may record calls for quality assurance and training purposes. Each center has dedicated staff and policies to govern quality assurance and ensure that callers are getting a consistent, high quality experience. This message is part of the 988 greeting to let callers know that they may be recorded by the contact center.
Dispatch	Will the dispatchers be dispatching 24 hours?	Yes.
Dispatch	Considering the geographic dispersion of our team members, how does the platform accommodate individuals signed in from different locations?	Each team member will populate the dispatch board based on their GPS location.
Dispatch	Based on geolocation, are we potentially being dispatched outside of the region if we are closest to the individual? Thinking about being in a county along the regional lines. Is this permitted even if we do not have an MOU with the other region, or should we decline the case?	Dispatchers will only see Mobile Crisis Responders who are within the same region as the caller, so providers won't be dispatched outside of the region. In very rare instances, if the closest provider in the region is far away and the individual is near a regional boundary, the dispatcher can adjust her or his view to 'statewide' to see if there is a closer provider in another region. Should this be the case, there will be communication and collaboration between the Regional Hubs and provider to ensure the individual is quickly and appropriately served.
Dispatch	Can a QMHP decline a case and it be reassigned to someone else in the provider's agency for MCR Crisis Data platform?	No. If a dispatch is declined, the case would go to the next closest responder. If a second dispatch is declined, Hubs may resort to designated back-up based upon their procedures
Dispatch	If I understand correctly, this is being set up like 911. There's a call, they dispatch, they take the person to a hospital ED, and they stabilize and refer to proper next step of care. This is focusing on the parts that are akin to 911 and EMS. Is this a correct understanding?	Somewhat. 988 Call Center staff will provide more support, references, resources, and intervention than traditional 911 dispatchers. Call center staff have access to resources and other information through the Virginia 211 system, other community resources, and ever-increasing functionality in Virginia Crisis Connect. However, the air traffic control function of the call centers and Regional Hubs is akin to how 911 PSAPs deploy first responders.
Dispatch	How quickly does a mobile crisis response team have to respond to a crisis?	When the Mobile Crisis Response accepts a dispatch, it's presumed that they will immediately be enroute to the individual in crisis, as the call center staff will remain on the phone with the individual until the Mobile Crisis Response provider safely arrives and begins engaging the individual. If the provider is not able to immediately begin to travel to the individual, they should not accept the dispatch. Generally speaking, Mobile Crisis Providers should be within one hour of any individual in crisis, and with dispatchers engaging the closest provider, it's assumed that most response times will often be shorter than that.

Topic	Question	Response
Dispatch	What happens if a preferred provider does not respond in a timely manner?	If a provider does not respond to a dispatch request within 7 minutes, Dispatch will move to another provider. If a dispatched provider is having difficulty responding in a timely manner, dispatch will monitor and inquire if assistance is needed.
Dispatch	Can the MCR worker have more than one log in but only work for one agency at a time?	An MCR worker can have 1 log in per agency they work for. Log-ins emails are associated with a provider, so they would be unable to see another agency if logged in with one.
Dispatch	When accounting for minors, and regarding working with schools, who is responsible for calling 988 – the school/referral source, the guardian, or do both parties need to call?	This would be subject to the school’s safety protocols.
Dispatch	Is it true that the Dispatchers will only be notifying responders that are with an accredited agency, by CARF, Joint Commission, in a particular region?	Provider agencies that are licensed with DBHDS to provide Outpatient Srv /Crisis Stabilization (license number 07-006) and have an active MOU with their regional HUB are able to accept dispatches.
DMAS Mental Health Services Manual	Will a Mobile Crisis Response provider still be able to link the client to community stabilization?	<p>Mobile Crisis Response providers can refer an individual to receive Community Stabilization. A service authorization is required for Community Stabilization to determine if the individual meets medical necessity criteria.</p> <p>Please refer to Comprehensive Crisis and Transition Services (Appendix G) of the Mental Health Services Manual for Medical Necessity Criteria for Community Stabilization.</p> <ul style="list-style-type: none"> • https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-09/MHS%20-%20Appendix%20G%20%28updated%208.21.23%29%20Final.pdf
DMAS Mental Health Services Manual	Regarding the assessments, should the person responding to a case be a LMHP or LMHP-eligible only? Not necessary a QMHP?	Please refer to the Comprehensive Crisis and Transition Services Appendix (Appendix G) of the Mental Health Services Manual. Assessments may be completed by the LMHP, LMHP-R, LMHP-RP or LMHP-S in-person, through telemedicine or through a telemedicine assisted assessment where a QMHP is in-person with the individual while the LMHP, LMHP-R, LMHP-RP or LMHP-S conducts an assessment through telemedicine.

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DMAS Mental Health Services Manual	How would this affect a client transitioning from 23 hour?	<p>There is no impact.</p> <ul style="list-style-type: none"> • If an individual is receiving 23 Hour Crisis Stabilization, this individual would not step down to a Mobile Crisis Response service. Mobile Crisis Response is not used as a step-down for any service. It is an in the moment service for someone who is experiencing an active behavioral health crisis, much like 911/Rescue Squad services. During the 23-hours you would assess the individual to determine another level of care that would meet their needs, which would either be a step-down to another community-based behavioral health service, which could potentially be Community Stabilization. Please see our Mental Health Services Manual and Addiction and Recovery Treatment Services Manual for information regarding our covered Behavioral health Services. • https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0
DMAS Mental Health Services Manual	Can a Mental Health Partial Hospitalization Program (PHP) provide MCR for clients if they happen to need the service while engaged in treatment with the PHP program?	<p>If an individual is engaged in a Partial Hospitalization Program, crisis intervention is a required service component of that service and included in the per diem rate. PHP providers are also required to provide on-call crisis intervention services for current individuals engaged in the program. The above would not preclude an individual from receiving Mobile Crisis Response if outside of program hours, the individual or collateral contact, contacted 988 and it was determined a Mobile Crisis Response was needed.</p>
DMAS Mental Health Services Manual and Telehealth Supplement	Are telehealth assessments still allowed?	<p>A LMHP, LMHP-R, LMHP-RP or LMHP-S may conduct an assessment through telemedicine. Refer to the Telehealth Services Supplement for a definition of Telemedicine.</p> <ul style="list-style-type: none"> • https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/Telehealth%20Services%20Supplement%20%28updated%2010.3.22%29_Final.pdf <p>QMHPs/CSACs must provide services in-person with the exception of care coordination activities.</p> <p>Telehealth is permissible for prescreening activities pursuant to section §37.2-800 et. seq. and section §16.1-335 et seq. of the Code of Virginia that and are billed using modifiers HK and 32.</p>

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General	Scenario: Consumer A is already in services for Intensive In-Home Services or Mental Health Skill Building and is currently located in the provider facility and a crisis is triggered. The provider is an approved Outpatient Crisis provider. Would they still need to call 988 in order to provide MCR? Would call center dispatch to current provider?	Individuals that are actively receiving services are subject to the safety protocols of the service. Providers are still responsible for the health and safety of the individuals that they are providing services to. In some crisis situations, the person may be served through Community Based Stabilization or another outpatient service. If Mobile Crisis Response seems to be the most appropriate service, then the person should call 988 or the regional call center. When an individual contacts a call center and cannot be fully served by the call center or Regional Hub staff, mobile crisis response will be dispatched based on proximity to the individual in crisis and regional dispatch protocols.
General	Based on being 30 days away from the launch, are DMAS and DBHDS confident this will be launched by 12/15?	Yes.
General	Who sets the standards to determine what a mobile crisis is?	The call centers are licensed 988 providers. The risk assessment protocols they utilize, which are built into Virginia Crisis Connect, meet stringent national standards set by SAMHSA, and are developed by Vibrant, a national leader in the field of risk assessment.
General	Regarding referrals, are there any changes to the step-down process?	There are no changes related to referrals to appropriate step-down services from Mobile Crisis Response.
General	Will the Mobile team members be evaluated based on how long their assessments take?	No.
General	What parties make up the review board that determines Mobile Crisis criteria?	The risk assessment screening utilized by call center staff to determine the level of care indicated has been developed by national leaders and is in line with researched standards of best practice.
General	How does this affect community stabilization?	There is no change to Community Based Stabilization.
General	Will law enforcement officers be on site to assist with the high-level dispatches?	This would dependent upon the needs of the individual in crisis. Please refer to the Marcus Alert protocols.
Insurance & Billing	Will provider contracts with Medicaid MCOs be valid for the commercial side of the insurance company?	A contract with a Virginia Medicaid Managed Care Organization is not valid for a commercial insurance carrier.
Insurance & Billing	What happens if we provide a mobile crisis to an individual with open authorization?	If the team has been dispatched appropriately and the individual meets medical necessity criteria, the provider would submit a registration form to the health plan for reimbursement of covered activities.

Topic	Question	Response
Insurance & Billing	What happens if we do not have an active contract with the Managed Care Organization (MCO) in which we receive a case for? How would reimbursement work for that?	The registration form is submitted to the MCO and claim is paid by MCO as an out of network provider.
Insurance & Billing	Will Mobile Crisis be updated to be an emergency/emergent service to reflect the dispatch nature, so that providers can get reimbursed by all Medicaid MCOs, even if they are not in network with that MCO?	This is already the case, if a provider is not in network, the MCO will process the claim as an out of network provider.
Insurance & Billing	Will there be a new registration form to accommodate the recording of the reference number?	No, the current form already requires the reference number. The form is located here: https://www.dmas.virginia.gov/media/4906/arts-and-mhs-registration-form-effective-09012022.pdf
Insurance & Billing	Will the MCOs allow providers to do step down services to community stabilization and transition service from Mobile Crisis Response service?	There are no changes related to referrals to appropriate step-down services from Mobile Crisis Response. The individual must meet medical necessity criteria for community stabilization to receive this service. Providers may submit a service authorization request for Community Stabilization to the individual's MCO.
Insurance & Billing	Are MCOs aware that Mobile Crisis Response providers can bill out of network?	Yes
Insurance & Billing	Will the registration process remain the same?	Yes
Insurance & Billing	At what point should the provider do the registration and receive the auth. number for services?	Within 1 business day of admission.
Insurance & Billing	Do we still send the registration form to the MCOs or does it need to be uploaded to the crisis hub now?	The registration form is sent to the appropriate MCO.
Insurance & Billing	If not credentialled with commercial payers, are you still able to submit a claim for denial and then to secondary payer (Medicaid)?	Yes
Insurance & Billing	Are we required to bill payers outside of Medicaid (ex. Medicare and commercial plans)?	Yes, by law, all other available third-party resources must meet their legal obligations to pay claims before Virginia Medicaid pays for services for an individual eligible for Medicaid. Additional information is located here: Coordination of Benefits & Third Party Liability Medicaid

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Insurance & Billing	Will the 988 number check insurance or verify open authorizations?	Call center staff will not be able to gather insurance information or confirm validity of insurance information shared in all cases and will dispatch the closest Mobile Crisis Response provider regardless of the individual's insurance status.
Insurance & Billing	Since the 988 Crisis Center will also provide referrals from commercial insurance providers, is it possible to receive a referral for an individual with an insurance provider that we've never worked with or heard of? What if the individual doesn't have any insurance?	Yes. Call center staff will not be able to gather insurance information or confirm validity of insurance information shared in all cases and will dispatch the closest Mobile Crisis Response provider regardless of the individual's insurance status.
Insurance & Billing	If insurance is not going to be verified by the call center, how will providers be guaranteed reimbursement for an individual who is uninsured or does not have active coverage?	Mobile Crisis Response providers cannot be guaranteed reimbursement. Call center staff will not be able to gather insurance information or confirm validity of insurance information shared in all cases and will dispatch the closest Mobile Crisis Response provider regardless of the individual's insurance status. Per the provider MOU, providers are required to respond and provide service to any Mobile Crisis Response dispatch they accept via VCC.
Insurance & Billing	Will the group be able to provide an update on the work being done to require private insurance to cover Mobile Crisis Response and residential crisis stabilization as of 1/1/2024, including contracting and credentialing requirements, minimum reimbursement rates, etc.?	DBHDS is in regular communication with the Virginia Association of Health Plans and will look to share information or host informational meetings in the coming weeks.
Insurance & Billing	When the calls come in, do they authorize the time? What is the process for extended time?	Providers must submit a registration to the individual's MCO or FFS contractor within one business day of admission. The registration form must be submitted with the required DBHDS crisis data platform reference number. The registration permits eight hours (32 units) in a 72-hour period. If additional time is needed, including time on the last day of the registration that exceeds the 72 consecutive hours from the time of admission, providers must submit a new registration form.
Insurance & Billing	If a client does not qualify for MCR per the prescreen, can they go into community stabilization without the MC or hospitalization?	Medical necessity criteria for Community Stabilization can be found in the DMAS Mental Health Services Manual, Appendix G: Comprehensive Crisis and Transition Services: Mental Health Services MES (virginia.gov)
Insurance & Billing	If the client is referred, should a provider of Mobile Crisis Response still complete an assessment?	Yes, Mobile Crisis Response providers must complete an assessment.

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Insurance & Billing	What is necessary for a team to be able to complete an assessment?	<p>Assessments for mobile crisis response must be completed by a LMHP, LMHP-R, LMHP-RP or LMHP-S.</p> <p>Please refer to Comprehensive Crisis and Transition Services (Appendix G) of the Mental Health Services Manual for information on prescreenings completed through CSB Emergency Services by a Certified Preadmission Screening Clinician who is not a LMHP, LMHP-R, LMHP-RP or LMHP-S</p> <p>https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-09/MHS%20-%20Appendix%20G%20%28updated%208.21.23%29_Final.pdf</p>
Insurance & Billing	Is the out of network rate for Mobile Crisis Response claims the same as the Medicaid in-network rate?	Yes
Insurance and Billing	Will the call center be determining how many hours/days are required per client for mobile services?	No
Provider Choice	How does the dispatching process for mobile response affect the citizen's selection of provider of choice?	<p>Section 9813 of the American Rescue Plan Act of 2021 allows states to waive freedom of provider choice requirements when providing medical assistance through community-based mobile crisis intervention services. This allows states to support and enhance crisis response by enabling call centers to quickly dispatch mobile crisis teams who are available and close by, in an effort to provide rapid interventions.</p>
Regional Crisis Hub	What is the difference between the Call Center and the Regional Hub?	<p>Regional Hubs encompass much more than call centers. As part of their contract with the state, they are required to run the call centers. Each has contracted out this service. Hopelink (formerly PRS Crisis Link) is the call center provider in Regions 1, 2, 4, and 5; and Frontier Health is in Region 3. Hopelink, Frontier staff, and the Regional Hubs all play complimentary and critical roles in the system.</p>
Regional Crisis Hub	Who do we contact with the call center to build rapport and ask questions about making the implementation of the system run efficiently?	<p>Region 1: Reg1hub@regionten.org</p> <p>Region 2: Wendy Rose, LPC, Regional Manager of Crisis and Diversion Programs, 703-531-2141, Wendy.Rose@fairfaxcounty.gov</p> <p>Region 3: Regionalmobilecrisis@nrvc.org & Region3crisistraining@nrvc.org</p> <p>Region 4: Region4Hub@rbha.org</p> <p>Region 5: Staci Young, Region 5 Hub Director, SYoung@wtcsb.org</p>

Topic	Question	Response
Regional Crisis Hub	What role does the individual CSB play with mobile crisis / residential crisis with the new process change?	CSB Emergency Services processes will be unchanged. For CSBs that have mobile crisis providers, they will need to work with their regional Hub on dispatch processes. Residential Crisis Stabilization and Community Based Stabilization are unchanged.
Regional Crisis Hub	Are the dispatchers located at the call center hub?	Each dispatcher’s actual location depends on their employment terms with their employer. Many of these positions are remote. All of their work is through various modules in Virginia Crisis Connect and can be effectively done remotely, if that is part of their employment agreement.
Regional Crisis Hub	If an organization has submitted MOU to the crisis hub but has never received a referral from the hub, what do you suggest in facilitating that rapport?	<ul style="list-style-type: none"> • Region 1: Reg1hub@regionten.org • Region 2: Wendy Rose, LPC, Regional Manager of Crisis and Diversion Programs, 703-531-2141, Wendy.Rose@fairfaxcounty.gov • Region 3: Regionalmobilecrisis@nrvc.org & Region3crisistraining@nrvc.org • Region 4: Region4Hub@rbha.org • Region 5: Staci Young, Region 5 Hub Director, SYoung@wtcsb.org
Regional Crisis Hub	Who does the dispatching? The Call Center Hub or a crisis provider agency?	Call Center Hub
Training	If we sent the spreadsheet late (due to original sign up going to spam) will we still be considered for the training sessions?	Yes, please submit trainer information to crisis_services@dbhds.virginia.gov Two trainers per agency.
Training	How do we know if we were accepted for the train the trainer sessions because I have sent the spreadsheet back and have not received a response?	An email was sent post webinar regarding train the trainer sessions. If you signed up and did not receive one, please email crisis_services@dbhds.virginia.gov
Training	Will the train the trainer replace the mobile crisis training that is required by December?	No, train the trainer is focused on use of Virginia Crisis Connect
Training	Are the providers privy to the trainings that were given to the screeners. Is that information accessible?	The call centers are accredited by the American Association of Suicidology and are part of the 988 Lifeline network which requires high standards of practice. The risk assessment protocols they utilize, which are built into Virginia Crisis Connect, meet stringent national standards set by SAMHSA, and are developed by Vibrant, a national leader in the field of risk assessment.
Training	Where do we send updated rosters and time scheduled; is it still the “crisis continuum email”?	Yes. You can send updated rosters and time scheduled to crisis_services@dbhds.virginia.gov .

Topic	Question	Response
Training	When will there be more trainings for mobile crisis?	Virginia Crisis Connect Platform Training related to Mobile Crisis Response: Train the Trainers will take place up to the 15 th , there are also training materials available on the Virginia Crisis Connect Platform. Mobile Crisis Response Training: Please contact your regional HUB for upcoming MCR training.
Training	Where do we send updated rosters and time scheduled; is it still the “crisis continuum email”?	crisis_services@dbhds.virginia.gov
Training	When will the training take place? Will it be before December 15?	Train the Trainers will take place up to the 15 th , there are also training materials available on Virginia Crisis Connect.
Training	Regarding the Mobile Crisis Response training, what happens if individuals are unable to enroll due to capacity constraints? Are they still allowed to participate in crisis response activities?	All providers intending to offer Mobile Crisis Response (MCR) services must successfully finish the mandatory MCR training by December 31, 2023. MCR providers who fail to complete the required training by this date will not be eligible for reimbursement for services rendered after December 31, 2023. It's important to be aware that starting from January 1, 2024, all new hires must undergo the necessary MCR training within 90 days of their hire date. Please contact your regional HUB for upcoming MCR training.
Training	How will members be informed about the Hubs?	Individuals don't need to contact the hubs directly for services, they can reach out for support through 988. Each call center does have a local line that individuals can use, which is especially helpful for Virginians with out of state area codes. Region 1: 434-230-9704 Region 2: 703-527-4077 Region 3: 800-500-7019 Region 4: 804-223-5241 Region 5: 757-656-7755
Training	Are there any plans to assist clients who are crisis cycling?	Yes. Care navigation is an important function of the Hubs in the air traffic control function consistent with SAMHSA best practices. Central to this is ensuring each individual has the best resources available to them, and for individuals who can frequently engage with call centers, Hubs, and crisis services, they can work to develop individualized plans that can be accessed by call center staff and other services.

Topic	Question	Response
Training	Do all crisis workers still have to have VA state certification? If so, what is the cutoff date for all workers to be trained?	All providers intending to offer Mobile Crisis Response (MCR) services must successfully finish the mandatory MCR training by December 31, 2023. MCR providers who fail to complete the required training by this date will not be eligible for reimbursement for services rendered after December 31, 2023. It's important to be aware that starting from January 1, 2024, all new hires must undergo the necessary MCR training within 90 days of their hire date.
Training	Is the 12/31/23 deadline still in place for staff to have completed MCR training through the hub in order to provide MCR?	All providers intending to offer Mobile Crisis Response (MCR) services must successfully finish the mandatory MCR training by December 31, 2023. MCR providers who fail to complete the required training by this date will not be eligible for reimbursement for services rendered after December 31, 2023. It's important to be aware that starting from January 1, 2024, all new hires must undergo the necessary MCR training within 90 days of their hire date.
Training	Will responders (clinicians and QMHPs) receive any additional training/supplies to deescalate Levels 3 and 4 crisis citizens that are a threat to hurt themselves or others?	Please refer to the Mobile Crisis Response Training (which includes de-escalation techniques) and Marcus Alert protocols.
Virginia Crisis Connect	What will happen to Mobile Team members who respond to a client that is out of cell phone range?	They will still show as active on the case, and dispatchers may attempt to contact via text. The responder will update the case as soon as they are able.
Virginia Crisis Connect	Can police only be dispatched through the app?	Law enforcement will continue to be dispatched via their 911 dispatchers at the various Public Safety Answering Points (PSAPs). The call centers will not dispatch police or co-response teams. Call centers and PSAPs have strong working relationships, and have developed MOUs in many communities, that allow for easy communication and partnership, including transfer of calls in either direction depending on the individual's needs.
Virginia Crisis Connect	Is Virginia Crisis Connect the same as Behavioral Health Link?	Behavioral Health Link is the vendor that developed the IT platform named Virginia Crisis Connect.
Virginia Crisis Connect & App	If dispatch is direct to the MCR staff, is there a way for the agency administrators to see that someone has been dispatched in real time?	Provider Administrators will be able to see when staff are logged in and last active time.

Topic	Question	Response
Virginia Crisis Connect & App	The reference number needed for billing and reimbursement will be in the generated in Virginia Crisis Connect after the case has been accepted by the dispatched provider. How will the provider be able to access this number to send off authorization?	The accepting team will have access to the reference number, which his attached to the episode of care in Virginia Crisis Connect.
Virginia Crisis Connect & App	Will there be a BHL app?	Yes. It is in final stages of development, and we hope to launch it very soon.
Virginia Crisis Connect & App	Is the BHL platform compatible with mobile device browsers?	Yes. Also, a mobile app is in the final stages of development, and we hope to launch it very soon.
Virginia Crisis Connect & App	Is the dispatch capability available through the computer?	A computer should not be used to log in for mobile crisis response and receive a dispatch as the location will default to their ISP provider which may not be near your actual location
Virginia Crisis Connect & App	Is there a way to check what role you are assigned in the Data Platform?	The role would be the same as your initial submission to log in. Spreadsheets are being sent out to update roles in the platform.
Virginia Crisis Connect & App	Will the providers only be responsible for action in the behavioral health link or will the mobile crisis teams need to be setup and respond within the platform themselves?	Dispatchers will engage the individual Mobile Crisis Response team that is closest to the individual. They will not dispatch by agency. Therefore, each team/provider will need to be setup in the platform to be dispatched as a Mobile Crisis Response provider.
Virginia Crisis Connect & App	Will behavioral health link be compatible with all phones, or do you recommend having a tablet or laptop on hand?	All phones
Virginia Crisis Connect & App	Concerning rural areas with poor access to the internet, does the dispatcher <u>call</u> providers, or just send the notifications?	Efforts to improve the process for rural areas is being actively reviewed. The dispatch request can come via text or browser. The soon to be released app will also allow for Wi-Fi usage in location.

Topic	Question	Response
Virginia Crisis Connect & App	Can you provide a list of all technological requirements that a device must have to engage with the data platform?	They will require a cell phone with active location services (not on wifi). They will need a laptop or tablet to complete follow-up information.
Virginia Crisis Connect & App	Does the GPS stay on the entire time you are working the case or is it just to dispatch us to the case?	GPS is on when you are logged into Virginia Crisis Connect as active for Mobile Crisis Response dispatch and remains active while you are serving the individual. This allows the call center dispatcher to monitor the safety of the provider and assist the provider if further support is needed.
Virginia Crisis Connect & App	What form of communication is being used to reach out to the crisis providers?	Virginia Crisis Connect, formerly known as the Crisis Data Platform or BHL Platform.