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This document shows the specifications for psychiatric urgent care centers, mobile crisis programming and crisis stabilization units for behavioral health services for Blue Cross and Blue Shield of Michigan commercial, Medicare Plus Blue, Blue Care Network commercial and BCN Advantage members. This includes services for members with mental health disorders or substance use disorders or both.

Psychiatric urgent care center requirements

Psychiatric urgent care centers offer immediate assessment and treatment for individuals who are experiencing acute psychiatric symptoms and cannot wait for routine outpatient care but are not necessarily experiencing a medical emergency. They provide a lower-acuity alternative to emergency departments and may operate 24/7 or may have limited hours daily. In addition:

- Psychiatric urgent care centers typically assist members dealing with the following disorders:
 - Depression
 - Anxiety
 - Acute stress reactions
 - Acute grief reactions
 - Panic attacks
 - Disturbing thoughts
 - Suicidal thoughts
 - Substance use disorders
 - Trouble managing daily activities
- The services offered in psychiatric urgent care centers must be performed by a multidisciplinary team that includes but is not limited to:

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- Master's-level clinicians
 - Certified peer support specialists
 - External consultants such as established providers or a psychiatrist (as needed)
 - Psychiatric urgent care centers provide the following services, which can be delivered face to face in an office or through virtual sessions:
 - Immediate assessment and evaluation
 - Crisis intervention
 - Development of a plan of care for immediate and short-term interventions shared with the member
 - Referrals, which connect members with appropriate resources, including inpatient treatment, outpatient care or other services
 - Medication consultation along with medication management as needed. This may include medication adjustments or initiation, but not necessarily ongoing medication management.
 - Psychiatric urgent care centers don't provide the following services:
 - Ongoing mental health treatment. Psychiatric urgent care is not a long-term solution for mental health issues.
 - Diagnostic evaluations for specific conditions. These centers may not conduct in-depth evaluations for conditions like autism spectrum disorder.
 - Medical assessments or physical exams. These centers are not equipped to handle medical emergencies or perform medical tests.
 - Court-mandated evaluations or forensic requests. These centers don't handle court-related matters.
 - Return-to-work or school evaluations. These centers can't provide clearances for returning to work or school.
 - For psychiatric urgent care centers, here are some key considerations:
 - Medical stability: Members should be medically stable and not under the influence of substances.
 - Voluntary evaluations: Members must be willing to participate in a voluntary evaluation.
 - Age: Some psychiatric urgent care centers have age restrictions.

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- Length of stay: Stays in psychiatric urgent care centers are typically short term and focused on stabilization and referral.
- Prior authorization requirements: No prior authorization is needed for psychiatric urgent care center services.
- Members' out-of-pocket costs: The outpatient office copayment and coinsurance apply to services in psychiatric urgent care centers.

Mobile crisis program requirements

Mobile crisis services are a distinct level of care that have a written affiliation with or link to additional crisis services that include but are not limited to crisis stabilization and crisis residential services or other existing behavioral health levels of care. A mobile crisis program:

- Offers emergency mobile psychiatric and behavioral health (mental health and substance use disorder) intervention for children and adults. This program is designed to assess clinical need, reduce symptoms, initiate co-occurring treatment, and provide care management and follow up as indicated if the member is not triaged to a higher or alternative level of care that meets their needs. A key component of the program is the coordination of referrals to other levels of care with complete transmittal of information about the assessment and progress with interventions, so the next level of care has a complete picture of what's been successful to the member's progress.
- Must be provided by an accredited outpatient psychiatric care facility that meets the Blue Cross and BCN requirements outlined in the document [General Outpatient Psychiatric Care Facilities information](#) at **bcbsm.com**.
- Must be staffed by:
 - Qualified and licensed Master's-level mental health and substance use disorder professionals supported by certified peer support specialists
 - A medical director who's on call for consultations or emergencies
- Provides the following services:
 - Initial evaluation and assessment
 - Preliminary treatment plan at the time of the initial meeting
 - Short-term individual and family therapy
- Provides care management that takes into consideration:

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- The social determinants of health and barriers to health care, including:
 - Housing assistance
 - Food assistance
 - Transportation and logistics
 - Other community referrals
 - Coordination with other providers
 - Provides additional services outside of the mobile crisis program that can be reimbursed separately using standard reimbursement and that include:
 - Psychiatric evaluation
 - Medication monitoring
 - Medical evaluation
 - Psychological testing
 - Provides an initial service in the form of a face-to-face crisis intervention in the community to de-escalate the crisis and develop a follow-up/aftercare plan with the member. The face-to-face intervention can be directly in person or, if applicable, audiovisual, but can't be carried out only by telephone. This could occur in a variety of settings, such as:
 - Home
 - Work
 - Emergency department of a general hospital
 - Urgent care facility
 - School
 - Physician office
 - Must ensure that an individualized treatment plan is completed for each member within 48 hours of the initial crisis intervention. This could be considered completed if it's included in the warm handoff of the preliminary treatment plan to the next level of care to finalize. This should be coordinated and presented for agreement to the member and/or to the member's medical advocate who has decision-making capacity.
 - May provide services that occur for up to 30 days after the initial intervention. This may include additional crisis intervention.

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- Must initiate any involuntary processes that would be part of the team's responsibility if imminent danger involving the member has not already been addressed by a referring entity. This may involve coordination with the appropriate authorities to triage the member to a safe environment (likely, through a 911 or EMS call to transport to an emergency department or hospital facility).
- Will conduct and track progress and disposition/outcomes for annual review by the health plan.
- Will provide an annual report that includes but is but not limited to:
 - Number of cases
 - Services used
 - Dispositions
 - Follow up and aftercare results
- Allows the health plan behavioral health medical director and leadership team to review the provider's credentials, outcomes, programming and quality to ensure adequate treatment.

Crisis stabilization program requirements

A crisis stabilization unit is a 24/7 crisis program that offers emergency behavioral health (mental health and substance use disorder) intervention services for children and adults. The services are designed to assess clinical need, reduce symptoms and initiate co-occurring treatment involving psychotherapeutic, medication or other interventions to quickly stabilize and improve symptoms that will facilitate transition to the least restrictive level of behavioral health care. A crisis stabilization program:

- Must be provided by an accredited outpatient psychiatric care facility that meets the Blue Cross and BCN requirements outlined in the document [General Outpatient Psychiatric Care Facilities information](#) at bcbsm.com.
- Offers crisis stabilization services performed by a multidisciplinary team that includes but is not limited to:
 - Psychiatrist
 - Nurses
 - Master's-level clinicians
 - Certified peer support specialists

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- Has program components that include:
 - Room and board support
 - Psychiatric assessment and treatment
 - Systematic use of evidence-based tools that screen for disease processes. These tools may include those listed below or similar tools appropriate for the condition being treated:
 - Patient Health Questionnaire-9, or PHQ-9
 - General Anxiety Disorder-7, or GAD-7
 - Yale-Brown Obsessive Compulsive Scale, or Y-BOCS
 - Behavioral Rating Scale, or BRS
 - Positive and Negative Syndrome Scale, or PANSS
 - Suicide risk assessment using evidence-based screening tools — for example, the Columbia Suicide Severity Rating Scale Screen, or C-SSRS Screen
 - Routine use of evidence-based tools for acuity scoring, such as:
 - Level of Care Utilization System, or LOCUS
 - Child And Adolescent Functional Assessment Scale, or CAFAS
 - The criteria of the American Society of Addiction Medicine, or ASAM
 - Medication: Initiation, management and education. Specialty pharmacy medications may be separately reimbursed.
 - Biopsychosocial assessment
 - Psychotherapy initiation
 - Nursing assessment, psychoeducation, medication instruction and services, including medication reconciliation
 - Certified peer support services
 - Individualized treatment plan
 - Medical assessment
 - Discharge planning
 - Coordination of care with outside treating professionals, including the primary care provider and follow-up treating providers

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- Offers additional services outside of the crisis stabilization program that can be reimbursed separately using standard reimbursement and that may include:
 - Specialized psychotherapy such as dialectical behavior therapy, or DBT
 - Psychological testing
 - Laboratory tests
 - Imaging
 - A medical pharmacy formulary for medications involving physician-ordered infusion therapy, for long-acting medications such as esketamine
 - Ensures that disposition and treatment plan are targeted to be developed within 24 hours but not after 48 hours. After receiving crisis stabilization intervention from the multidisciplinary team, members may receive ongoing aftercare services through a new level of care with an affiliated provider.
 - Initiates any involuntary processes if imminent danger involving the member has not already been addressed by a referring entity. This may involve coordination with the appropriate authorities to triage the member to a safe environment (likely, through a 911 or EMS call to transport to an emergency department or hospital facility).
 - Has appropriate security measures in place to track individuals who leave against medical advice. The provider must notify the appropriate authority when harm to self or others is indicated.
 - Allows the health plan's behavioral health medical director and leadership team to review the provider's credentials, outcomes, programming and quality to ensure adequate treatment. In addition, it's expected that the facility would be certified by the local governing entity if certification is available.
 - Will conduct and track progress and disposition/outcomes for annual review by the health plan.
 - Will provide an annual report that includes but is not limited to:
 - Number of cases
 - Services used
 - Lengths of stay
 - Dispositions
 - Follow up and aftercare results

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Information about other types of behavioral health treatment

Information about the clinical program requirements for other types of treatment can be found in these documents:

- [Adult intensive and child intensive services](#)
- [Opioid treatment programs](#)
- [Partial hospitalization and intensive outpatient programs](#)
- [Feeding and eating disorder partial hospitalization and intensive outpatient programs](#)
- [Residential psychiatric treatment services](#)
- [Residential treatment for substance use disorders](#)

Use this document to access links to all requirements documents: [Various behavioral health programs and services](#).

Additional behavioral health resources

For more behavioral health resources, refer to the [Behavioral Health](#) webpage on authorizations.bcbsm.com.