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### LME-MCO Communication Bulletin #J230

Date: December 8, 2016

To: LME-MCOs

From: Mabel McGlothlen, Team Leader for System Performance and Project Management,  
DMH/DD/SAS and Linda Rascoe, Associate Director, Community Based Services, DMA

Subject: Mobile Crisis Management (MCM) in Jails

This bulletin provides guidance to LME-MCOs and Mobile Crisis Management (MCM) providers on the provision of MCM in correctional settings.

Per North Carolina Medicaid [Clinical Coverage Policy 8-A](#), federal Medicaid regulations shall deny Medicaid payment for services delivered to inmates of public correctional institutions or for patients in facilities with more than 16 beds that are classified as Institutions of Mental Diseases. Effective January 1, 2017, MCM reimbursed by Medicaid or state funds will not be able to bill for services that are provided in a jail setting.

Per Division of Mental Health, Developmental Disabilities and Substance Use Services DMH/DD/SAS State-Funded Enhanced Mental Health and Substance Abuse Services service definitions published October 1, 2016, ([https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/8A\\_0.pdf](https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/8A_0.pdf)) MCM is a “second level” service - other services should be accessed and billed before MCM as appropriate. MCM shall be used to divert individuals from inpatient psychiatric and detoxification services. The expected outcome of MCM is to support individuals in using a broad array of crisis prevention and intervention strategies to assist in the management, stabilization and minimization of clinical crisis situations.

MCM should not be delivered in restrictive settings (i.e., jails) where the staff cannot provide the full array of MCM functions and supports. They are not to serve as assessors of suicidality or risk when they do not have the ability to subsequently provide immediate, focused crisis interventions that reflect the current clinical level of need, which can include seeking inpatient psychiatric treatment. MCM teams are not to be utilized to overturn clinical decisions around risk or suicidality made by other qualified staff when an individual is being cared for in a restrictive setting (i.e. jail, etc.) All in-person services delivered by MCM staff should result in either

recommendations to the individual's Person Centered Plan (if one exists) or the development of a Crisis Plan (if the individual is new to the public system).

Providers should appropriately code the place/location of service delivery for Mobile Crisis Management services on claims; place of service "other" should rarely be used.

If you have any questions, please contact Stacy A. Smith at [stacy.smith@dhhs.nc.gov](mailto:stacy.smith@dhhs.nc.gov) or 919-715-2368 for any questions related to State-funded MCM, or Bert Bennett at [bert.bennett@dhhs.nc.gov](mailto:bert.bennett@dhhs.nc.gov) or 919-855-4299 for any questions related to Medicaid-funded MCM.

Previous bulletins can be accessed at: <https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>

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