



# Dane Crisis Provider Network February 2024 Webinar

**Date:** Wednesday, February 21, 2024

**Topic:** Dane Crisis Provider Network DHS 34 and Medicaid Billing Handbook

**Presenters:**

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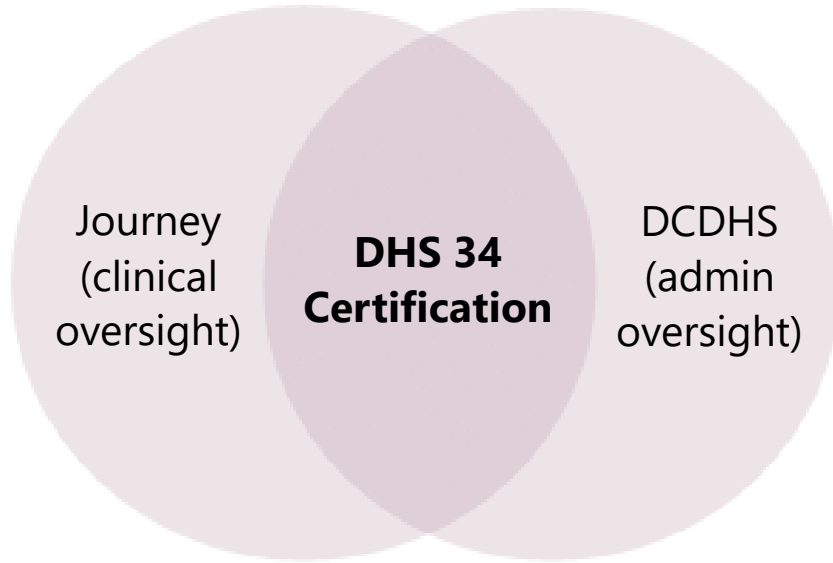
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# Before we start

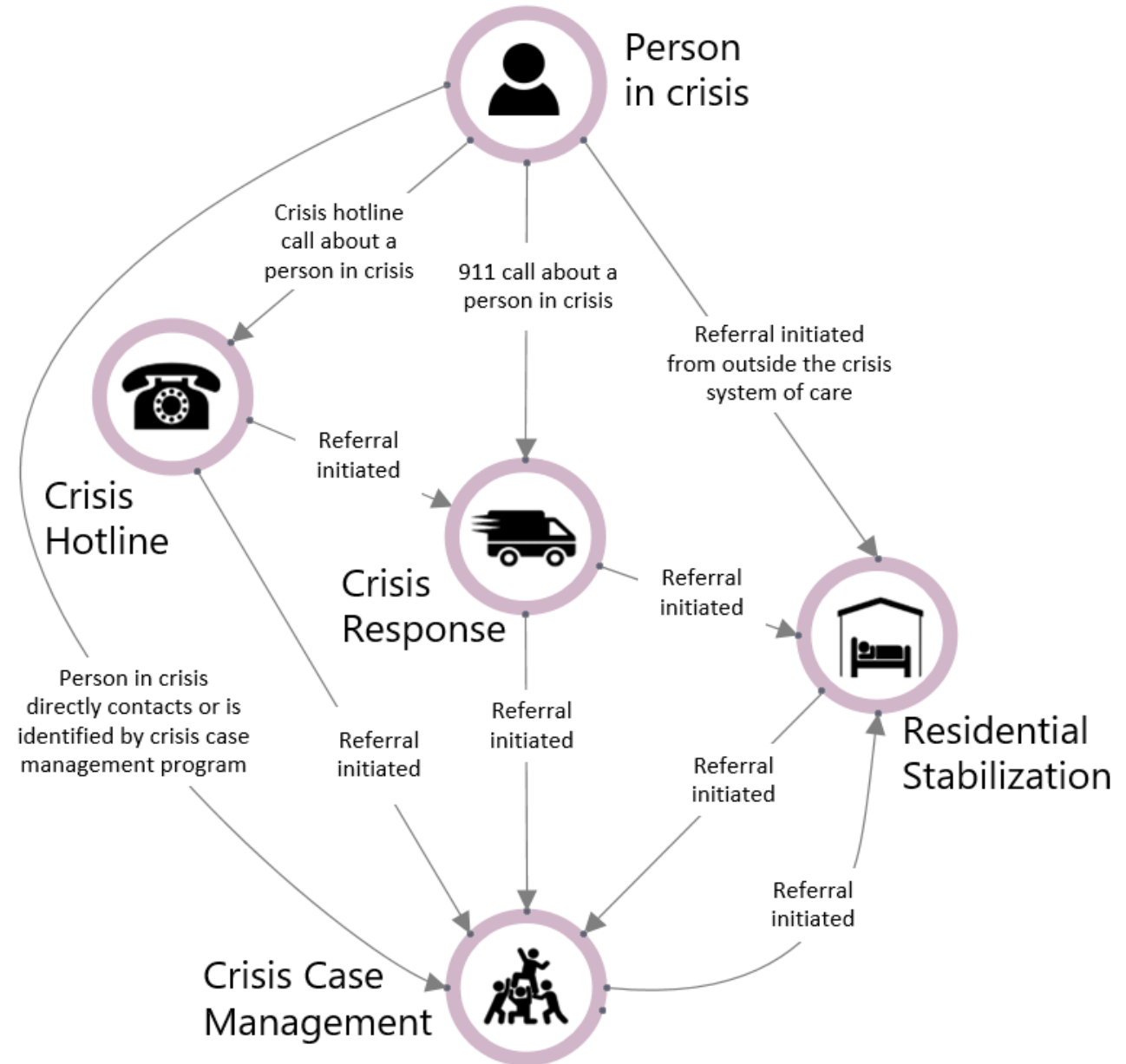
- All participants are automatically muted. Please submit questions as we go via the Q&A feature. We will also take live questions at the end.
- Webinars are recorded and the recording and slides will be posted to the DCDHS website.
- Starting this year DCDHS will be sending out a quarterly newsletter with updates, training announcements, and other Dane Crisis Provider Network information.
- If you identify conflict between guidance offered in a DCDHS webinar and guidance you have received from your agency or other trainings, please consult with your supervisor. If questions remain, contact your contract manager.
- All staff members who provide crisis services are required to complete at least 8 hours of relevant training per year. This webinar counts toward that requirement.
- This webinar does *not* count as Continuing Education for credentialing / licensing purposes.

# What is the Dane Crisis Provider Network?



## Working DCPN Purpose Statement:

The purpose of the DCPN is to foster collaborative relationships and transparent communication among a coordinated community of providers in order to deliver the right care from the right team at the right time.



# DCPN February 2024 webinar objectives

At the end of the webinar, we hope that participants will...

- ✓ understand the concept and purpose of the Dane Crisis Provider Network
- ✓ be familiar with the *Dane Crisis Provider Network DHS 34 and Medicaid Billing Handbook*, know that it has been recently updated, and know how to access it
- ✓ be familiar with some key expectations for providing and billing for crisis services
- ✓ know how to find additional information and get answers to questions

# The handbook

- Created by DCDHS staff and updated in February 2024
- Provides an overview of requirements and expectations related to the provision and billing of crisis services by agencies in the DCPN
- Focuses on crisis services billed to Medicaid
- Requirements apply to all programs that provide crisis services, for all individuals they serve, independent of Medicaid coverage or billing.
- Available at: <https://providers.dcdhs.com/Crisis-Billing>

## Helpful Links

[Crisis Billing Training Manual](#)

[Video: Crisis Billing Module Training](#)

[Dane Crisis Provider Network DHS 34 and Medicaid Billing Handbook](#)



## Dane Crisis Provider Network DHS 34 and Medicaid Billing Handbook

Dane County Department of Human Services  
Behavioral Health Division

# Key references

## Chapter DHS 34

### EMERGENCY MENTAL HEALTH SERVICE PROGRAMS

#### Subchapter I — General Provisions

DHS 34.01	Authority, scope and purpose.
DHS 34.02	Definitions.
DHS 34.03	Certification.
DHS 34.04	Waivers.

#### Subchapter II — Standards for Basic Emergency Service Programs

DHS 34.10	Applicability.
DHS 34.11	Standards.

#### Subchapter III — Standards for Emergency Service Programs Eligible for Medical Assistance Program or Other Third Party Reimbursement

DHS 34.20	Applicability.
DHS 34.21	Personnel.
DHS 34.22	Services.
DHS 34.23	Assessment and response.
DHS 34.24	Client service records.
DHS 34.25	Client rights.
DHS 34.26	Client satisfaction.

**Note:** Corrections in this chapter made under s. 13.93 (2m) (b) 1., 6., 7., Stats., Register, September, 1996, No. 489. Chapter HFS 34 was renumbered to chapter DHS 34 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635. Chapter DHS 34 was reprinted Register December 2010 No. 660 to revise a Note in s. DHS 34.03.

#### Subchapter I — General Provisions

**DHS 34.01 Authority, scope and purpose.** (1) This chapter is promulgated under the authority of s. 51.42 (7) (b), Stats., to establish standards and procedures for certification of county and multi-county emergency mental health service programs. Section 51.42 (1) (b), Stats., requires every county to provide emergency mental health services to persons within the county in need of those services. The persons who need those services are persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if supportive services are not provided. A county may comply with s. 51.42 (1) (b), Stats., by operating or contracting for the operation of an emergency mental health program certified under this subchapter and either subch. II or III of ch. DHS 34.

(2) This chapter applies to the department, to counties that request certification or are certified to provide emergency mental health services and to county-contracted agencies that request certification or are certified to provide emergency mental health services.

(3) This chapter relates only to the certification of programs providing emergency mental health services. It is not intended to regulate other mental health service programs or other emergency service programs.

**History:** Cr. Register, September, 1996, No. 489, eff. 10-1-96; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532.

**DHS 34.02 Definitions.** In this chapter:

ods of the individual or by the efforts of those providing ordinary care or support for the individual.

(6) “Crisis plan” means a plan prepared under s. DHS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person’s individual service needs.

(7) “Department” means the Wisconsin department of health services.

(8) “Emergency mental health services” means a coordinated system of mental health services which provides an immediate response to assist a person experiencing a mental health crisis.

(8m) “Functionally equivalent” means a service provided via telehealth where the transmission of information is of sufficient quality as to be the same level of service as an in-person visit. Transmission of voices, images, data, or video must be clear and understandable.

(9) “Guardian” means the person or agency appointed by a court under ch. 54, Stats., to act as the guardian of a person.

(10) “Medical assistance” means the assistance program under 42 USC 1396 and ss. 49.43 to 49.475 and 49.49 to 49.497, Stats.

(11) “Medication administration” means the physical act of giving medication to a client by the prescribed route.

(12) “Medication monitoring” means observation to determine and identify any beneficial or undesirable effects which could be related to taking psychotropic medications.

(13) “Medically necessary” has the meaning prescribed under s. DHS 101.03 (96m).

(14) “Mental disorder” means a condition listed in the Diagnostic and Statistical Manual of Mental Disorders IV (4th edition).

[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/34](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34)

[Provider > BadgerCare Plus and Medicaid](#)

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To begin using the Online Handbooks:

- Select a value from the user type drop down list located on the left side of the page.
- Once you select the minimum information required, a list of sections and chapters will appear.
- Within each chapter, you can select a specific topic to view.
- Once you select a topic, the data will replace this content. Each topic is assigned a topic number, displayed above the topic title, for reference. A topic number may be entered into the Search and the Advanced Search tools to locate the corresponding topic. Topic numbers are for reference only and are not pertinent to the information contained within a topic or to the information in other topics with topic numbers assigned in close sequence.

Overview of the Online Handbook Content:

Policies and procedures described in the Online Handbook apply to Wisconsin Medicaid and BadgerCare Plus. Wisconsin Medicaid offers access to health care to individuals who are 65 years old or older, or to individuals who have a disability. BadgerCare Plus offers access to health care to children under 19 years of age, pregnant women, and families in Wisconsin.

Policies and procedures described in the Online Handbook apply to both Medicaid and BadgerCare Plus, except when a difference is noted.

Legal framework for policy in the Online Handbook:

The information provided in the Online Handbook is published in accordance with Wis. Stat. ch. 49 and Wis. Admin. Code chs. DHS 101.08.

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=13>

# The crisis continuum



## Crisis Hotline (H0030 – Local Crisis Intervention Line)

- Crisis Unit (Journey)



## Crisis Response (H2011 – Crisis Response)

- Crisis Unit (Journey)
- CARES (Journey)
- Law Enforcement-Embedded Crisis Workers (Journey)
- YouthConnect (DCDHS)



## Crisis Case Management (T1016 – Linkage and Follow-Up)

- Anesis Crisis Case Management (Anesis)
- Crisis Stabilization (Journey)
- Keystone Crisis Case Management (Journey)
- Off the Square Club (Lutheran Social Services)
- Resource Bridge (Journey)
- Safe Haven (Porchlight)
- SOAR Crisis Case Management (SOAR)
- YouthConnect (DCDHS)



## Residential Stabilization (S9484 and S9485 – Crisis Stabilization)

- Dane County Care Center (Tellurian)
- Transitional Housing Program (Tellurian)
- Group Homes and Adult Family Homes (Goodwill, Porchlight, WIT, Yasmin's Loving Care, Integrity, Dungarvin, multiple non-contracted AFHs)



# We strive to deliver crisis services across the continuum in a way that is...

## **Accessible**

People know how to ask for help, and services are easy to understand and navigate. Programs are available in a timely manner and with minimal barriers.

## **Acceptable**

Programs deliver care that feels like care. People are willing to ask for help and engage with services because they feel supported and treated with dignity.

## **Appropriate**

The right help is offered at the right time. Services effectively target and address individual needs in the least restrictive manner and environment possible.

## **Accountable**

Each program reliably fulfills its role and follows through on its commitments to people in crisis, other programs, and the broader community.





# What is a crisis?

A crisis is a situation that results in a high level of stress or anxiety for an individual, persons providing care for the individual, and/or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual ([DHS 34.02\(5\)](#)).

# When is a person eligible for crisis services?

**A person is eligible for crisis services if:**

They are in a mental health crisis or in a situation which is likely to develop into a crisis if supports are not provided  
AND  
the provider can expect the service to reduce the need for institutional treatment or improve their level of functioning.

**Factors that support continued delivery of crisis services include:**

- Continued risk of self-harm
- Continued risk of harm to others
- Impaired functioning due to symptoms of a mood and/or thought disorder
- Recent failure of less restrictive options (independent living, CSP, group living)
- Lack of available/effective supports (including family) to maintain functioning and safety
- Need for intensive monitoring of symptoms and/or response to recent med change
- Recent history of the above that supports the belief that if supports are withdrawn, the risk for more restrictive setting would be imminent

# Response Plans

A response plan establishes the medical necessity of crisis care and guides service provision. It must...

- include available information about the person's situation:
  - events leading up to the crisis contact
  - primary concerns
  - current mental and physical condition
  - assessment of risk
  - substances that were or may have been ingested
  - supports (personal and professional).
- identify the services recommended to help the person (authorizes billing for these services)
- be approved by a licensed treatment professional (typically a program's clinical supervisor) within 14 days of crisis services being initiated
- be updated and re-approved monthly while a person is receiving crisis services (or more often if needed / appropriate)
- be shared with the Journey Crisis Stabilization Unit upon approval and re-approval



**Everyone who receives crisis services must have an active response plan!**

# Service note basics

- Staff must document all crisis services as soon as possible after the service as provided
- The content of the service note must support the amount of time billed
- One common format for service notes is the “DAP” format

## D: Data

- Time, place, duration, and nature of service
- Client presentation/appearance, mental status
- Client reports
- Services provided

## A: Assessment

- Progress toward treatment goals
- Client responses to services
- Evaluation of risk

## P: Plan

- Anticipated next meeting or service
- Steps to be taken by the client
- Steps to be taken by the staff member
- Planned consultation or other third-party contact

# Immediate coordination with the Journey Crisis Unit: 608-280-2600

Programs are expected to contact the Journey Crisis Unit if any of the following are true:



The program believes a person they are working with currently poses or is likely to pose a risk of harm to self or others



The program believes a person they are working with is likely to experience law enforcement contact as the result of their crisis

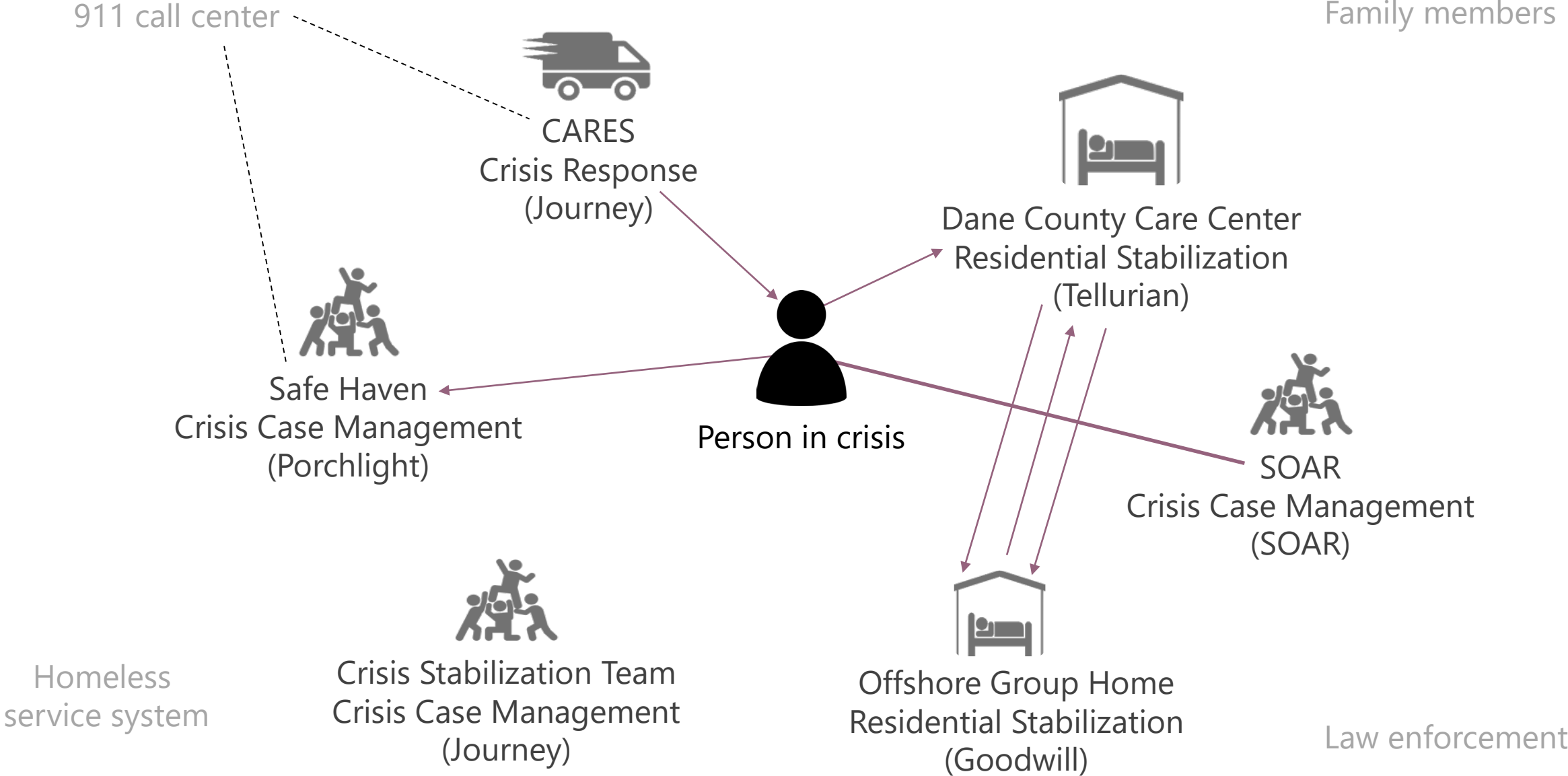


The program believes the Crisis Unit is likely to be contacted by or about a person they are working with, and has information that would assist the Crisis Unit in responding

- The Crisis Unit is responsible for determining when there is a need for involuntary intervention
- Information you provide may be useful now or in a future contact
- Contacting the Crisis Unit does not necessarily mean they will take over the situation
- If you already sent a response plan, it should be available to people working in the Crisis Unit within one week, so you should be able to reference that when you coordinate with them

Non-urgent questions  
and coordination call  
Crisis Stabilization at  
608-280-2624

# Collaboration among crisis programs: "case study"



# Crisis plans

Only a small subset of people who receive crisis services will have a crisis plan under [DHS 34.23\(7\)](#). Official DHS 34 crisis plans are developed for those at high risk of recurrent crises.

## **Individuals who may require a crisis plan include people:**

- who often present to emergency departments with psychiatric needs,
- who have chronic suicidal thoughts,
- who make suicidal or homicidal threats or acts, and/or
- who display an increase in psychotic or affective symptoms resulting in repeated contact with crisis programs.

A crisis plan is also created for anyone under a Ch. 51 civil commitment or settlement agreement.

Programs working with an individual for whom a DHS 34 crisis plan seems appropriate should consult with the Journey Crisis Stabilization team regarding the creation of such a plan by contacting 608-280-2624 during business hours.

# Entering a billing claim

All of the following must be entered to generate a claim in the crisis billing portal:



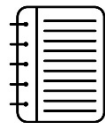
**Date of service**



**Service provider:** the rostered staff member / intern who provided the crisis service



**Duration:** hours and minutes spent by the service provider; including time spent traveling (if applicable) and documenting the crisis service



**Diagnosis code:** will default to the previously entered diagnosis code for the person, if there is one; if there is no history of past claims, a diagnosis code must be selected



**Place of service:** where the service provider was at the time of the service (or one of the "telehealth" place of service options if the service was delivered via telehealth)



# Client registration and linkage

To enter a billing claim for a client, they must be registered with DCDHS and linked with your agency:

- Group Home and Adult Family Home clients are automatically linked when they are placed.
- For other programs, if a client has never been served by your agency before, they will not be visible in the billing portal until you request that they be linked.
- Requests to link a client can be made by emailing the following client information to [crisisbillingsupport@countyofdane.com](mailto:crisisbillingsupport@countyofdane.com):
  - Name
  - Date of Birth
  - Sex
  - Race and Ethnicity
- If the client is not known to DCDHS, the Client Registration Form ("600 Form") will be required

# Staff training requirements

## Orientation Training

All crisis services providers must complete orientation training within the first 3 months based on starting experience level:

- Less than 6 months of emergency mental health experience: 40 hours
- 6 months or more of prior emergency mental health experience: 20 hours



## Ongoing (Annual) Training

All crisis service providers must complete at least 8 hours of ongoing training per year covering:

- Emergency mental health services
- Rules and procedures relevant to the operation of the program
- Compliance with applicable regulations
- Cultural competency in mental health services
- Current issues in client's rights and services.

<https://www.uwgb.edu/behavioral-health-training-partnership/online-training>



# What else is in the handbook?

Handbook sections:

- Documentation
- Medicaid billing
- Special considerations for each service type
- Staff conduct expectations
- Client rights and grievances policies
- Staff requirements

# Review

- DCPN providers operate under DHS 34 and Medicaid rules.
- People receiving crisis services must meet basic eligibility criteria.
- Any time you are providing a crisis service, that service must be reflected on an active Response Plan that is approved by a licensed professional and shared with the Journey Crisis Stabilization team to be added to Journey's records.
- Each instance of service provided under a Response Plan must be documented in a detailed service note and billed through the Medicaid billing portal if the person receiving the service is eligible for Medicaid.
- Individual staff members providing crisis services must meet certain requirements related to training, supervision, conduct, background, and qualifications.
- It is important to coordinate and collaborate with other providers who may be involved in supporting or responding to the individual you are working with.



# Q&A