

**Western Highlands Network  
Communication Bulletin # 40  
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**Policy & Procedure for WHN Authorizations for  
Initial Mobile Crisis Management (MCM)**

*The DMH website defines the following procedures to be followed by providers endorsed for MCM – from 03/27/06 Enhanced Service Definitions revised version:*

“Mobile Crisis Management is a “Second Level” Service – other services should be billed before MCM, unless the client is unopened to the state system. Example, if the recipient’s outpatient clinician stabilizes the crisis, the outpatient billing code should be used, not MCM. If a community support worker responds and stabilizes the crisis, the Community Support billing code should be used.

MCM should be used to divert individuals from inpatient psychiatric and detoxification services.

For individuals enrolled with the LME, the MCM provider must contact the LME to determine if the individual is enrolled with a provider that should and can provide or be involved with the response.

MCM includes crisis prevention and supports that are designed to reduce the incidence of recurring crises. These supports and services should be specified in a recipient’s Crisis Plan, which is a component of all Person Centered Plans.

For recipients new to the public system, MCM must develop a Crisis Plan before discharge. This Crisis Plan should be provided to the individual and caregivers, and any agencies that may provide ongoing treatment and support after the crisis has been stabilized.

If a client has continuing treatment/support needs, a linkage to ongoing treatment or supports must be made prior to discharge.

A provider cannot use MCM for consumers receiving: ACTT, Intensive In-Home, Multi-Systemic Therapy, Medical/Non-Medical Community SA Residential Treatment, Detox services, Inpatient Substance Abuse Treatment, Inpatient Psychiatric Treatment, and Psychiatric Residential Treatment.”

**WHN requires the Mobile Crisis Management (MCM) Provider to complete the following:**

1. For a **consumer not open to WHN system (Medicaid or IPRS)** the MCM Provider:
  - completes an ACCESS Screening Form for the 1<sup>st</sup> eight hours (no prior approval)
    - all extensions beyond 8 hours require a new authorization
    - for extensions beyond 8 hours or 2<sup>nd</sup> MCM contact, a chart must be opened – once the chart is opened, Community Support must be used unless justified by requesting MCM level of service
    - the MCM provider, who developed a Crisis Plan with the consumer at the 1<sup>st</sup> MCM contact + a Referral, as required in the service definition, should ensure that planned follow-up occurs and if a 2<sup>nd</sup> MCM contact occurs, a chart is to be opened. If the consumer chooses to have services from another provider other than the MCM provider, the MCM provider will assist with case responsible transfer.
  - submit SAR
  - submit Crisis Rating Scale.

These forms must be submitted to ACCESS the next business day.

- For Medicaid, this procedure may be modified by Value Options 7-1-06.

2. For an **consumer opened to WHN system (Medicaid or IPRS)** who is currently receiving services from an endorsed Community Support provider **other than the MCM provider** and does not have MCM currently documented on the PCP - the endorsed Community Support provider should complete the Mobile Crisis Management Referral (MCM) Form (attached), follow the procedure documented on the form and fax to the MCM provider and ACCESS (this form will count as the screening).

- submit SAR
- submit Crisis Rating Scale.

These forms must be submitted to ACCESS the next business day.

- For Medicaid, this procedure may be modified by Value Options 7-1-06.

If the endorsed Community Support provider is unaware of the consumer's current situation, (e.g. in the emergency room on Commitment Petition and MCM is called to assist with an assessment), the MCM provider contacts WHN Access Department to determine if the individual is enrolled with a Community Support Provider. The caller will attempt to engage that provider with their First Responder responsibilities. If the consumer's case responsible provider cannot be engaged, the MCM provider follows procedure #2 listed above for a **consumer open to WHN system**.

If a consumer is receiving services from a provider **not** endorsed through WHN, then the MCM Provider will treat situation as a **consumer not open to the WHN system** and use procedure #1 above.

For an **consumer open to WHN system** who has MCM authorized as an ongoing service on the PCP, then MCM authorization should be requested through the WHN Services Management Unit.

