



## **Crisis Services Application and Formula FAQ**

### **1. What are we doing?**

We are proposing a formula based methodology to establish uniformity, equity and a common understanding in funding children's and adult crisis services across Minnesota. The formula includes components of a base amount, area of a county or tribe, and the population of a county or tribe.

### **2. Why are we doing it?**

The new formula offers uniformity, equity and to have a common understanding of funding. By having a formula, counties and teams will know what their funding amount is and can plan accordingly, rather than waiting to find out what their award will be.

### **3. Why one year?**

A one year application will give us the opportunity to look at how the formula works within counties, tribes and regions and to then make adjustments based on the data.

### **4. What is the impact of the new formula?**

For the majority of counties, tribes and regions the formula provides increases to funding from past years awards. For a handful of counties, the formula would result in reduced award amounts.

### **5. Our funding comes through a regional partnership. Does the new formula take its place?**

We are not expecting or requiring counties, tribes and regions to change how they have partnered with other counties, tribes and regions. The formula was calculated by county or tribe but that does not equate us telling regions how to distribute the funds. Past partnerships can continue as they have before, unless counties, tribes or regions choose otherwise.

### **6. What is the impact of the new grants?**

The 2015 legislature awarded \$3.5 million in additional grant funding for crisis services for FY 2016, with additional increases in subsequent years.

The Legislature directed DHS to use these additional funds to accomplish the following: (1) expand crisis services across the state, including rural areas of the state and examining access per population; (2) develop a central phone number where calls can be routed to the appropriate crisis services; (3) provide telephone consultation 24 hours a day to mobile crisis teams who are serving people with traumatic brain injury or intellectual disabilities who are experiencing a mental health crisis; (4) Provide grants to adult mental health initiatives, counties, tribes, or community mental health providers to establish new mental health crisis residential service capacity.

For FY 2016, approximately \$3 million of the additional grant funding will be distributed to counties, tribes, and regions for crisis services. This additional funding will be combined with the existing grant funding and distributed according to the formula discussed above. Most counties, tribes and regions will see an increase in funding via the formula so the new grant amounts can be applied to the expansion of mobile crisis services to ensure 24/7 access and/or to establish new children's or adult mobile crisis services.

\$500,000 of the additional FY 2016 grant funding has been earmarked for start-up grants to create new crisis residential services (item 4 above).

Items 2 and 3 of the 2015 legislation - establishing a single statewide phone number and consultation for teams serving individuals with traumatic brain injuries or developmental disabilities, requires more planning and will be implemented with the funding increases in subsequent fiscal years.

**7. How does the Medical Assistance (MA) rate increase impact crisis services?**

There has been a significant increase in the MA rate for mobile crisis services as the result of legislation passed in the 2015 session and we are in the process of seeking Federal approval. Once approved, the MA rate for mobile crisis services, both children and adult services, will increase by 76% increase for services provided on or after July 1, 2015. With teams having more access to MA funding, it is anticipated that there should be less of a need for grant funding.

Proposed new rates:

\$148.77 for Doctoral-prepared Mental Health Professionals

\$119.01 for Masters-prepared MH Professionals

\$104.13 for Mental Health Practitioners - HN modifier

\$74.38 for Rehab Workers - HM modifier

\$37.19 for Group Stabilization

**8. Will anyone see a reduction in funding, and if so, what can we do?**

The grid that was released on 8.24.15 does show a reduction to some counties, tribes and regional partnerships. However, with some movement of funds and taking into account known underspending, we feel confident that we will be able to make up any of the losses for CY16. The one year application will also allow us to make adjustments to the formula for counties, tribes and regions for CY17 once we have more data to assess the total needs of our statewide crisis system.

**9. Are we going to consider other factors in the future?**

We are open to considering other factors in the future. We will look at the data over the next year and we will work closely with counties, tribes and regions to determine whether there are other factors that should be considered in order to truly have the needs of crisis programs met.

**10. Where does Crisis Residential fit in?**

Grant funds can cover operational costs for adult crisis residential services, not startup costs. There are separate new funds for crisis residential start-ups (see question 6). An RFP or application will be out by the end of 2015 or the beginning of 2016 for providers seeking to create new crisis residential services.

## **Questions from the September 28<sup>th</sup> Meeting**

**11. Is each county going to receive the money identified on the formula chart?**

The funding on the formula chart represents the amount of funding that each county can bring to a region. DHS will not be awarding funding to each individual county. We expect that region will identify a fiscal host. This could be the same fiscal host as currently used or another County or Tribe.

**12. Can a county separate from its current regional configuration and go it alone?**

This is a possibility. We recommend that you carefully consider this decision. We expect that services will continue in those regions that currently have crisis services. If a county is not providing crisis services now and wishes to provide crisis services in the future, we recommend that the county use this year to plan their services and assure continuity.

**13. How will we manage with less funding?**

We intend to hold all crisis teams harmless for the calendar year 2016. Please request the amount of funding that each team needs to provide services in calendar year 2016. If a team is not providing 24 hour services, please complete the plan in the application to develop 24 hour services by the end of 2018.

Please consider other ways you can access additional funding.

**a. Increased rates**

The 2015 legislature approved an increase to Medicaid reimbursement rates for crisis services effective July 1, 2015 (pending CMS approval) for sustainability of crisis services. DHS is working on options for retroactive payment for services rendered from 7/1/15 to the date approved by CMS. More information about this will be forthcoming in the MHCP Provider Updates.

**b. Contract with MCOs prior to providing services**

The Medicaid MCOs have agreed to reimburse crisis providers in very similar ways to fee for service medical assistance. This is easier to do when a provider and MCO have a contractual agreement prior to the provision of services. DHS will work with contracted Health Plans regarding the rate changes.

**c. Talk with private insurance companies**

The 2015 legislature approved the establishment of mental health crisis response services as a category of emergency services for the purposes of commercial insurance. This change has not gone into effect yet. In the meantime, we recommend that you have conversations with any commercial insurance companies that your organization contracts with to provide services. If you can show that these services will save them money, they may consider reimbursing for them. We will continue to monitor the movement toward establishing crisis services as emergency services.

**14. Can capital expense be included in the funding request? Such as building modifications, remodeling, etc.**

These funds, like all of our grant funding, is aimed at providing direct services and cannot be used for capital expenses.

**15. Is there a dollar limit per region, county, or program for funds to be awarded?**

Ask for a reasonable amount to fund your current program. Please be sure to ask for enough to continue to provide, minimally, the services that you have been providing. If a region needs more than the formula amount, please ask for that amount and justify it in the budget narrative and program descriptions. If you are a county or region that is being awarded much more than in the past, please ask for the amount that can reasonably be spent to provide quality crisis services.

**16. Can an individual provider apply outside of the region? Or will only collaborative projects be considered?**

We are only accepting applications from counties, tribes and regions. Selection of providers is a decision that is made at the local level.

**17. Can multiple service areas be addressed as separate categories with the possibility of being considered for approval or denial separately?**

We are looking for applications that include the full array of services. This may include several providers for different services or parts of services. If your county is a member of different regions for adult and children's services, you may be included in two applications. If this is the case, please note this in both regional applications.

**18. Will preference for funding be given to adult or children's services?**

Both services are extremely important. Regions/counties/tribes should apply for funding to serve both populations. As noted above, if a county is a part of one region for children and another region for adults, please let us know this in the application.

**19. What is the decision timeline for grants to be awarded?**

We hope to have decisions made promptly. DHS is scheduled to discuss the awards on December 2, 2015.

**20. “Supplanting- The use of Mental Health Crisis Grant funds to replace county, tribal or other funds that have been used to provide elements of crisis response services is prohibited.” A full explanation of the appropriate use of crisis grant funds would be helpful. The budget section of the application lists a variety of program expenses that are currently paid by local taxes and seem to be appropriate to expense to a grant. Does covering existing expenses constitute supplanting in this case?**

The grants are to supplement the funding that is currently going into the service. The purpose of these grants is to improve and expand the services that are currently being provided.

**21. How much can a fiscal host charge for performing fiscal host duties?**

There is no set amount for providing fiscal host duties. Some regions do not provide additional funding for the fiscal host. Others do. Whether to provide reimbursement to offset the costs of acting as a fiscal host and how much to provide are local decisions.

**22. Will it take as long to be certified for children’s crisis services as it did in the past?**

We recognize that this has been a problem area and we are making efforts to work with providers as promptly as possible.

**23. Could we use a number other than cost to identify the investment into the various goals in the work plan? It would be difficult to provide an audit trail to justify these costs.**

You may leave the cost column blank as long as the remainder of the plan is filled in. This includes a means of determining when the goal is accomplished and a date identified for accomplishment of the goal. We will not be accepting goals that continue from one year to the next. Please make all goals finite and countable.

**24. We are concerned about the questions regarding the conversion rate. Our conversion rate is very low because we receive many calls not specifically about mental health crisis. These can be calls from family members seeking consultation or daily calls from individuals who need the extra support. We also receive many information and referral calls. None of these callers are seeking immediate face-to-face intervention.**

We recognize that this is a new request for many of you. The suggestion of sorting the calls into categories is a good one. This would allow using only those that are focusing on a request for intervention into a mental health crisis to be used to determine the conversion rate. The children’s crisis response providers sort phone calls into categories. We will work with adult crisis response providers to develop reasonable categories. In the meantime, estimate your conversion rate based on your best information at this time.

**25. When considering if fiscal agency costs can be billed to the crisis grant will you also respond to the following: Can crisis funds be used for general administrative/project management costs.**

Yes. Administrative costs are allowable under the crisis grant as long as the costs do not exceed the allowable 10% of the total grant.

**26. There is no place on the budget for information technology costs.**

Information technology costs are an acceptable use of these grant funds to the extent that the IT services support the crisis response services. These are considered an administrative cost. Please add a line item under administration for these costs.

**27. Can a county submit an application for service funding and a regional application for coordination activities to provide a more streamlined reporting and fiscal process?**

A county can submit an application for service funding as long as the budget items indicate the cost that will be administered towards service provision and the regional application identifies the cost for coordination activities.

**28. Do we need to prepare one budget or a budget for each program (i.e., CSU, MMCR?)**

We will need a budget for each mobile program. Residential programs are not directly addressed in this grant. (Please see questions regarding residential crisis stabilization programs below.)

**29. (Regarding residential crisis stabilization) The application we received is for mobile crisis only. Is there a second application that will be sent for residential crisis? Since both of these access the same funds, what is the rationale for two applications instead of one?**

This application can apply to residential crisis stabilization (RCS) in two ways.

1. The application includes a line item to cover the cost of uninsured stays at a residential crisis stabilization programs.
2. Additionally, regions/counties may use some of these grant funds to cover unreimbursed administrative activities that are specific to providing residential crisis services. These administrative activities are required of RCS programs but not required of a typical IRTS such as detailed data collection. This cost may be included in the line item for data collection in the budget.

The future funding opportunity will be targeted only toward residential services. The funding addressed there will include a separate legislative appropriation for health and safety improvements for licensed Rule 36 residential programs and funding to add residential crisis stabilization capacity to underserved areas of the state.

**30. Do current providers of residential crisis continue as is?**

Residential crisis stabilization providers will continue to receive the set amount that they are receiving now unless they request funding from the upcoming funding opportunity.