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**Q1: How will mobile teams be dispatched through the single vendor phone line?**

**A1:** The statewide phone vendor will use a GPS system to identify mobile teams who are active and available to respond to a mobile team request. Priority dispatch will be given to requests from first responder partners in an effort to minimize law enforcement involvement. The dispatchers will transfer the call notes from the crisis counselor directly to the mobile team at the time of dispatch. The dispatchers will also monitor mobile teams who are on scene and initiate contact with teams who do not check in at regular intervals for safety reasons.

**Q2: How will requests for mobile team dispatch be triaged?**

**A1:** Crisis counselors will assess callers for risk as soon as contact is made and throughout the duration of the call. If the counselor is unable to develop a safety plan with the caller on the phone, and the caller agrees to meet with a crisis mobile team, a dispatch will be initiated. Requests for mobile team response received from first responders will result in immediate, priority dispatch.

**Q3: What billing codes or modifiers can be used for crisis services?**

**A3:**

Service	Population	Setting	Codes	Modifiers	Responsible Party
Crisis services within first 24 hours	Medicaid, KidsCare and State Only	All providers/settings permitted to bill these codes except observation crisis stabilization units	H2011, S9484, S9485	ET, GT, H9, U8	RBHA
Crisis services within first 24 hours	Medicaid, KidsCare and State Only	Observation crisis stabilization units	S9484, S9485, H0031, H0038, 90791, T1002, T1016	32, ET, GT, H9, U8	RBHA
Crisis phones	Medicaid, KidsCare and State Only	Telephonic	H0030	ET	RBHA
Assessments	Medicaid,	ED/Medical Floor	H0031, 90791,	32, GT,	Plan of

	KidsCare		90792	GQ, H9, U8, U9, V1	enrollment
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Please refer to the [Medical Coding Resources](#) web page for additional resources and information on billing.

**Q4: Can mobile teams be dispatched to hospital Emergency Rooms?**

**A4:** Yes, the RBHAs are responsible for determining which hospital emergency rooms within their respective service areas are appropriate for crisis mobile team response. Some mobile teams may be dispatched to hospitals or emergency rooms in non-crisis situations for the purpose of care coordination, assessment, or other non-crisis related needs. Providers should work directly with the RBHAs for additional information on when a mobile team should be dispatched to an emergency room and how to bill for this service.

**Q5: Can outpatient clinics and integrated clinics be considered crisis stabilization facilities in rural areas with limited stabilization facility access?**

**A5:** Yes, integrated clinics and outpatient facilities that provide crisis intervention services 24 hours a day, seven days a week, can be included in a RBHA’s network of crisis stabilization facilities. See [ACOM 436](#) for additional information on Network Standards. Providers should work directly with the RBHAs to determine if a specific facility can be considered a crisis stabilization facility within their respective networks.

**Q6: What are the staffing requirements for peer support on mobile teams?**

**A6:** Effective 10/1/2022, AHCCCS will require that mobile crisis team providers employ a minimum of 25 percent credentialed peer support staff. This requirement may not impact the individual team make up and providers are encouraged to staff as appropriate for each call. AHCCCS encourages the inclusion of credentialed peers support providers at all levels of the crisis and general behavioral health continuum. Providers should work directly with the RBHAs to ensure any additional contractual requirements or expectations for crisis providers are met.

**Q7: Where can I find additional 988 information and marketing materials to provide to clients?**

**A7:** For additional information about 988 please visit [SAMHSA’s website](#).