

**NMNC 4.401.04 Mobile Crisis**

Mobile Crisis provides onsite mobile assessment and crisis intervention to members in an active state of a behavioral health related crisis. The purpose of Mobile Crisis is to provide rapid response, assessment, and early intervention for adults, children/adolescents and families experiencing a behavioral health crisis. This service is provided 24 hours a day, seven days a week, and should include a crisis assessment and the development of a risk management/safety plan. Referrals and coordination of services are provided to link members and their families to other service providers and community supports to assist with maintaining the member’s functioning and treatment in the least restrictive, appropriate setting along the behavioral health continuum of care. Mobile Crisis will coordinate with the member’s community providers, primary care physician, behavioral health providers, and any other care management program providing services to the youth or adult throughout the course of the service being provided.

A member’s inability to participate in the assessment may result in referral/admission to a higher level of care.

<b>Admission Criteria</b>	<b>Continued Stay Criteria</b>	<b>Discharge Criteria</b>
<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Member must be in an active state of crisis that has not been able to be resolved by phone or other community interventions</li> <li>2) Immediate intervention is necessary to attempt to stabilize member’s condition safely</li> <li>3) Situation does not require an immediate public safety response</li> <li>4) Intervention is expected to improve the member’s condition/stabilize the member in the community</li> <li>5) Member demonstrates and/or collateral contact(s) report at least one of the following:               <ol style="list-style-type: none"> <li>a) suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others; or</li> <li>b) impairment in mood/thought/behavior disruptive to home, school, or the community; and;</li> <li>c) behavior (a. or b.) is escalating to the extent that a higher intensity of services will likely be required without intervention.</li> </ol> </li> </ol>	<p><b>N/A</b></p>	<p><b>Any one of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Crisis assessment and other relevant information indicate that member needs another level of care, either more or less intensive, and that level of care is sufficiently available; or</li> <li>2) Member is released or transferred to an appropriate treatment setting based on crisis screening, evaluation, and resolution; or</li> <li>3) Member’s physical condition necessitates transfer to an inpatient medical facility and the provider has communicated member risk management/safety plan to the receiving provider; or</li> <li>4) Consent for treatment is withdrawn, and it has been determined that the member or guardian has the capacity to make an informed decision or the court has denied involuntary treatment</li> </ol>

**Reference Sources**

Beacon’s Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice

documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)