

# Healthy Students, Promising Futures

## Medicaid Coverage of Crisis Intervention Services in a School Setting

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*As young people across the country experience unprecedented levels of mental and behavioral health needs, it is important for states and school districts to understand the types of funding available to pay for appropriate services. This brief considers the circumstances under which school districts can bill their state Medicaid program for sudden and acute mental health crises that students may experience.*

In all 50 states, Medicaid covers healthcare services listed in a student’s Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP), as well as some screenings, assessments and evaluations. In [some states](#), Medicaid covers selective services outside of an IEP/IFSP; other states go so far as to cover all medically necessary services.

Many state Medicaid agencies require students enrolled in Medicaid to have a “plan of care” before a service is considered eligible for reimbursement. These plans, which must be signed by a qualified Medicaid provider, are used as documentation for physical and behavioral health services. The plan of care may be an IEP/IFSP, or it may be a separate document created specifically to substantiate a diagnosis or demonstrated need. (For more information, read “[Documenting Medical Necessity Through Plans of Care.](#)”)

However, some mental health services delivered to students in a school setting are unplanned or unexpected. Acute conditions that are severe and sudden in their presentation include a mental health crisis (e.g., suicidal ideation) or trauma (e.g., death of a parent or a natural disaster). It is appropriate — and desirable — for state Medicaid programs to reimburse schools for time that qualified providers spend on crisis intervention services. But not all states do.

**State policy determines if the care provided for an unplanned, acute service is eligible for Medicaid reimbursement.** In all cases, the service would need to be a covered Medicaid service, delivered by a qualified Medicaid provider operating under the scope of their license — and the service would need to be documented within a pre-set number of days as medically necessary for the student.

# State Policy Scenarios

In general, there are three state policy scenarios that indicate if unplanned services are included in a state plan:

- In states that only cover services included in an IEP/IFSP, unplanned services would *not* be covered — even if the service is needed for a student with an IEP/ISFP.
- In states that have expanded their school Medicaid program to cover selective services outside of an IEP, the time a qualified provider spends on an unplanned service is reimbursable if the service itself is covered.
- In states that have expanded their school Medicaid program to cover all medically necessary services, the time a qualified provider spends on an unplanned service should be covered by Medicaid, assuming the service is classified as medically necessary.

A recent [50-state review](#) of Medicaid-eligible school nursing and behavioral health services suggests that many states have a policy that could allow coverage of unplanned behavioral health crisis intervention, management and assistance. (This review was not designed to specifically identify Medicaid coverage of crisis intervention services.)

<i>Select examples of state Medicaid policies that could allow coverage of crisis intervention services in school. (Additional details are available <a href="#">here.</a>)</i>	
<b>Arkansas</b>	Behavioral healthcare is covered as: School-based mental health services; Crisis intervention
<b>Connecticut</b>	Nursing services are covered as: Individual health counseling and instruction and emergency interventions
<b>Florida</b>	Nursing services are covered as: Crisis intervention; Emergency healthcare
<b>Idaho</b>	Emergency, first aid or non-routine medications not identified on the plan as a health-related service are not reimbursed. Behavioral healthcare is covered as: Crisis intervention
<b>Illinois</b>	Behavioral healthcare is covered as: Crisis intervention
<b>Indiana</b>	Behavioral healthcare is covered as: Crisis-related activities
<b>Minnesota</b>	Behavioral healthcare is covered as: Crisis assistance
<b>Mississippi</b>	Behavioral healthcare is covered as: Professional therapeutic services (including consultation and crisis intervention)

<b>New Hampshire</b>	Behavioral health services are covered as crisis intervention
<b>New Jersey</b>	Crisis intervention, guidance counseling, drug counseling/treatment, or other similar services provided on an ad hoc basis and <i>not</i> specified in the IEP are <i>not</i> reimbursable
<b>Pennsylvania</b>	Behavioral healthcare is covered as: Crisis Assistance
<b>South Carolina</b>	Nursing services are covered as: Emergency Care Behavioral healthcare is covered as: Crisis Management
<b>Tennessee</b>	Mental health case management services and mental health crisis services for children under age 21 are covered

The extent to which these services are reimbursed *in practice* remains unclear. But these written policies are an indication that state policymakers understand the importance — and appropriateness — of Medicaid reimbursement for crisis intervention.

Additional research is needed to determine how billing for crisis intervention services takes place under these provisions. As noted, many states require that students have a written plan of care for services to be eligible for Medicaid reimbursement. However, because crisis intervention services are, by definition, unplanned, a student will not have a plan of care in place for an acute service, nor will the service be included in an IEP. Other mechanisms of documentation will be needed for crisis services.

In Arkansas, for example, coverage is available for crisis intervention, defined in the [state’s provider manual](#) as “unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis.” (The specific section can be [downloaded here](#).)

The provider manual describes the minimum documentation requirements:

- Date of service
- Start and stop time of actual encounter with beneficiary and possible collateral contacts with caregivers or informed persons
- Place of service
- Specific persons providing pertinent information in relationship to beneficiary
- Diagnosis and synopsis of events leading up to crisis situation
- Brief mental status and observations
- Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized
- Beneficiary’s response to the intervention that includes current progress or regression and prognosis
- Clear resolution of the current crisis and/or plans for further services

- Development of a clearly defined crisis plan or revision to existing plan
- Staff signature/credentials/date of signature(s)

The manual further clarifies that “this service can be provided to beneficiaries that have not been previously assessed or have not previously received behavioral health services. The provider of this service MUST complete a Mental Health Diagnosis (90791) within 7 days of provision of this service. If the beneficiary needs more time to be stabilized, this must be noted in the beneficiary’s medical record and the Division of Medical Services Quality Improvement Organization (QIO) must be notified.”

In states that have taken a more comprehensive approach to expanded school health services, such as covering all medically necessary services delivered in schools, the approaches vary in how they think about documenting crisis intervention services. Here are several state examples:

- **Colorado:** Consistent with their policies for all other services, crisis intervention services will not be reimbursed until documentation is fully in place that meets the state’s criteria for documenting medical necessity.
- **Massachusetts:** Unplanned behavioral health services are reimbursable and medical necessity should be supported through service documentation; the service is considered authorized when such documentation is signed by a qualified practitioner.
- **Michigan:** When ongoing services are provided in the absence of a plan of care due to the urgency of the student’s medical needs, the services are reimbursable during the first 30 days. It is the expectation that a plan of care will be developed within 30 calendar days from the first date that services are provided for a specific condition.

<b><i>Specific references to unplanned services in state Medicaid billing manuals.</i></b>	
<b>Colorado</b> <a href="#">Covered Services</a>	Crisis intervention services will not be reimbursed until documentation is fully in place that meets the state’s criteria for documenting medical necessity. As such, Colorado’s billing manual does not include a specific reference to unplanned services.
<b>Massachusetts</b> <a href="#">Billing Manual</a>	<b>Unplanned Nursing Services.</b> When unplanned nursing services are provided pursuant to a physician’s standing order, rather than a plan of care, the standing order may serve as the [documentation of medical necessity]. Standing orders are defined as physician orders used in urgent or emergent scenarios in which immediate actions must be taken to support a patient, because any delay in care may be detrimental. Nurses may provide services following these predetermined standards of care, as long as the standing orders have been reviewed and approved at least annually; and the responsible physician signs the service documentation as soon as possible after execution of the nurse-initiated order(s) and before the service is billed to Medicaid.

	<p><b>Unplanned behavioral health interventions</b> Unplanned behavioral health interventions cannot be pursuant to a plan of care by nature of being unplanned. Medical necessity should be supported through service documentation; and the service is considered authorized when such documentation is signed by a qualified practitioner. If unplanned behavioral health interventions are provided by a practitioner who is not qualified to authorize services, but is being supervised by a qualified practitioner (e.g., an LCSW who is supervised by an LICSW), then the supervising practitioner must review and sign the service documentation as soon as possible after the delivery of the service, and before the service is billed to Medicaid.</p>
<p><b>Michigan</b>  <a href="#">Provider Manual</a>   <a href="#">Bulletin Number MSA 19-26</a></p>	<p>When ongoing services are provided in the absence of a POC due to the urgency of the student’s medical needs, the expectation is that a POC will be developed within 30 calendar days from the first date that services are provided for a specific condition.</p> <p>Crisis intervention services [provided by a school psychologist] are unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy. Since these services are unscheduled activities, they are not listed in the beneficiary’s IEP/IFSP treatment plan. Crisis intervention must be billed using the following procedure code: S9484 – Crisis intervention mental health services, per hour.</p> <p>Nursing services may include: assisting in a school-related emergency, such as a playground accident, a school bus accident or some other critical incident that affects the health and safety of students.</p> <p>Direct Medical Services Not Covered on a Medical Plan of Care: This code should be selected when LEA staff members (employees or contracted staff) are providing direct client care services for which medical necessity has not been determined. This code includes pre- and post-activities associated with the actual delivery of the direct client care services, e.g. paperwork or staff travel required to perform these services. Examples of activities reported under this code: All non-IDEA and/or non-IEP direct client care services as follows: Providing health/mental health services. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports. Performing developmental assessments. Administering first aid.</p>

## Recommended Policies & Practices

For In addition to searching a state’s school Medicaid policies and state plan documents, information on reimbursable behavioral health services may be available in the Healthy Students, Promising Futures [school Medicaid state map](#) or in the Healthy Schools Campaign [state activity brief](#) on the expansion of school Medicaid programs.

States that want to support their school districts’ ability to deliver unplanned or crisis services should make sure that their state policies allow for this billing. Here are some policies and practices states should follow:

- Expand school Medicaid programs to include all medically necessary services, which includes crisis intervention services.
- Ensure that state guidance allows for documentation of medical necessity outside of a plan of care. Remove barriers to documentation, including language that explicitly requires a plan of care for all crisis and/or acute services.
- Issue specific guidance and language about how unplanned crisis intervention services are covered and how they should be documented.
- Explicitly include crisis intervention services as a covered service in a school setting and clarify that these services are reimbursable without a plan of care/IEP.

The state Medicaid and education agencies, along with school district staff, should research and establish policies to determine the most effective authorized service(s) to include. Once the new service and procedure codes are implemented, training and technical assistance would then need to be offered to school districts.

## Healthy Schools Campaign

Healthy Schools Campaign Healthy Schools Campaign (HSC) engages stakeholders and advocates for policy changes at local, state, and national levels to ensure that all students have access to healthy school environments, including nutritious food, physical activity, and essential health services, so they can learn and thrive. HSC’s Healthy Students, Promising Futures initiative supports states and school districts in expanding access to Medicaid-funded school health services. To learn more, visit [healthyschoolscampaign.org](http://healthyschoolscampaign.org) and [healthystudentspromisingfutures.org](http://healthystudentspromisingfutures.org).

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