

## Medical Necessity Criteria

### Adult Mobile Crisis Intervention (AMCI)

**Adult Mobile Crisis Intervention (AMCI)** provides adult community-based behavioral health crisis assessment, intervention, stabilization, and follow-up for up to three days. AMCI services are available 24/7/365 and are co-located at the Community Behavioral Health Center (CBHC) site. Services are provided as mobile responses to the client (including private residences) and provided via Telehealth to individuals age 21 and older when requested by the Member or directed by the 24/7 Behavioral Health Help Line (BHHL) and clinically appropriate. AMCIs operate Adult CCS programs with a preference for co-location of services. AMCI services must have capacity to accept adults voluntarily entering the facility via ambulance or law enforcement drop-off through an appropriate entrance.

The purpose of the AMCI is to respond rapidly, assess effectively, and provide early intervention to help individuals and their families who are in crisis, ensuring their safety and entry into the continuum of care at the appropriate level.

The service includes: As clinically indicated, direct provision of crisis assessment, including collateral contacts, coordination of care with other behavioral health providers, short-term crisis counseling, and medication evaluation and prescription. The MCI facilitates all necessary acute medical evaluation and uses this information to inform the crisis assessment and planning. The AMCI also identifies services and alternatives that will minimize distress and aid in crisis stabilization. Referrals and coordination of services are provided to link individuals and their families with other service providers and community supports that can assist with maintaining maximum functioning in the least-restrictive environment. This service may be provided on-site in a CBHC, or in community settings in response to requests by police, providers, community-based agencies, family members, guardians, protective service workers, or the individual in crisis.

Crisis intervention requires flexibility in the duration of the initial intervention, the person's participation in the treatment, and the number and type of follow-up services. It is crucial that the individual and their family or other primary caretakers/guardians and natural support systems participate in the crisis intervention process whenever possible.

### Criteria

#### Admission Criteria

**Both** of the following criteria (1-2) are necessary for admission to this level of care:

1. The individual must be in an active state of crisis.
2. The intervention must be reasonably expected to improve/stabilize the individual's condition and resolve the crisis safely in the community or to determine that a more-intense treatment is immediately necessary and arrange for such treatment disposition at the appropriate level of care.

*In addition to the above, **at least one** of the following (3-4) must be present:*

3. The individual demonstrates and/or collateral contact(s) report suicidal/assaultive/destructive ideas, threats, plans, or actions that represent risk to self or others as evidenced by degree of intent, lethality of plan, means, hopelessness, or impulsivity.
4. The individual demonstrates and/or collateral contact(s) report an incapacitating or debilitating disturbance in mood/thought/behavior that is disruptive to interpersonal, familial,

occupational, and/or educational functioning to the extent that immediate intervention is required.

### **Psychosocial, Occupational, and Cultural and Linguistic Factors**

*These factors, as detailed in the introduction, may change the risk assessment and should be considered when making level-of-care decisions.*

### **Exclusion Criteria**

*Consent for an evaluation and mobile crisis intervention services is refused.*

### **Continued Stay Criteria**

*Does not apply*

### **Discharge Criteria**

**Any** of the following criteria (1-4) is sufficient for discharge from this level of care:

1. The individual is released or transferred to an appropriate treatment setting based on crisis intervention, evaluation, and resolution.
2. The individual's physical condition necessitates transfer to an inpatient medical facility, and the AMCI provider has communicated the individual risk management/safety plan to the receiving provider.
3. A plan of aftercare follow-up is in place and is expected to reasonably continue to provide services and prevent exacerbation of the crisis.
4. Consent for treatment is withdrawn, and it has been determined that the individual, parents, and/or guardian has the capacity to make an informed decision. In addition, the individual does not meet the criteria for a more-intensive level of care; involuntary inpatient treatment is inappropriate; or the court has denied involuntary inpatient treatment.