

POLICY AND PROCEDURE

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| POLICY NAME: Mobile Crisis Assessment and Intervention – In Lieu of Service | POLICY ID: FL.UM.55 |
| BUSINESS UNIT: Sunshine State Health Plan | FUNCTIONAL AREA: Utilization Management |
| EFFECTIVE DATE: 11/2018 | PRODUCT(S): Managed Medical Assistance (MMA), Child Welfare (CW) |
| REVIEWED/REVISED DATE: 07/2019, 07/2020, 07/2021, 07/2022, 07/2023 | |
| REGULATOR MOST RECENT APPROVAL DATE(S): NA | |

POLICY STATEMENT:

To describe the appropriate clinical use of Mobile Crisis Assessment and Intervention services in lieu of Emergency Behavioral Health Care. Services shall meet the intent of diversion for member's Emergency Department of admissions, Inpatient admissions, or out-of-home placement.

PURPOSE:

The purpose of this policy is to define the use of Mobile Crisis Assessment and Intervention as an in lieu of service for emergency behavioral health care and describe the authorization process for these mobile crisis services.

SCOPE:

This policy is applicable to Sunshine Health employees involved in the design, implementation, operations, and management of Behavioral Health Utilization management services for Sunshine Health.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

NA

POLICY:

The Plan uses appropriate clinical intervention to provide mobile crisis assessment and intervention services in lieu of emergency behavioral health care. Services meet the intent of diversion for member's emergency department admissions, inpatient admissions, or out-of-home placement.

In compliance with Early Periodic Screening Diagnostic Treatment (EPSDT) requirements of 42 U.S.C, and as required by federal law, Sunshine Health provides services to:

- a. Medicaid eligible recipients under the age of 21, if such services are medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening service, whether or not such services are covered under the State Plan.
- b. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d (a).

PROCEDURE:

- Description of Services:
 - Mobile crisis assessment and intervention services include onsite mobile crisis assessment, service referral, crisis intervention, and behavioral health triage services for members identified as being in an acute crisis state.
 - All efforts are made by the mobile crisis team to stabilize the individual in crisis and support them in access to ongoing behavioral health, or other, services to promote their stability.
- Delivery of Services:
 - Mobile crisis services may be appropriate in a number of different settings including home, school, placement settings, emergency rooms, office, and other community locations.
- Eligible Population:
 - Any member experiencing an acute behavioral health crisis.
- Authorization Requirements:
 - While prior authorization is not required for mobile crisis assessment and intervention, the member must have a choice of whether to receive the Medicaid covered service or the mobile crisis assessment and intervention (in lieu of service).
 - This choice must be documented in provider's member record, must be saved in the TruCare record, and documentation must be available upon request.
 - Members meeting eligibility requirements must be admitted to a contracted treatment provider.

- Eligibility Requirements:
 - Sunshine Health member in an active state of crisis as defined by one of the following:
 - Member demonstrates suicidal or homicidal ideation which present risk to self or others as indicated by a plan, intent, and/or means.
 - Member demonstrates disturbance in thought, mood, or behavior which is disruptive to interpersonal, familial, or occupational functioning to the extent that immediate intervention is required.
 - Member demonstrates ability to communicate and participate in proposed de-escalation strategies.
 - The intervention must be reasonably expected to improve/stabilize the member's condition and/or resolve crisis safely in the community.
- Continued Stay:
 - Continued stay criteria is not applicable for Mobile Crisis Assessment and Intervention Services.
- Discharge Criteria:
 - Member is de-escalated successfully in the community and identified that there is no longer a threat of safety to self or others based upon assessment/evaluation and appropriate safety plan in place.
 - An appropriate after-care plan to follow-up with member maintaining in the community is agreed to which is determined to reasonably maintain the member and others' safety in the community.
- Professional Qualifications:
 - Master's level behavioral health clinician under supervision of a licensed clinician.
 - Team must include a licensed behavioral health clinician.
- Limitations/ Exclusions:
 - Member is not in an active state of crisis.
 - Member is unable to communicate and participate in de-escalation strategies.
 - Mobile crisis services intervention is not expected to improve/stabilize member's condition and/or resolve crisis safely in the community.

Coverage up to 96 units/year, with a maximum of 8 units/day (1 unit=15 minutes).

REFERENCES: N/A

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

| REVISION TYPE | REVISION SUMMARY | DATE APPROVED & PUBLISHED |
|----------------------|---|--------------------------------------|
| New Policy Document | Policy Created | 06/2018 |
| Annual Review | Removed medical necessity requirements and definition. | 07/2019 |
| Annual Review | Updated policies' name and number and changed approver #3 to VP Medical Affairs. No content changes. | 07/2020 |
| Annual Review | To comply with (cc.comp.22) and consistency throughout the document, updated to present tense action language, replaced subtitles with bullet points to better define steps, relocated Definitions to above Policy, and added Regulatory Reporting Requirements section. Revised POLICY language and to be included in this section, relocated EPSDT. | 07/20/21 |
| Annual Review | No changes needed | 07/2022 |
| Annual Review | Transferred policy information to new policy template Updated/Corrected "Policy ID" Updated dates to the correct format | 07/2023 |

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| | Added policy name to "Footer" Removed Signature Lines Corrected grammatical errors Added "Policy Statement" from Archer | |
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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.