DEPARTMENT OF HUMAN SERVICES

Mobile Crisis Services Frequently Asked Questions (FAQs)

Funding

What funding is available to mobile crisis teams now?

- State Grant
- Home-and-Community-Based Services (HCBS) Federal Medical Assistance Percentage (FMAP)
- Coronavirus Appropriations Act (CAA)
- American Rescue Plan Act (ARPA)

Where did these funds come from?

- State Grant
- FMAP: American Rescue Plan Act of 2021 (ARP) (P.L. 117-2) Section 9817
- CAA: American Rescue Plan Act Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] Section 9817
- ARPA: American Rescue Plan Act of 2021 (ARP) [P.L. 117-2]

What are the timelines and amounts for expending these funds?

- State Grant:
 - Calendar Year 2023 (CY23) spending period between 1/1/23 to 12/31/23: \$19,240,000
 - Calendar Year 2024 (CY24) spending period between 1/1/24 to 12/31/24: \$21,990,000
- FMAP:
 - State Fiscal Year 22 (SFY22) spending period between 7/1/22 to 6/30/23: \$8 million (legislatively carried forward). Any unexpended amounts are eligible for carry forward and must be spent by 3/31/24. The last day DHS may pay out the goods or services that were received is 6/30/24. Therefore, all spending must be completed by 3/31/24.
 - $_{\odot}$ State Fiscal Year 23 (SFY23) spending period between 7/1/22 to 6/30/23: \$8 million
 - State Fiscal Year 24 (SFY24) spending period between 7/1/23 to 3/31/24: \$4 million
- CAA: State Fiscal Year 22 (SFY22) and SFY 23, allow up to \$28,612 per year for each mobile crisis team. All spending must be completed by 3/14/23.
- ARPA: The funds must be spent by 9/30/25: \$1,081,108

What is the purpose of these funds?

- State Grant: The customary, every two-years state funds, are available to adults and/or children to provide 24/7 crisis lines and mobile crisis services, crisis text line messaging services and regional coordination that covers the 87 counties in the state of MN, including 4 tribes. The funding period is a two year grant cycle. Current funding period is between 1/1/21 to 12/31/22. A new application has been released for funding between 1/1/23 to 12/31/24.
- FMAP: The FMAP funds are available to provide services to adults to enhance, expand and strengthen HCBS services under the Medicaid program. These funds must supplement, not supplant, existing state funds to support counties and tribes to staff 24-hour mobile crisis lines and increase capacity to take more calls. **These funds must be spent by 3/31/24.**
- CAA: The CAA funds are available to provide services to adults and/or children who are experiencing a mental health crisis, exacerbated by COVID-19. These funds must be spent by 3/14/23.
- ARPA: The ARPA funds are available to provide services to adults and/or children to provide assistance in the response to the COVID-19 pandemic. **These funds must be spent by 9/30/25.**

Who is eligible for these funds?

- State Grant: Counties and tribes who are certified and are also an enrolled MHCP provider to provide crisis services to adults and/or children in MN.
- FMAP: Counties and tribes who are certified and are also an enrolled MHCP provider to provide services to adults for certain Medicaid expenditures.
- CAA: Counties and tribes who are certified and are also an enrolled MHCP provider to provide crisis services to adults and/or children in MN.
- ARPA: Counties and tribes who are certified and are also an enrolled MHCP provider to provide services to adults and/or children in MN.

When is the money available?

- State Grant: We are currently in the 2021 2022 contracts. New contracts for CY23 and CY24 funding cycle will be available, provided contracts are signed, as of 12/31/22.
- FMAP: We have two different rounds of funding:
 - The first round of applications that was submitted to us by 5/16/22 for funding are currently being reviewed.
 - The second round of applications will include both FY22 and FY24. Decisions about how this funding will be awarded are in process. Additional information will be announced at a later date.
- CAA: The applications that were submitted to us by 5/16/22 for funding are currently being reviewed.
- ARPA: We are currently in the process of determining how this funding will be awarded. Additional information will be announced at a later date.

Which funds can be carried over from YR 1 to YR 2?

- State Grant: YR 1 funds may be carried over to YR 2 of the contract
- FMAP: SFY22 must be spent between 7/1/22 to 6/30/23 (any unexpended amounts are eligible for carry forward and must be spent by 3/31/24) and SFY24 must be spent between 7/1/23 to 3/31/24
- CAA: SFY22 and SFY23 must be spent by 3/14/23
- ARPA: We are currently in the process of determining how this funding will be awarded. Additional information will be announced at a later date.

Which contract process will be completed for each funding stream?

- State Grant: The application and contacting process will be similar to the 2020 2022 grant cycle.
- FMAP:
 - The first round of funding for applications that were submitted to us by 5/16/22 are contract amendments to the current State Grant contracts.
 - \circ $\;$ The second round of funding will be joined with the 2023 2024 State Grant contracts.
- CAA: The funding will be a contract amendment to the current State Grant contracts.
- ARPA: We are currently in the process of determining how this funding will be awarded. Additional information will be announced at a later date.

Expenditures

What are allowable expenditures?

State Grant:

- Brass Code 431x: Adult Mobile Crisis Services: Face-to-face services for adults who may be experiencing a
 mental health crisis or emergency. These services include crisis assessment, intervention and community (nonresidential) stabilization. This code covers infrastructure development, such as training, as well as ancillary and
 supportive services. Note: This service is distinct from development of a wellness plan (434x) and Adult
 Residential Crisis Stabilization (436x).
- Brass Code 432x: Children's Mental Health Crisis Services: Face-to-face assessment services for children who may be experiencing a mental health crisis or emergency, and/or provision of crisis intervention services to children with mental illness experiencing a mental health crisis or emergency. These services include crisis assessment, intervention, and community (non-residential) stabilization. This code covers infrastructure development, such as training, as well as ancillary and supportive services.

Tribal State Grant:

- Crisis response services/on-call staff (if used) and phone triage and dispatch: mental health professional, mental health practitioner, mental health rehab worker (adult stabilization services only), rapid access psychiatrist slots, certified peer specialist (adults only), and staff benefits and payroll taxes.
- Administrative/support staff: data collection/administrative support, fiscal support staff, grant management/monitoring, and staff benefits and payroll taxes.
- Other administrative costs: staff orientation/training, staff travel, transportation to hospital, appointments, etc., occupancy (rent, mortgage, facility improvements), utilities (heat, electric, phone), equipment, supplies and insurance/liability.
- Public outreach/education: purchased advertising costs, flyers, leaflets, magnets, pens, etc.
- Residential Costs (adults only): residential crisis stabilization per diem.

Home-and-Community-Based Services (HCBS) Federal Medical Assistance Percentage (FMAP):

• **County HCBS-FMAP Grant:** These funds must be used to supplement, not supplant, existing state funds expended for Medicaid HCBS. The grant activities must enhance, expand and strengthen HCBS under the Medicaid program to support staff 24-hour mobile crisis lines and increase capacity to take more calls. Counties will use the BRASS-based Grant Fiscal Report (DHS-2895) web-based form to report all expenditures.

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- **Tribe HCBS-FMAP Grant:** These funds must be used to supplement, not supplant, existing state funds expended for Medicaid HCBS. The grant activities must enhance, expand and strengthen HCBS under the Medicaid program to support staff 24-hour mobile crisis lines and increase capacity to take more calls. Invoices for tribes will be processed through EGMS (Enterprise Grants Management System).
 - Crisis response services/on-call staff and phone triage and dispatch: mental health professional, mental health practitioner, mental health rehab worker (adult stabilization services only), certified peer specialist (adults only), and staff benefits and payroll taxes.
 - Administrative/support staff: data collection/administrative support, fiscal support staff, grant management/monitoring, and staff benefits and payroll taxes.
 - **Other administrative costs**: staff orientation/training, staff travel, occupancy (rent, mortgage, facility improvements), utilities (heat, electric, phone), equipment, supplies, and insurance/liability.
 - **Public outreach/education**: purchased advertising costs, flyers, leaflets, magnets, pens, etc.

Coronavirus Response and Relief Supplement Appropriations Act (Coronavirus Appropriations Act (CAA)):

- Training for crisis providers
- Funds to pre-purchase rapid access psychiatry slots, so individuals in crisis can access same day or same week psychiatry appointments for med management
- Emergency medication costs for individuals in crisis in need of medication
- Equipment: PPE, IPADs, mobile printers for crisis responders to get signatures on treatment plans in the community, cell phones, etc.
- Mileage and on-call staffing hours
- Uninsured and underinsured individuals receiving crisis services

American Rescue Plan Act (ARPA):

- Develop partnerships with the emerging Suicide Lifeline (9-8-8) systems, Law Enforcement, EMS, health care providers, housing authorities, Housing and Urban Development (HUD) Continuum of Care, hospital systems, peer-based recovery organizations, and substance use specific treatment providers, all of whom have a critical role in the crisis continuum.
- Utilize funding to allow for additional phone response to work toward sustainability of someone to call.
- Increase capacity for crisis response staff to work toward sustainability of someone to respond.
- Technology: IPADS and telemedicine platforms/technology to allow telemedicine delivery, improve information technology infrastructure, including the availability of broadband and cellular technology.
- Increase capacity for response for children.
- Provide increased outpatient access same-day access or next-day appointments.

What are unallowable expenditures?

- State Grant:
 - o Capital purchases (exceptions need written state approval)
 - Using grant funds to supplant county, tribal or other funds that have been used to provide crisis response services
 - Travel out of state and related out of state costs (exceptions need written state approval)
 - Religious-based counseling

• Home-and-Community-Based Services (HCBS) Federal Medical Assistance Percentage (FMAP):

- o Occurs in a setting such as nursing facilities, IMDs, ICF/DD facilities or hospitals
- Funds room and board
- Delivered in an IMD
- o Supplanting existing state funds extended for Medicaid HCBS
- Children's Mobile Crisis
- Rapid access psychiatrist slots

• Coronavirus Response and Relief Supplement Appropriations Act (Coronavirus Appropriations Act (CAA)):

- To provide inpatient services
- To make cash payments to intended recipients of health services
- To improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
- To provide financial assistance to any entity other than a public or nonprofit private entity

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