Washington State Health Care Authority

Community-Based Crisis Team (CBCT)

Background

Engrossed Second Substitute House bill 1134 (E2SHB 1134) passed in 2023 in response to the need for more accessible and effective behavioral health emergency services within our state. The establishment of the 988 Suicide & Crisis Lifeline moves towards improving behavioral health intervention and ensuring access to immediate support over the phone.

HB1134 seeks to improve in-person responses with the endorsement program. This program creates endorsed mobile rapid response crisis team (MRRCT) and establishes a new type of team, community-based crisis teams (CBCT).

Endorsed teams must meet standards for staffing, training, and transportation ensuring they maintain the capacity to respond quickly and effectively to the most acute calls received by 988.

What is a community-based crisis team?

Community-based crisis teams (CBCT) is a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency. These teams provide an in-person response and connection to ongoing support for an individual experiencing a behavioral health emergency.

These teams provide the same level of care and intervention strategies as our traditional mobile rapid response crisis teams (MRRCT) but differ with their personnel makeup. By expanding the types of personnel, these teams can provide increased response to those seeking support during a crisis and additional resources in rural communities.

Who is eligible to participate?

Eligible provider types listed below and who meet the requirements in RCW 71.24.903 are eligible to participate in the endorsement program.

- *Emergency medical services agency (NEW)
- *Fire service agency (NEW)
- Public health agency
- Medical facility
- Nonprofit crisis response provider
- City or county government entity

Behavioral Health Agency requirements

All CBCTs must have an active BHA license issued by the Department of Health, or a contract with a licensed or certified BHA who is contracted with the BH-ASO in the region where the CBCT will operate.

Contracting with Behavioral Health Administrative Services Organizations

All CBCTs must have a current contract with the behavioral health administrative services organization (BH-ASO) serving the region where the eligible organization will operate or a letter of intent to contract once the team is endorsed. New providers who are interested in becoming an endorsed CBCT can start the process of

endorsement by obtaining a “letter of intent” to contract from the BH-ASO where they wish to deliver services.

Personnel requirements

Teams must include appropriately credentialed or licensed behavioral health clinical staff including a supervisor who meets the minimum requirements as a mental health professional (MHP)[1], mental health care provider (MHCP), a certified peer counselor (CPC), or other behavioral health or medical professional working within their scope of practice, as approved by the authority.

Personnel examples

- Mental health professional
- Mental health care provider
- Certified peer counselor
- A Substance Use Disorder Professional (SUDP)
- Care coordinators
- Behavioral Support Specialist
- Behavioral Health Aide
- Family Support Specialist
- Emergency Medical Technician (EMT)
- Paramedic
- Registered Nurse

Response requirements

Teams must include at least one MHP or MCHP during an initial response. As a best practice the initial outreach should include a certified peer counselor, when available and as clinically appropriate. Teams must also have an MHP supervisor available at all times while the responding team are in the field for consultation. The consulting MHP may be the team supervisor or another MHP.

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Availability requirements

All teams must be staffed and ready to respond 24 hours a day, seven days a week.

Payment eligibility

Endorsed community-based crisis teams that meet the requirements outlined in WAC 182-140 are eligible for the enhanced rate. They remain eligible for this payment as long as they continue to meet the endorsement standards. Endorsed CBCT teams are also eligible for the supplemental performance payment program established by the authority as outlined in RCW 71. 24. 903. The supplemental performance payment program is optional but rewards teams who can respond to the most acute calls quickly within the time requirements outlined in RCW 71. 24. 903. The response times are calculated based on whether the person experiencing the crisis is based in an urban, suburban, or rural areas. This payment is in addition to the enhanced rate.

Are services provided Medicaid billable?

Yes, services provided by CBCTs can be Medicaid billable if the services are provided by Medicaid appropriate staff under the supervision of an MHP employed by the BHA to a person enrolled in Medicaid.

Services provided to people who do not have Medicaid or services that are not Medicaid reimbursable are paid for with General Funds and 988-line tax funding.

Monitoring requirements

The authority conducts on-site reviews every three years. Teams must adhere to the monitoring and reporting requirements as in compliance with Department of Health BHA licensing and the requirements outlined in their BH-ASO contracts.

BH-ASOs will monitor and support teams through their contracts and may have additional requirements.

Data collection

Teams will need to submit supplemental data transactions into the Behavioral Health Data System (BHDS) following the guidance in the Behavioral Health Data Guide (BHDG).

Reporting requirements

Service encounters will be reported utilizing the (ET) modifier to track encounters for endorsed community-based crisis teams (ECBCT).

Endorsed community-based crisis teams will not utilize the HA and HB modifiers, only the ET modifier. Both crisis intervention codes and the stabilization code must be encountered with the ET modifier when submitted by an ECBCT.

The UB modifier should only be used by ECBCTs on the first encounter of H2011 with an ET modifier to identify an initial crisis referral was received.