

- MENTAL HEALTH
- DEVELOPMENTAL DISABILITIES &
- SUBSTANCE ABUSE

**NORTH CAROLINA  
COUNCIL OF  
COMMUNITY PROGRAMS**

Status of Council Action:

*Developed by Clinical Services & Support Workgroup*

*08/14/2009: Endorsed by Area Directors Forum*

*08/20/2009: Approved by Council Board of Directors*

**Position Statement and Recommendations:  
Mobile Crisis Management and Service Orders**

There is currently considerable concern and confusion about the service order requirement for Mobile Crisis Management. The following facts are noted:

- The Service Records Manual states “All MH/DD/SA services reimbursed by Medicaid, except for assessments or evaluations, must be ordered prior to or on the day of the service and re-ordered, at a minimum, on an annual basis.”
- The revised service definition states “For Medicaid-funded MCM services, a service order is required prior to the delivery of this service. For State-funded services, it is recommended that a service order be completed prior to the delivery of services.”
- The revised service definition states that MCM services are available “24 hours a day, 7 days a week, 365 days a year” in locations throughout the community. The service must provide “immediate telephonic triage and face-to-face evaluation”, as well as “crisis prevention”. Evaluation is imbedded in the service.
- The Service Records Manual includes MCM in appendix C as a service requiring an order. Services subject to this requirement must be ordered by a Physician [MD] or Doctor of Osteopathy [DO], Licensed psychologist, Physician assistant [PA], or Nurse practitioner prior to, or on the day of, the service.
- Even “verbal orders” must be documented at the time of the order and signed within 72 hours.
- “The maximum length of service is 24 consecutive hours per event.”
- Mobile Crisis does not require prior authorization by utilization management for the first 32 units or 8 hours of billing.
- Auditors are now looking to see that Mobile Crisis Management events have a valid service order, properly signed and documented, for billing.

The Council's Clinical Services and Support Workgroup has received feedback from Local Management Entity staff and provider organizations as follows:

- It is inappropriate to require a service order, verbal or otherwise, for provision of a crisis assessment and triage service which must be available 24/7/365 in a variety of service locations throughout the community.
- The service definition indicates that the service order is intended to establish “medical necessity” and that it should be based on an “individualized assessment of the recipient’s needs.” Since assessment is imbedded in the MCM service definition, and the service order should be based on an individualized assessment of need, it is not logical to require a service order for MCM.
- There is no clinical benefit in requiring a service order for MCM. Until the service has already been provided, there will not be sufficient information upon which to base a determination of medical necessity.
- The requirement to obtain a service order for MCM, verbally or otherwise, is very expensive. A team would have to make several unnecessary calls to the on call psychiatrist each day, at all hours, followed by a signature within 72 hours, dramatically increasing on call and administrative costs. This is a poor use of valuable resources and virtually impossible for providers to comply with.
- Research has indicated that the service order is not a Federal requirement for Mobile Crisis Management

The NC Council of Community Programs recommends that the State remove the requirement for a service order for Mobile Crisis Management. Failure to remove this unnecessary requirement may result in significant audit paybacks and provider failure in this critical service area.