

 <p><b>DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES</b></p>	<p><b>Behavioral Health and Developmental Disabilities (BHDD) Division</b></p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p><b>Date effective:</b> July 1, 2023</p> <p><b>Date revised:</b> New</p>
<p><b>Policy Number:</b> 452</p>	<p><b>Subject:</b> Mobile Crisis Response Services</p>

### Definition

Mobile Crisis Response Services provide integrated, short-term crisis response, stabilization, and intervention for members experiencing a mental health or substance use crisis in the community. Mobile Crisis Response Services will provide a service that is a mobile, on-site therapeutic response to a member experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the member or others. Mobile Crisis Response Services providers have the capability to make or arrange for referrals to outpatient care and to follow up to ensure that the member’s crisis is resolved, or that they have successfully been connected to ongoing services.

Mobile Crisis Response Services are available to be delivered according to one of the following three staffing model options:

- (1) Services delivered by an individual responder;
- (2) Services delivered by a multidisciplinary team that meets the provider requirements outlined in this policy; and
- (3) Services delivered by a multidisciplinary team that meets both the provider requirements outlined in this policy and the requirements described in section 1947(b) of the American Rescue Plan Act of 2021, including being able to respond 24 hours per day.

### **Medical Necessity Criteria**

- (1) The member must be experiencing a behavioral health crisis that is unable to be resolved by phone triage, or phone triage was not available.
- (2) Rapid intervention is needed to attempt to stabilize the member's condition safely.
- (3) The member requires at least one of the following to diffuse the crisis:
  - (a) psychotherapy;
  - (b) mobilization of resources to defuse the crisis and restore safety; or
  - (c) provision of psychotherapeutic intervention to minimize emotional trauma.
- (4) The member may require the following to prevent further crisis:
  - (a) referrals to outpatient care and other appropriate care; or
  - (b) follow up care coordination to connect with ongoing services.

### **Mobile Crisis Response Services Delivered by an Individual Responder**

#### **Provider Requirements**

- (1) Services must be provided by a program that is approved by the department and enrolled in Montana Medicaid as a crisis provider. Providers must complete and submit the designated application to the department.
- (2) The responding service must be delivered by one clinical mental health professional, listed under MCA 53-21-102 (11)(b)-(h), who is qualified to provide a biopsychosocial assessment within their authorized scope of practice.
- (3) Services must arrange for the availability of the following care to all members seen by the responder:
  - (a) referral to outpatient services and other appropriate care; and
  - (b) follow up Mobile Crisis Care Coordination Services to connect with ongoing services.
- (4) All staff must be trained in trauma-informed care, de-escalation strategies, harm-reduction, and suicide awareness.
- (5) All staff must have valid certifications of first aid and Cardiopulmonary Resuscitation (CPR).

## **Mobile Crisis Response Services Delivered by a Multidisciplinary Team**

### **Provider Requirements**

- (1) Services must be provided by a program that is approved by the department and enrolled in Montana Medicaid as a crisis provider. Providers must complete and submit the designated application to the department.
- (2) The responding team must be comprised of the following staff and respond as a team throughout the duration of the response:
  - (a) one clinical mental health professional, listed under MCA 53-21-102 (11)(b)-(h), who is qualified to provide a biopsychosocial assessment within their authorized scope of practice; and
  - (b) one paraprofessional, experienced in behavioral health or mental health crisis intervention.
- (3) Services must arrange for the availability of the following care to all members seen by the responding team:
  - (a) referral to outpatient services and other appropriate care; and
  - (b) follow up Mobile Crisis Care Coordination Services to connect with ongoing services.
- (4) All staff must be trained in trauma-informed care, de-escalation strategies, harm-reduction, and suicide awareness.
- (5) All staff must have valid certifications of first aid and Cardiopulmonary Resuscitation (CPR).

### **Service Requirements**

- (1) Services must include the following:
  - (a) screening and assessment, as clinically appropriate;
  - (b) stabilization and de-escalation; and
  - (c) arrangement of Mobile Crisis Care Coordination Services with referrals to health, social, and other services and supports.
- (2) Services must provide community-based crisis response services.
- (3) Services must be provided in the community, outside of a hospital, jail, or other facility setting.

- (4) Services must be able to be dispatched and able to respond without law enforcement.
- (5) Services must be available every day of the year.
- (6) Services must be delivered in-person; when furnished by a mobile crisis team, the responding team must have at least one team member responding in-person. One team member may respond via telehealth and must remain connected throughout the duration of the response.
- (7) Services can only be reimbursed for the in-person response time, which may include facilitation of a warm handoff for ongoing care.
- (8) Services must be able to respond to a crisis within the following times from time of dispatch when weather and travel distance allows:
  - (a) One hour for urban areas; and
  - (b) Two hours for rural/frontier areas.

### **Utilization Management**

- (1) Prior authorization is not required.