

## Mobile Crisis Response, BH 31

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual <sup>\*</sup>.**

### Purpose:

This policy addresses Mobile Crisis Response.

### Description & Definitions:

Mental Health Services (formerly CMHRS), App. G - Comprehensive Crisis and Transition Services p. 5 (08/21/2023)

Mobile Crisis Response services are available 24 hours a day, seven days a week, to provide for rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real-time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to i) de-escalate the behavioral health crisis and prevent harm to the individual or others; ii) assist in the prevention of an individual's acute exacerbation of symptoms; iii) development of an immediate plan to maintain safety; and iv) coordination of care and linking to appropriate treatment services to meet the needs of the individual.

Mobile Crisis Response is designed to support individuals in the following manner:

- Provide rapid response to individuals experiencing a behavioral health crisis
- Meet the individual in an environment where they are comfortable to facilitate service engagement, stabilization and resolution of the crisis when possible ~~for all of the following~~:
  - Services provided in community locations where the individual lives, works, participates in services or socializes. Locations include but are not limited to schools, homes, places of employment or education, or community settings.
- Provide appropriate care/support/supervision in order to maintain safety for the individual and others, while avoiding unnecessary law enforcement involvement, emergency room utilization, and/or avoidable hospitalization
- Prevent further exacerbation of symptoms that would put the individual at risk of an out of home placement or disruption in current living environment

- Refer and link to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care (including pre-admission screening in appropriate cases conducted by a DBHDS Certified Preadmission Screening Clinician)
- Coordinate with behavioral health providers providing services to the individual throughout the delivery of the service.

Critical features of Mobile Crisis Response include:

- Recovery-oriented, trauma-informed, developmentally appropriate provision of services, integrating the Zero Suicide/Suicide Safer Care principles;
- An approach to the individual in crisis that is sensitive to their cultural identity and demonstrates humility and respect for their lived experiences and preferences in participating in care;
- **Assessment** and screening of behavioral health crisis needs, including screening for suicidal or homicidal risk
  - When necessary and in any location where the individual may be located, a DBHDS Certified Preadmission Screening Clinician may complete a Preadmission Screening within this service
- **Crisis Intervention:** De-escalation and resolution of the crisis, including on-site interventions for immediate de-escalation of presenting emotional or behavioral symptoms
  - Brief therapeutic and skill building interventions
  - Safety/crisis planning
- Care Coordination:
  - Engaging peer/natural and family support
  - Engagement with the DBHDS crisis data platform
  - Linkage and referral to ongoing services, supports and resources (examples: housing, peers, chaplaincy), as appropriate and least restrictive level of care ~~including community stabilization~~
  - Coordination and collaborate effectively and successfully with law enforcement, emergency responders, and DBHDS Certified Preadmission Screening Clinicians.

Covered Services components of Mobile Crisis Response include:

- Assessment, including telemedicine assisted assessment
- Care Coordination
- Crisis Intervention
- Health literacy Counseling
- Individual and Family Therapy
- Peer Recovery Support Services
- Pre-admission screening
- Treatment Planning

## Exclusion Criteria:

Mental Health Services (formerly CMHRS), App. G - Comprehensive Crisis and Transition Services p. 10 (08/21/2023)

In addition to the “Non-Reimbursable Activities for all Mental Health Services” section in Chapter IV of the DMAS manual, the following service limitations apply:

- Mobile Crisis Response may only be provided to individuals receiving inpatient hospital services for the explicit purpose of pre-admission screening by a DBHDS Certified Preadmission Screening Clinician. -
- Services may not be provided in groups where one staff person or a team of staff provides services to two or more individuals at the same time.

## Admission Criteria:

Mental Health Services (formerly CMHRS), App. G - Comprehensive Crisis and Transition Services p. 9 (08/21/2023)

This service is available to any individual meeting the below criteria, regardless of diagnosis.

Mobile Crisis Response is medically necessary for **all of the** following criteria:

- 1. The individual must be in an active behavioral health crisis; **and**
- 2. Urgent intervention is necessary to stabilize or prevent escalation of the individual's behavioral health crisis; **and**
- 3. The individual or collateral contact reports at least **1 or more of the** following:
  - a. Suicidal/assaultive/destructive ideas, threats, plans or actions; **or**
  - b. An acute or increasing loss of control over thoughts, behavior and/or affect that could result in harm to self or others; **or**
  - c. Functional impairment or escalation in mood/thought/behavior that is disruptive to home, school, or the community or impacting the individual's ability to function in these settings; **or**
  - d. The symptoms are escalating to the extent that a higher level of care will likely be required without intervention; **and**
- 4. Without urgent intervention, the individual will likely decompensate which will further interfere with their ability to function in at least one of the following life domains: family, living situation, school, social, work, or community

Continue Stay Criteria: Not available for this level of care. If additional units are needed, providers should submit a new registration form with the Managed Care Organization (MCO) or Fee-For-Service (FFS) Contractor and any necessary call center engagement in accordance with DBHDS guidelines. Individuals must meet admission criteria.

### Discharge Guidelines:

Mental Health Services (formerly CMHRS), App. G - Comprehensive Crisis and Transition Services p. 9 (08/21/2023)

The individual meets discharge criteria **for all of the** following:

- The individual no longer meets admission criteria and/or an appropriate aftercare treatment plan has been established and the individual has been linked or transferred to appropriate community, residential or in-patient behavioral health services.

### Required activities:

Mental Health Services (formerly CMHRS), App. G - Comprehensive Crisis and Transition Services, p. 7 (08/21/2023)

In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to Mobile Crisis Response:

- The provider must engage with the DBHDS crisis data platform as required by DBHDS.

### Assessment:

- At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment to determine the individual's appropriateness for the service. This assessment must be done in-person, through telemedicine or through a telemedicine assisted assessment. At a minimum, the assessment must include the following elements: risk of harm; functional status; medical, addictive and psychiatric co-morbidity; recovery environment; treatment and recovery history; and, the individual's ability and willingness to engage. The assessment requirement can also be met by one of the following:
  - A Comprehensive Needs Assessment (see Chapter IV for requirements).
  - Preadmission screening: If a prescreening assessment has been completed within 72 hours prior to admission, the LMHP, LMHP-R, LMHP-RP or LMHP-S may review and create an update or addendum to the prescreening assessment
  - A DBHDS approved assessment for Mobile Crisis Response if conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S.
    - Providers may use an existing DBHDS approved assessment for individuals transitioning from another crisis service or Community Stabilization. At a minimum, an LMHP, LMHP-R, LMHP-RP or LMHP-S must review and update the DBHDS approved assessment.

- At a minimum, for consecutive registration requests, an LMHP, LMHP-R, LMHP-RP, or LMHP-S must review and update the assessment to include evidence and clinical justification for the additional units requested.

**Care Coordination:**

- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
- Active transitioning from Mobile Crisis Response to an appropriate level of care shall be required; which includes care coordination and communication with the individual's MCO or FFS contractor, service providers and other collateral contacts.

**Crisis Intervention:**

- Development of a plan to maintain safety in order to prevent the need for a higher level of care; or
- Completion of a Crisis Education and Prevention Plan (CEPP) meeting DBHDS requirements. The CEPP process should be collaborative but must be directed and authorized by a LMHP, LMHP-R, LMHP-RP or LMHP-S. The CEPP meets the safety plan requirement; or
- If there is an existing Crisis Education and Prevention Plan (CEPP), the provider may review the existing CEPP and update as necessary with the individual. The CEPP meets the safety plan requirement.

Services must be provided in-person with the exception of the assessment and care coordination activities.

Telehealth is permissible for prescreening activities pursuant to section §37.2-800 et. seq. and section §16.1-335 et seq. of the Code of Virginia that and are billed using modifiers HK and 32.

Services must be available to the individual 24 hours per day, seven days per week, in their home, workplace, or other setting that is convenient and appropriate for the individual.

Service delivery must be individualized.

**Coding:**

Medically necessary with criteria:

Coding	Description
H2011	Crisis intervention service, per 15 minutes

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

**Document History:**

Revised Dates:

- 2023: July
- 2023: May
- 2022: June, September

Reviewed Dates:

- 2024: June

Effective Date:

- December 2021

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services. Revision Date: 8/21/2023 Appendix G: Comprehensive Crisis Services. Retrieved 5.15.2024  
<https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-02/MHS%20-%20Appendix%20G%20%28updated%208.21.23%29%20Final.pdf>

## Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

## Keywords:

SHP Mobile Crisis Response, SHP Behavioral Health 31, Marcus alert system