

Exempt Community-Based Crisis Team

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.

Within these provisions are the establishment of **exempt** community-based crisis teams (EXCBCT). EXCBCTs are required to provide the same level of service as a traditional mobile crisis team but are exempt from the minimum personnel standards as described in [WAC 182-140-0040](#).

What is an exempt community-based crisis team (EXCBCT)?

EXCBCTs are teams comprised solely of an emergency medical services agency, whether part of a fire service agency or a private entity, located in a rural county in eastern Washington with a population of less than 60,000 residents, that provide an in-person response and connection to ongoing support for an individual experiencing a behavioral health emergency.

Which eastern Washington counties are eligible for the exemption?

Adams, Asotin, Columbia, Douglas, Ferry, Garfield, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Skamania, Stevens, and Whitman.

How long will the exemption apply to community-based crisis teams?

EXCBCTs are exempt from the personnel standards, until January 1, 2030. At this time, the program will be evaluated for efficacy and a report will be submitted to the legislature with recommendations on whether to continue the program.

Behavioral Health Agency (BHA) requirements

All EXCBCTs must have a memorandum of understanding with a licensed behavioral health agency (BHA) certified to provide crisis services. This MOU must allow for direct, real-time consultation with an MHP while the team is responding to a crisis call.

Contracting with Behavioral Health Administrative Services Organizations (BH-ASO)

All EXCBCTs must have a copy of the BHA's active contract with the behavioral health administrative services organization (BH-ASO) located in the region where the exempt CBCT will operate. New providers who are interested in becoming an endorsed EXCBCT 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 examples

- Emergency Medical Technician (EMT)
- Paramedic
- Firefighter

Response requirements

EXCBCTs must have access to real-time consultation with a behavioral health clinician when responding to a crisis call.

Availability requirements

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

Follow-up crisis services

If a EXCBCT is unable to provide follow-up crisis services after an initial response, the team must have a memorandum of understanding with a licensed and certified mobile rapid response crisis team (MRRCT) to provide clinically appropriate follow-up crisis services.

Payment eligibility

Exempt community-based crisis teams that meet the requirements outlined in [WAC 182-140-0090](#), [182-140-0100](#) are eligible for the enhanced rate. They remain eligible for this payment as long as they continue to meet the endorsement standards.

Exempt 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. This payment is in addition to the enhanced rate.

Are services provided Medicaid billable?

No, the consulting MHP may be able to bill under consultation codes but those are not typically Medicaid reimbursable services.

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

Monitoring

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.