

 DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	Behavioral Health and Developmental Disabilities (BHDD) Division Non-Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2023
Policy Number: 454	Subject: Mobile Crisis Care Coordination

Definition

Mobile Crisis Care Coordination Services provide deliberate organization of member care activities for members who have recently experienced a behavioral health crisis and meet the medical necessity criteria. Mobile Crisis Care Coordination Services facilitate information sharing among all the participants concerned with a member’s care to achieve safer and more effective care.

Medical Necessity Criteria

1. The member received Mobile Crisis Response Services.
2. The member requires the following to prevent further crisis:
 - a. Referrals to outpatient care; or
 - b. Follow up care coordination to connect with ongoing services.

Provider Requirements

1. Mobile Crisis Care Coordination Services must be provided by a provider 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. All staff must be trained in trauma-informed care, de-escalation strategies, harm-reduction, and suicide awareness.

Service Requirements

1. Services may be provided up to 14 days after the member receives the Mobile Crisis Response Services.
2. Services are person-centered, family-centered, and self-directed.
3. Services include the availability of the following:
 - a. Assessment of needs;
 - b. Linkage with necessary services, which includes facilitating and coordinating treatment and services among other professionals and agencies;
 - c. Individualized crisis planning to create or update a range of planning tools, including a safety plan, which is a prioritized list of coping strategies and sources of support; and
 - d. Follow up care coordination.

Utilization Management

1. Prior authorization is not required.
2. Continued stay reviews are not required.
3. The provider must document in the file of the member that the member meets the medical necessity criteria.