

Beacon NMNC 4.401.06 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 timely 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 the crisis team should be able to meet with the member at the home, at the workplace, or in other community-based settings. The intervention 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, in order to develop a plan tailored to the member's unique needs. A primary goal of the Mobile Crisis services is to prevent unnecessary Emergency Room visits, hospitalizations, and involvement of law enforcement. Mobile Crisis Services are typically delivered face-to-face (in person). Telehealth is a consideration depending on acuity of member, state/regulatory requirements, and other clinical considerations.

Ideally, Mobile Crisis teams are comprised of 2 people, including a licensed/credentialed clinician, but the specific operations of a Mobile Crisis team need to be tailored to the community in which it operates and the resources available.

CPT CODES

NORTHEAST 1: H2011-HN, H2011-HO, S9485, S9485HB, S9485HE, S9485U1

**MI (TOTAL HEALTH): H2011 CRISIS INTERVENTION SERVICE PER 15 MIN,
90839 PSYCHOTHERAPY FOR CRISIS FIRST 60 MIN**

ADMISSION CRITERIA

All of the following criteria must be met:

1. Member must be in an active state of crisis that has not been able to be resolved by phone or other community interventions
2. As a result of a psychiatric diagnosis or a substance use disorder, member demonstrates and/or collateral contact(s) report at least one of the following:
 - a. suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others;
 - b. impairment in mood / thought / behavior that is disruptive to home, school, or the community and is causing dysfunction in daily living

3. Immediate intervention is necessary to attempt to stabilize member's condition safely, and behavior is escalating to the extent that a higher intensity of services will likely be required without this intervention
4. Situation does not require an immediate public safety response
5. There is a reasonable expectation that an acute intervention (i.e., medication management, identification of a resource or support, adjustment in living situation) is expected to improve the member's condition/stabilize the member in the community
6. Member (or member's guardian) is able to engage in treatment planning and express understanding of the planned intervention(s)

CONTINUED STAY CRITERIA

All of the following criteria must be met:

1. N/A

DISCHARGE CRITERIA

Any *one* of the following criteria must be met:

1. Crisis assessment and other relevant information indicate that member's symptoms and behaviors have stabilized, and member can participate in treatment planning and crisis prevention planning, with planned follow-up with the identified providers/community resources; OR
2. Crisis assessment and other relevant information indicate that member's symptoms and behaviors require a more intense level of care, and that level of care is available and accessible so that member can be released or transferred to an appropriate treatment setting, with a warm hand-off from the Mobile Crisis team; OR
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
4. It has been determined that the member (or member's guardian) has the capacity to make an informed decision and consent for treatment is withdrawn, or the court has denied involuntary treatment

EXCLUSIONS

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

REFERENCES

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice. In the course of reviewing the criteria annually there is an extensive literature search conducted and each of the following sources are consulted to determine if there is any relevant research or update:

1. Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP); American Association for Emergency Psychiatry (AAEP)
2. National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Behavioral Health Care Guidelines (formerly known as Milliman Care Guidelines); Change Healthcare's InterQual ® Behavioral Health Criteria

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:
 - *Building State Capacity to Address Behavioral Health Needs Through Crisis Services & Early Intervention*. Stuart Yael Gordon. Milbank Memorial Fund. November 2020. Accessed via: https://www.milbank.org/wp-content/uploads/2020/11/Building-States-Capacity-for-BH-Crisis_4.pdf
 - *Crisis Services: Meeting Needs, Saving Lives*. National Association of State Mental Health Program Directors. August 2020. Accessed via: <https://www.nasmhpd.org/sites/default/files/2020paper1.pdf>
5. Federal/state regulatory and industry accreditation requirements, including CMSs National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)