Performance Specifications

Emergency Services
Adult Community-Based Mobile Crisis Intervention (AMCI), a.k.a. Emergency Services Programs (ESPs)

Providers contracted for this service are expected to comply with all requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications, located at the beginning of the performance specifications section of the Provider Manual, found at www.masspartnership.com. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

Adult Community-Based Mobile Crisis Intervention (AMCI), a.k.a. Emergency Services Program (ESP), provides crisis and behavioral health assessment, intervention, and stabilization services 24 hours per day, seven days per week, and 365 days per year (24/7/365) to adult Members (21+) who are experiencing a behavioral health crisis. AMCI services are provided at the co-located Community Behavioral Health Center (CBHC) and through adult mobile response. The mission of the AMCI is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis in a manner that allows a Member to receive medically necessary services in the community, or if medically necessary, in an inpatient or 24-hour diversionary level of care.

The AMCI multi-disciplinary team includes physicians, nurses, behavioral health clinicians, certified peer specialists, and recovery coaches, and provides core services including crisis assessment, intervention, stabilization, and post-stabilization. The AMCI conducts a complete assessment and offers appropriate stabilization services that may include short-term crisis counseling, urgent psychopharmacology including induction and bridge services for medications to treat opioid use disorders (MOUD) and psychiatric medications, a medical screening to identify acute conditions that require emergency treatment, referrals to community-based services such as Adult Community Crisis Stabilization (Adult CCS), outpatient counseling, opioid treatment services, Partial Hospitalization, recovery-oriented and consumer-operated resources, and social services. The AMCI team develops and maintains linkages with community resources to ensure expedited access to services, minimizing the re-escalation of the crisis. For Members who do not require inpatient mental health services or another 24-hour level of care, AMCI provides up to 72 hours (three days) of daily post-stabilization follow-up to link the Member with needed supports and confirm transition to and engagement with aftercare.

For Members who already have community-based services, and with Member consent, the AMCI team communicates with existing providers to ensure continuity of care and will jointly determine how best to provide additional support to the Member.

AMCIs are directly accessible to Members who seek behavioral health services and/or who may be referred by any other individual or resource, such as the statewide 24/7 Behavioral Health Help Line, family members, guardians, community-based agencies, service providers, primary care physicians, residential programs, schools, state agency personnel, law enforcement, courts, etc. The AMCI will

triage all requests for services, prioritizing the safety and preferences of the Member/family, and ensure only those who require higher-level interventions than the community-based AMCI provides are be triaged to the ED. The AMCI will educate Members on the availability of community-based AMCI services to encourage Members to seek the least restrictive and lowest level of care necessary to remain in the community when clinically appropriate.

Components of Services

1. The AMCI minimally provides these core functions – behavioral health crisis assessment, intervention, stabilization, and post-stabilization services – to all recipients of AMCI services in the community.
2. The AMCI utilizes a multidisciplinary team approach in determining course of treatment and ensures Members fully understand treatment recommendations. This team should minimally include a psychiatrist, clinical program director, qualified behavioral health clinician, certified peer specialist, and recovery coach.
3. A multidisciplinary, two-person team will be utilized in mobile community response and when a Member is seen at the CBHC location and may include nurses, social workers, or certified peer specialists.
4. Services are available to adult Members (21+) who present with mental health, substance use disorders (SUDs), co-occurring mental health and/or SUDs, and co-occurring behavioral health and medical conditions.
5. The AMCI ensures that services are accessible 24/7/365 and may be provided in-person or via telehealth as requested by the individual, and as clinically appropriate.
6. AMCI services are delivered in the community or at the site location when possible. AMCI services may be delivered in an emergency department (ED) setting when necessary.
7. Every Member regardless of acuity, clinical, or SUD presentation is entitled to a complete assessment, which includes behavioral health crisis assessment inclusive of diagnostic interview and full mental status examination, intervention, stabilization, and post-stabilization services. It is understood that every Member has access to all the services listed above and will not be subject to "exclusionary" practices based on nature of crisis, presenting issue, engagement with AMCI, or motivation for treatment.
8. The AMCI supports the resiliency, wellness, and recovery of all Members to whom it provides services and integrates mental health, substance use disorder, and wellness and recovery principles and practices across the service delivery model. Additionally, the AMCI ensures access to specific recovery-oriented supports, including certified peer specialists and recovery coaches.
9. The AMCI must provide assessment of current or past use of substances and indications for arranging immediate medical treatment or medical follow-up, including the capacity to screen for substance intoxication or withdrawal. The AMCI can provide access to medications for the treatment of opioid use disorder (MOUD) for induction or bridging through the CBHC during business hours or through the Adult CCS after hours for those who need/desire the service. Additionally, all individuals seen for opioid use disorder who are discharged to the community are provided access to Naloxone.
10. The AMCI psychiatrist and/or advanced practice registered nurse (APRN) has training in adult or lifespan psychiatry and provides psychiatric consultation (in-person or via telehealth) to Members, as well as AMCI clinicians and supervisors, 24/7/365. At least one AMCI psychiatrist and/or APRN should be X waivered.

11. AMCI providers facilitate access to routine, urgent, or emergent, face-to-face psychiatric and medication evaluations - including for SUD needs - for Members, in compliance with written policies and procedures and state and federal laws and regulations.
12. The AMCI identifies and implements strategies that maximize utilization of community-based diversionary services and reduce unnecessary inpatient psychiatric hospitalization, in a manner that is consistent with medical necessity criteria.
13. The AMCI arranges transportation for Members, inclusive of private ambulances, to the appropriate levels of care determined for disposition. There will be instances when modes of transportation other than ambulance will be appropriate such as family/friends, taxis, ride sharing services, etc. The AMCI will assess risk based on disposition and Member/family input to determine the safest, least-restrictive transportation available.
14. The AMCI practices in accordance with all relevant MBHP Provider *Alerts* or Beacon/MBHP Broadcasts issued by MBHP or by MassHealth.
15. The AMCI develops disposition plans that promote safety, include crisis prevention strategies and linkage to community resources, and follow-up instructions. The disposition plan will also include information regarding accessing the CBHC and/or AMCI in the event the Member needs to access crisis services in the future. The AMCI provider is responsible for developing and operationalizing all disposition planning and post-stabilization services. AMCI teams provide referrals to community-based treatment and diversionary services such as Adult CCS.
16. The AMCI consistently utilizes the Massachusetts Behavioral Health Access (MABHA) website (www.MABHAccess.com) to locate services for all populations, including commercial payers for multiple levels of care descriptions and availability.
17. The AMCI will train staff regarding completion/submission of encounter forms within the prescribed timelines.
18. The AMCI will adhere to the Expedited Psychiatric Inpatient Admissions (EPIA) protocol.
19. The AMCI will develop Quality Management systems and achieve quality indicator targets as determined by MBHP and MassHealth.

Staffing Requirements

1. The provider complies with the staffing requirements of applicable licensing bodies, the staffing requirements in the MBHP/MCE service-specific performance specifications, and the credentialing criteria outlined in the MBHP Provider Manual, Volume I, as referenced at www.masspartnership.com.
2. The AMCI uses its staffing resources in an integrated and flexible manner, utilizing all available resources to respond to the needs of Members who require its services daily, with fluctuations in volume, intensity, location of services, etc. It is imperative that the AMCI function as a multidisciplinary team, including physicians, nurses, clinicians, and certified peer specialists/recovery coaches, who all play an active role in the intervention.
3. The AMCI provides 24/7/365 capacity to complete behavioral health crisis evaluations that includes triage, diagnosis, clinical formulation, an assessment of risk, level of care determination, stabilization, and post-stabilization interventions. Staffing patterns must include a multi-disciplinary team, consisting of the following positions:
    a. *Medical director*: This board-certified or board-eligible psychiatrist shall be responsible for clinical and medical oversight and quality of care across all AMCI service components, including adult mobile response and the Adult CCS. The medical director must also possess a DEA waiver to prescribe buprenorphine and experience treating individuals with SUD. It is expected that the CBHC shall appoint one of the psychiatrists, who is in the staffing pattern for the AMCI and/or Adult CCS and works directly in one or both of those service

components on at least a part-time basis, as the AMCI medical director. They may also be the medical director of the CBHC, and/or have other similar roles in that organization. If the CBHC subcontracts with another agency to provide AMCI services, the subcontracted agency must provide its own AMCI medical director. This individual shall coordinate the functions of their AMCI medical director role, the psychiatric care delivered by them and/or other psychiatric clinicians during business hours, and the after-hours psychiatric consultation function fulfilled by them and/or other psychiatric clinicians. Included in this function shall be the responsibility for supervising all psychiatrists and/or advanced practice registered nurse (APRN) in any of the AMCI service components. This individual shall be available for clinical consultation to AMCI staff members and community partners. Psychiatric consultation shall be provided in a variety of clinical and administrative areas, including consultation specific to the assessment, treatment, and disposition of individuals in the process of receiving AMCI services, as well as negotiating issues related to medical screening and inpatient admissions.

b. *Psychiatrist or advanced practice registered nurse (APRN)*: Shall be responsible for urgent psychopharmacology needs, providing induction and bridging services for MOUD.
c. *Clinical program director*: The clinical program director shall be a full-time position. This independently licensed behavioral health clinician shall share responsibility with the AMCI medical director for the clinical and administrative oversight and quality of care across all AMCI service components, including the Adult CCS. The AMCI program director shall be the primary point of accountability to the CBHC for the AMCI. The AMCI program director shall ensure compliance with all requirements set forth by MBHP, including standard clinical assessment tools, electronic encounter forms, and other data collection mechanisms.
d. *Independently licensed clinical supervisors*: These independently licensed behavioral health clinicians shall provide clinical supervision to all direct service staff across the AMCI service components.
e. *Independently licensed clinicians*: These clinicians shall provide crisis assessment, intervention, and stabilization services across all service components. A licensed clinician shall be designated each shift as a shift supervisor responsible for ensuring that the AMCI is performing all required functions and offering guidance and support to staff as needed.
f. *Triage clinician*: A master's- or doctoral-level behavioral health clinician responsible for answering all incoming phone calls, including those triaged from the statewide 24/7 Behavioral Health Help Line.
g. *Master's-level clinicians*: These staff provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to an individual experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the individual or others consistent with the individual's risk management/safety plan, if any.
h. *Bachelor's-level clinicians*: shall support the master's-level clinicians in providing AMCI services to individuals. They help support individuals and their families, and perform tasks such as assisting with the implementation of the disposition determined by the master's-level clinician, allowing master's-level clinicians to focus primarily on the provision of direct clinical services. AMCI providers shall be encouraged to hire bachelor's-level staff who are also credentialed as certified peer specialists or recovery coaches.
i. *Appropriate staff to conduct medical screening (e.g., LPN, EMT)*: These staff shall be responsible for initial medical screening on presentation to AMCI and ongoing monitoring, as well as to determine medical stability for disposition to 24-hour level of care.
j. *Peer roles*:

i. *Certified peer specialists (CPSs)*: shall help to make AMCI services welcoming, supportive, and responsive to individuals who utilize them and their families. CPS staff convey hope and provide psychoeducation, including information about recovery, rehabilitation, and crisis self-management. CPS staff may assist in arranging the services to which the individual is being referred after the AMCI intervention, and they shall work with the Member and family to support them during the transition to those follow-up services. CPS staff may also provide similar services in the AMCI mobile crisis service and Adult CCS as staffing and time permit. All AMCIs shall be required to employ one or more CPSs to work in the AMCI's community-based locations. There will be a 12-month grace period to allow providers to reach full CPS staffing levels.
   - *The CPS team must include at least one FTE recovery-focused peer support for SUD* who shall assist in interventions with individuals/families presenting in crisis due to substance use disorders. They will support explanation of the process to access services, availability of self-help resources, and provide follow-up for those who may or may not be ready to accept help at the time of initial contact.

k. *Clerical staff*: Clerical staff shall be responsible for maintaining records, release of information forms, ensuring documentation is completed, and other administrative support.
l. *Security staff*: Security staff shall provide enhanced safety and be trained with an approved behavioral support and management program, including skills in de-escalation, to maintain safety of all clients and staff at all hours of operation.

4. The AMCI facilitates access to routine, urgent, and emergent, face-to-face psychiatric and medication evaluations for Members assessed during an AMCI intervention. The AMCI may utilize psychiatric staffing in the CBHC and/or in their or other providers' outpatient mental health clinics to access these services. If referred to another provider, the AMCI must ensure seamless and timely access or provide up to 72 hours of post-stabilization follow-up services until the other provider can accommodate the Member.
5. The AMCI ensures that all AMCI clinicians, and certified peer specialists and supports, receive standardized training and clinical supervision to ensure they meet core clinical competencies, including trauma-informed care, de-escalation strategies, and harm reduction when serving the following populations who represent the majority of Members who utilize AMCI services. The AMCI ensures 24/7/365 access to clinical staff with expertise that is consistent with the populations served:
   a. Adults
   b. Persons with mental health conditions
   c. Persons with a substance use disorder
   d. Persons with co-occurring mental health and substance use disorder conditions
   e. Persons with co-occurring behavioral health and medical conditions
6. The AMCI ensures that all AMCI clinicians, certified peer specialists and supports receive standardized training and clinical supervision to ensure they meet core clinical competencies in serving the following special populations. The AMCI ensures 24/7/365 access to clinical staff with expertise that is consistent with the populations served:
   a. Intellectual and developmental disabilities
   b. Deaf and hard of hearing
   c. Culturally and linguistically diverse populations
   d. Older adults
   e. Veterans
   f. Homeless

   g. LGBTQ+
7. All AMCI staff receive ongoing supervision appropriate to their discipline, level of training, and licensure, and in compliance with MBHP's credentialing criteria. For certified peer specialists and recovery coaches, this supervision includes peer supervision.
8. The AMCI shall ensure that any licensed subcontractor shall provide ongoing and direct supervision of its clinical staff consistent with the requirements of its license.

Process Specifications

1. Initial telephonic access to all AMCI services in each region will be available through the statewide 24/7 Behavioral Health Help Line operated 24/7/365, or by calling the CBHC/AMCI directly.
2. AMCIs must establish strong linkages to the Youth Mobile Crisis Intervention (YMCI) team operated by the CBHC to jointly assist multi-generational families.
3. The AMCI must have a separate entrance from the co-located CBHC, with capacity to accept law enforcement and emergency service vehicle admissions to support the goal of diverting crisis behavioral health utilization from hospital EDs and jails in their catchment area, to the extent permitted under applicable state and federal law. The co-located AMCI, YMCI, and CBHC must adequately accommodate the appropriate separation of youth and adults.
4. The AMCI accepts requests/referrals for AMCI services directly from all Members who seek services on their own and/or who may be referred by any other individual or resource, such as family members, guardians, community-based agencies, service providers, primary care clinicians, residential programs, state agency personnel, law enforcement, courts, etc.
   a. The AMCI ensures that, upon the request of a court clinician conducting a psychiatric evaluation pursuant to M.G.L. c. 123 12(e), a crisis assessment is provided, appropriate diversionary services are identified, assistance is provided to access the diversionary service, and follow-up services are provided to ensure the Member accessed the diversionary service.
5. The AMCI clinician begins a crisis assessment within 60 minutes of time of readiness.
   a. Readiness assumes that the Member is medically stable, awake, and sufficiently cleared from the effects of substances so that they may participate in the evaluation.
   b. Determination of whether a Member may be psychiatrically evaluated (time of readiness) or transferred to another level of care following an evaluation should not be based exclusively on the results of a drug or alcohol test.
6. If the Member is not able to participate in the interview, the AMCI team gathers information from collaterals who are familiar with the current situation.
7. Upon presentation, the AMCI asks the Member, significant others accompanying them, and/or community providers about the existence of an established crisis prevention plan and/or safety plan, and/or accesses any crisis prevention plan and/or safety plan on file at the AMCI for the Member.
8. The AMCI ensures that each crisis assessment, intervention, and stabilization episode is documented in writing using the AMCI Comprehensive Assessment tool. The AMCI is required to document the below for each encounter:
   a. Name of Member;
   b. Date and time of request;
   c. Start time;
   d. Location;
   e. Identifying information;
   f. Presenting problem;

g. Mental status exam;
h. Involvement of other person(s) and agencies;
i. Action taken;
j. Clinical assessment and diagnostic formulation;
    i. Assessment must include history of substance use, overdose and whether Naloxone was administered following overdose; and
    ii. Level of care recommendations inclusive of those required to address SUD treatment needs;
k. Reason for rule-out of less restrictive alternatives;
l. Target problems to be addressed at the next level of care;
m. Short-term treatment planning with goals focused on pre-crisis and crisis intervention, stabilization, disposition(s);
n. A written disposition plan for Members returning to the community;
o. Time of disposition; and
p. Signature and title of staff person and name and title of the independently licensed supervisor reviewing the disposition.

9. The AMCI has a protocol in place that ensures supervisory review of all documentation. The process will include feedback regarding service excellence as well as opportunities for improvement. Additionally, it will identify if/when the supervisory staff will work with the quality manager to monitor and gauge individual and team data in relation to quality initiatives, quality improvement, and fulfilling the mission of the AMCI. Documentation regarding these processes will be made available for review by the contract liaison - MBHP provider quality management (PQM) staff - and incorporated into provider quality plans, as indicated.
10. In collaboration with the CBHC, the AMCI follows written procedures for assessing medical needs (with specific sensitivity to recognizing medical concerns of those presenting with mental health and/or substance use disorder conditions), including the need for a medical evaluation, medical stabilization, or admission to a hospital for emergency medical services.
11. The AMCI manages the flow of communication throughout the AMCI process with a given Member. AMCI staff provides follow-up to and updates Members and the family/significant others accompanying them regarding the status of the evaluation, treatment, and/or disposition process.
12. During and subsequent to the behavioral health crisis encounter, the AMCI team provides crisis intervention. The AMCI staff listens and offers support. The AMCI clinician provides solution-focused and strengths-oriented crisis intervention aimed at working with the Member and their family and/or other natural supports to understand the current crisis, identify solutions, and access resources and services for comfort, support, assistance, and treatment.
13. It is expected that all AMCI encounters minimally include the four basic components of crisis assessment, intervention, stabilization, and post-stabilization. Crisis intervention requires flexibility in the focus and duration of the initial intervention, the Member's participation in the treatment, and the number and type of follow-up services.
14. The AMCI performs the following functions within the community. Any variance will need to be based on local needs and resources.
    a. Collaborate with 911, 988, and the statewide 24/7 Behavioral Health Help Line to accept direct telephone transfers. AMCIs will be required to have protocols to receive referrals from the 24/7 Behavioral Health Help Line. In the absence of need for immediate referral to an ED or 911, triage clinicians from the 24/7 Behavioral Health Help Line will contact the AMCI to initiate the delivery of mobile crisis intervention services in the community. Consistent with individual/family preferences, time of day, or clinical considerations, triage

clinicians may arrange for services to alternatively be delivered in the AMCI community-based location, other community setting, or via telehealth.

Disposition Planning and Documentation

1. The AMCI develops and maintains protocols for assisting the AMCI team and consulting with others if there is a question and/or disagreement regarding the level of care that is medically necessary for a given Member. Protocols include the team reviewing the Member's disposition plan with appropriate staff contributing to the process. These AMCI staff members can consult and collaborate with others, such as physicians, MCE clinicians, and MCE psychiatrists to resolve the medical necessity determination and disposition as needed.
2. The AMCI arranges the medically necessary behavioral health services that the Member requires to further treat their behavioral health condition based on the completed crisis assessment and the Member's medical needs and preferences.
3. The AMCI coordinates with other involved service providers and/or newly referred providers to share information (with appropriate consent) and make recommendations for the discharge plan.
4. The AMCI provides the Member and their family with resources and referrals for additional services and supports, such as recovery-oriented and consumer-operated resources in their community.
5. For Members assessed to meet medical necessity criteria for inpatient mental health services or another 24-hour level of care, including 24-hour SUD treatment, the AMCI conducts a bed search to arrange admission. All referrals must be transmitted through secure systems, whether it be e-fax or email.
6. The AMCI promotes continuity of care for Members who are readmitted to SUD 24-hour levels of care and/or inpatient mental health services by offering them readmission to the same provider when there is a bed available in that facility.
7. AMCIs must provide services to all uninsured individuals as well as those enrolled in or covered by the following payers: the MassHealth-contracted MCEs (including MBHP), MassHealth fee-for-service, Medicare-only, and commercial payers based on coverage of services.
8. For Members who meet medical necessity criteria for inpatient mental health services or another 24-hour level of care, including for SUD, the AMCI arranges an admission to the closest facility with a bed available, consistent with the provider network and policies and procedures of the Member's health insurance payer. The following guidelines are utilized:
    a. Closest proximity – referrals to in-network facilities within a 30-mile radius
    b. Moderate proximity – referrals to in-network facilities within a 60-mile radius
    c. Extended area – referrals to all in network facilities

    There may be circumstances that preclude following the above guidelines - i.e., specialty units, patient/family preference, etc.
9. The AMCI follows the Expedited Psychiatric Inpatient Admissions (EPIA) protocol in situations when the AMCI is unable to access an appropriate 24-hour placement for a Member. In addition, AMCI clinical and administrative leadership must play an active role during the daily (or more frequent) bed searches (https://www.mass.gov/info-details/expedited-psychiatric-inpatient-admissions-epia-policy#epia-protocols-).
    a. Relevant crisis providers must have an Internal Escalation Protocol in place for any individual experiencing an extended wait for an available 24-hour behavioral health bed. Protocol must involve ED and/or AMCI clinical and administrative leaders who will then escalate their search efforts to clinical and administrative leaders at the provider facilities that have an available bed.
    b. This Internal Escalation Protocol is activated after the first 24 hours an individual is

awaiting placement for a 24-hour bed while in the ED.

c. Protocols must be developed to assure active efforts to apply for MassHealth coverage for individuals awaiting placement for a 24-hour bed while in the ED who may be eligible, including use of protocols for Hospital Presumptive Eligibility if applicable.

10. The AMCI completes a boarding form on MABHA, or other required database, for individuals awaiting acute level of care with the following insurance: Medicare/Medicaid; Health Safety Network; and MassHealth Fee for Service. The AMCI will ensure accurate reporting and updating on MABHA of Members boarding. The AMCI will be responsible for following procedures for removal of a Member from the boarding list who is no longer waiting for placement.
11. When the AMCI obtains a bed for the Member, the AMCI follows authorization protocols as instructed by the respective MCE.
12. For Members who do not require inpatient mental health services or another 24-hour level of care, the AMCI provides up to 72 hours of post-stabilization services. Post-stabilization services are those aftercare services and supports provided to Members within the 72-hour period following a behavioral health crisis encounter. The AMCI provides post-stabilization services directly or refers the Member to another provider for care.
13. Post-stabilization represents a discrete period of aftercare and safety planning for Members following stabilization of an acute crisis. During post-stabilization, the ESP:
    a. Partners with the Member to create a person-centered aftercare and safety plan that addresses the Member's identified goals for further treatment and safety;
    b. Identifies and refers the Member to clinically indicated behavioral health services and/or ensures appropriate seamless transition to the CBHC for longer term outpatient treatment (e.g., Partial Hospital Programs (PHPs), Structured Outpatient Addiction Programs (SOAPs), outpatient mental health services, etc.);
    c. Identifies and ensures the Member has contact information for natural and professional supports the Member may access if a crisis occurs again; and
    d. Explicitly makes the Member aware of the availability of community-based and mobile behavioral health crisis services in their area as an alternative to ED crisis services.

    Post-stabilization services are an opt-out service. The service is provided unless a Member specifically declines post-stabilization services, in which case the AMCI provider clearly documents this declination in the Member's medical record.
14. Regardless of the post-stabilization service or referral provided, the AMCI outreaches to the Member at least once via telephone or other electronic media to confirm linkage to aftercare supports is successful. When a Member is unable to access aftercare supports, the AMCI addresses barriers to successful access and engagement and assists with rescheduling appointments if needed. The outcome of the post-stabilization intervention is clearly documented in the Member's medical record.
15. The AMCI follows written protocols for follow-up with Members who received AMCI services, particularly those who successfully remain in the community after AMCI intervention, to ensure ongoing stabilization and to facilitate the discharge plan.

Service, Community, and Collateral Linkages

1. The AMCI has a clear command of the local community crisis continuum - the strengths and limitations, resources, barriers, and practice patterns - and, in collaboration with MBHP, initiates strategies aimed at strengthening service pathways and the safety net of resources.
2. AMCI staff are knowledgeable about available community mental health and substance use disorder services within their AMCI catchment area and statewide as needed, including the MBHP/MCE levels of care and their admission criteria, as well as relevant laws and regulations.

AMCIs maintain close working relationships with CBHCs and community-based outpatient providers to ensure Members receive post-stabilization services. They also have knowledge of other medical, legal, emergency, and community services available to Members and their families, including recovery-oriented and consumer-operated resources and resources for the populations listed in the Staffing Requirements section, items #5 and #6 above.

3. The AMCI develops and maintains close working relationships with recovery-oriented and consumer-operated resources in its local community, including but not limited to Recovery Learning Communities (RLCs), Clubhouses, Living Room Programs, ASAPs, and self-help groups.
4. The AMCI is knowledgeable about community-based outpatient and diversionary services including Adult CCS, inpatient psychiatric services, opioid treatment services, and substance use disorder treatment services, including Acute Treatment Services (ATS) and Enhanced Acute Treatment Services (E-ATS). Other plans refer to them as Dual Diagnosis Acute Residential Treatment (DDARTs) or Dual Diagnosis Acute Treatment (DDATs) and develop working relationships with the providers of those services, ensuring effective consultation, referral processes, and seamless transfer and coordination of care.
5. The AMCI communicates, consults, collaborates, refers to, and ensures continuity of care with many other resources involved with utilizers of AMCI services including, but not limited to, the following:
    a. Primary care services and hospitals
    b. State agencies
    c. Residential programs
    d. Law enforcement entities
    e. Programs serving older adults
    f. Local elected officials' offices
6. With Member consent, the AMCI collaborates with the Member's PCP/PCC.
7. The AMCI disseminates information to Members who receive AMCI services about community resources that will aid in the amelioration of stressors, including those that offer food, clothing, shelter, utility assistance, homelessness support, supported housing, supported employment, landlord mediation, legal aid, educational resources, parenting resources, and supports, etc.
8. When consent is given, consultations with current providers are to be made as early as possible in the assessment and disposition formulation phase and are documented within the Member's health record, including notification to an outpatient provider of where a Member was hospitalized.
9. The AMCI develops and maintains a comprehensive community resource directory that is updated on an ongoing basis and is readily available to clinical staff, Members, and families. Reasonable provisions should be made to allow Members to make copies of the directory. The directory should include, but not be limited to:
    a. The name of the resource;
    b. The location/address;
    c. The phone number;
    d. The services available;
    e. The hours of operation, including evenings and weekends; and
    f. Accepted payment methods.
10. AMCI staff are trained on and obtain access to the MABHA website to utilize the tool as a resource to review outlined descriptions and availability for most levels of care.

Quality Management

1. The AMCI is responsible for the completion and electronic submission of an encounter form for every AMCI intervention provided. For each subsequent day in an intervention, the AMCI is responsible for the completion and electronic submission of an abbreviated subsequent AMCI follow-up encounter form. These subsequent encounters are connected to the full encounter by a unique encounter ID. The AMCI ensures that encounter forms are electronically submitted to MBHP within the timeframe established by MBHP.
    a. The AMCI adheres to performance specifications Quality Performance Measures (examples include increased inpatient diversion, community-based evaluations, utilization of AMCI and community tenure, and boarding initiatives).
    b. The AMCI administers and provides data from Patient Reported Satisfaction Surveys.
    c. The AMCI utilizes monthly performance/quality data provided by MBHP to develop AMCI-specific goals including strategies to improve patient satisfaction.
    d. The AMCI participates in the creation of and utilizes Provider Quality Management plans, as needed.
    e. AMCI leadership participates in:
        i. Statewide AMCI meetings
        ii. Individual AMCI meetings
    f. The AMCI communicates with the assigned MBHP provider quality manager (PQM) in a timely manner regarding:
        i. Access issues (all levels of care)
        ii. Changes in leadership
        iii. New initiatives affecting AMCI service delivery
        iv. Any time-sensitive/relevant issue