Adult Residential Crisis Stabilization (RCS)

Policy Number: SC19P0070A1 | Effective Date: May 1, 2018

Last Update: January 9, 2024

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
January 9, 2024	Corrected policy number from SC14P0011A1 to SC19P0070A1. No other changes.
June 8, 2023	Annual policy review completed. Updates made to enrollee eligibility, provider eligibility, modifiers/CPT/HCPCs, payment information, and billing requirements sections.
February 16, 2023	Definition updates were completed to match other UCare MH policies.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
January 6, 2022	Policy review was completed. No changes to the policy were made.
February 9, 2021	Annual policy review was completed. No changes to the policy were made. The policy was moved to an updated format and as a result information may have been reformatted.
November 1, 2019	DHS has implemented a new code-set for Adult Crisis Response Services. Effective for claims with 2019 dates of service, received on or after November 1, 2019, UCare will require crisis response services to be submitted using HCPCS code H2011. One unit of service should be billed for each 15 minutes of care. Claims submitted using HCPCS code S9484 and any related modifiers will be denied. Information regarding residential crisis services was removed from the document. Refer to UCare's Adult Crisis Residential services policy. Formatting was updated to match current standards. Links within the document were updated.
August 28, 2019	Language under the Payment Decreases and Increases Impacting Mental Health Services has been amended, and information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document.
June 24, 2019	Provider eligibility requirements for Level I and Level II Certified Peer Specialists were updated based on DHS requirements.

DATE	SUMMARY OF CHANGE
May 1, 2019	Annual policy review. The UCare logo was updated. The source documents and all links were updated.
May 1, 2018	Adult Crisis Response Services Policy is published.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	√
UCare Minnesota Senior Care Plus (MSC+)	√
UCare Prepaid Medical Assistance (PMAP)	√
UCare Connect	√
UCare Connect +Medicare (When MHCP is the primary payer)	√
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	√
UCare Individual & Family Plans	√
UCare Individual & Family Plans M Health Fairview	√

TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE

PAYMENT POLICY HISTORY 1
APPLICABLE PRODUCTS 2
TABLE OF CONTENTS 3
PAYMENT POLICY OVERVIEW 5
POLICY DEFINITIONS 5
ENROLLEE ELIGIBILITY CRITERIA 9
ELIGIBLE PROVIDERS OR FACILITIES 10
Provider 10
EXCLUDED PROVIDER TYPES 11
MODIFIERS, CPT, HCPCS, AND REVENUE CODES 12
General Information 12
Modifiers 12
CPT and/or HCPCS Code(s) 12
Revenue Codes 12
PAYMENT INFORMATION 12
Payment Information 13
Covered Services 13
Non-Covered Services 13
BILLING REQUIREMENTS AND DIRECTIONS 14
Billing Guidelines 14
PRIOR AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION 15
Prior Authorization, Notification, and Threshold Requirements 15
RELATED PAYMENT POLICY INFORMATION 15
SOURCE DOCUMENTS AND REGULATORY REFENCES 15
DISCLAIMER 15

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare's products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Adult residential crisis stabilization (RCS) provides structure and support to an adult client in a community living environment when a client has experienced a mental health crisis and needs short-term services to ensure that the client can safely return to the client's home or pre-crisis living environment with additional services and supports identified in the client's crisis assessment. Residential crisis stabilization is provided in a 24 hour licensed residential setting by qualified mental health staff. Residential crisis stabilization serves eligible members assessed during a crisis assessment to be experiencing a mental health crisis.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Community Intervention	Means a service of strategies provided on behalf of the patient to do the following: • Alleviate or reduce barriers to community integration or independent living; and • Minimize the risk of hospitalization or placement in more restrictive living environment
Crisis Assessment	Means an immediate, face-to-face evaluation by a physician, mental health professional or crisis-trained mental health practitioner, to: • Identify any immediate need for emergency services • Determine that the individual's behavior is serious deviation from their baseline level of functioning and caused by either a mental health crisis or emergency • Provide immediate intervention to relieve the person's distress • Evaluate, in a culturally appropriate way and as time permits, the:

TERM	NARRATIVE DESCRIPTION
	○ Life situation ○ Sources of stress ○ Symptoms ○ Risk behaviors ○ Mental health problems ○ Strengths and vulnerabilities ○ Cultural considerations ○ Support network ○ Level of functioning ○ Whether the person will accept voluntary treatment ○ Whether the person has an advance directive ○ History and information obtained from family members
Crisis Intervention	Means face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help to: • Cope with immediate stressors and lessen their suffering • Identify patient strengths and use of available resources • Avoid unnecessary hospitalization and loss of independent living • Develop an action plan(s) • Begin to return to the patient to their baseline level of functioning
Crisis Stabilization	Means mental health services provided after crisis intervention that helps the individual return to the level of functioning prior to the crisis
Mental Health Practitioner	Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in *at least one* of the following five ways: 1. Practitioner is qualified through relevant coursework by completing at least 30 semester hours or 45 quarter hours in Behavioral Sciences or related fields and: a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with: i. Mental illness, substance use disorder, ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or

TERM	NARRATIVE DESCRIPTION
	iii. Is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or iv. Has completed a practicum or internship that required direct interaction with adults or children served, and was focused on behavioral sciences or related fields; or v. Is working in a MHCP-enrolled adult or children's day treatment program. 2. Practitioner is qualified through work experience if the practitioner has either: a. At least 4,000 hours of experience in the delivery of services to adults or children with: i. Mental illness, substance use disorder, or ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; b. At least 2,000 hours of work experience and receives treatment supervision at least once per week until meeting the requirement of 4,000 hours in the delivery of services to adults or children with: i. Mental illness, or substance use disorder; or ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; 3. Practitioner is qualified if they hold a master's or other graduate degree in behavioral sciences or related fields. 4. Practitioner is qualified as a vendor of medical care if the practitioner meets the definition of vendor of medical care

TERM	NARRATIVE DESCRIPTION
	in Minnesota Statutes, 256B.02, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe. In addition to the above criteria: • A mental health practitioner for a child member must have training working with children. • A mental health practitioner for an adult member must have training working with adults.
Mental Health Crisis	Means a behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of daily living or in the placement of the patient in a more restrictive setting (e.g., inpatient hospitalization)
Mental Health Emergency	Means a behavioral, emotional, or psychiatric situation causing an immediate need for mental health services.
Mental Health Professional	Means one of the following providers: • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician • Tribal-certified professional
Mental Health Rehabilitation Worker	Mental Health Rehabilitation workers must have a high school diploma or equivalent and meet one of the following: • Be fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong, or • Have an associate of arts degree, or • Have two years of full-time postsecondary education or a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields, or • Be a registered nurse, or • Have, within the previous 10 years, three years of personal life experience with mental illness, or

TERM	NARRATIVE DESCRIPTION
	• Have, within the previous 10 years, three years of life experience as a primary caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder, or developmental disability, or • Have, within the previous 10 years, 2,000 hours of work experience providing health and human services to individuals Mental health rehabilitation workers under the treatment supervision of a mental health professional or certified rehabilitation specialist may provide rehabilitative mental health services to an adult client according to the client's treatment plan.
Mobile Crisis Intervention	Means a face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help an individual to: • Cope with the immediate stressors and lessen suffering • Identify and use available resources and the individual's strengths • Avoid unnecessary hospitalization and loss of independent living • Develop action plans • Begin to return to their baseline level of functioning
Notification	Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member's benefit set. Services submitted prior to notification will be denied by UCare. UCare does update its' authorization, notification, and threshold requirements from time-to-time.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

To receive adult crisis response services a UCare member must meet the following criteria:

- Eighteen (18) years of age or older;
- Enrolled in a product listed above;

- Crisis assessment indicating the member is experiencing a mental health crisis. The crisis assessment must be completed by a physician, mental health professional, or a qualified member of the mobile crisis team.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT.

Provider

Eligible providers must be enrolled with MHCP. Before enrolling with MHCP, each residential crisis stabilization (RCS) site must have a statement of need and meet the following provider standards:

Statement of need

Each site must have either a statement of need from the local mental health authority or an approved need determination from the Minnesota Department of Human Services (DHS) Commissioner.
The statement of need must include the following:

- Geographic area and population to be served by the proposed program
- Proposed program capacity, including number of beds for residential crisis stabilization services
- Evidence of ongoing relationships with other service providers that the RCS will use for referrals to and from the proposed program
- Statement from the local mental health authority indicating whether the local mental health authority supports or does not support the need for the proposed program and the basis for this determination

If the provider entity does not receive a response from the local mental health authority within 60 days of requesting, the Commissioner will use the following need-determination process:

- The provider will submit, to the Behavioral Health Division, relevant information to demonstrate need of the proposed program, including the provider’s communication with the local mental health authority and the provider’s statement of need
- If available, the Commissioner will review the current needs assessment provided by the local Adult Mental Health Initiative, other stakeholder input provided by tribal behavioral health programs, mobile crisis teams, individuals, families, communities, health plans and hospitals
- The Commissioner will make a determination of need and notify the proposed provider within 60 days of receipt of required information

Standards for all RCS programs

All providers, regardless of bed size or license type, must have the following standards:

- Support for recipient’s family and natural supports
- Ability to ensure availability of services
- Staff qualified, trained, and competent to provide mental health crisis response services
- Culturally specific treatment identified in the crisis treatment plan
- Flexibility to respond to the changing interventions and care needs of members
- Ability for staff to communicate and consult about crisis assessment and interventions
- Coordination with community services
- Crisis intervention services consistent with the Minnesota Comprehensive Adult Mental Health Act
- Ability to coordinate detoxification or withdrawal management services
- A Quality assurance and evaluation plan to evaluate the outcomes of services and member satisfaction

Programs with capacity for five or more beds

Providers must comply with the following requirements:

- Licensed by DHS Licensing to provide residential crisis stabilization according to Minnesota Statutes 245I
- Not exceed 16 beds
- Have a rate approved by DHS. Review the Service rates information webpage.

Programs with capacity for four or fewer beds

Providers must comply with the following requirements:

- Licensed by DHS Licensing to provide adult services in a supervised residential setting
- Staffed with a mental health professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner at least eight hours per day when an RCS member is present
- Utilize a statewide per diem rate for services

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers, they should be added after the modifiers listed below.

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0018		Adult crisis stabilization, residential

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
*1001		Room and board

* Room and board is not paid by UCare for Medicaid products.

PAYMENT INFORMATION

Payment Information

Covered Services

The following services must be available and offered as part of the program design:

- 24-hour on-site staff and assistance
- Assessment of the member's immediate needs and factors that lead to the crisis
- Daily crisis stabilization services to restore the member to a pre-crisis level of functioning based on the member's crisis treatment plan
- Individual abuse prevention plan
- Rehabilitative mental health services
- Health services including medication administration
- Room and Board (for members enrolled in Medical Assistance only)
- Referrals to other service providers in the community as needed and to support the member's transition from RCS
- Crisis response action plan if a crisis should occur

Non-Covered Services

The following services are noncovered from reimbursement under RCS:

- Services delivered to a member admitted to an inpatient hospital
- Transportation services
- Mental health crisis response services provided and billed by a non-MHCP provider
- Services provided by a volunteer
- Outreach services to potential members
- Non-medically necessary mental health services
- Partial hospitalization or day treatment
- Crisis assessment that a residential provider completes when billing the daily rate for RCS
- Room and board is not covered for members enrolled in Minnesota Care major programs

General Information

UCare follows MHCP guidelines when applying master's level provider reductions to eligible mental health services. Master's level provider reductions are not applied to mental health services when they are furnished in a Community Mental Health Center (CMHC).

In addition to the master's level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;
- Advance Practice Nurses;
  - Clinical Nurse Specialist
  - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children's Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCs codes and rates chart.

The Master's level provider payment reductions do not apply to services furnished in Community Mental Health Center.

Additional information regarding UCare fee schedule updates can be found in the UCare Provider Manual.

BILLING REQUIREMENTS AND DIRECTIONS

Billing Guidelines

The guidelines for billing adult crisis response services are outlined below:

- Bill only direct mental health service days; do not bill for days when direct services were not provided
- Use the MN–ITS 837P to bill the treatment procedure code H0018
- For IFP members only:
  - Use the MN-ITS 837I to bill for room and board revenue code 1001
  - Include the date of admission.
  - Type of Bill (TOB) 86X. Refer to the Adult Residential Crisis Stabilization (RCS) Room & Board Services MN–ITS user guide.
  - Value Code 24
    - Enter the five-digit code 90018
  - Value Code 80
    - Enter the number of days for covered inpatient days

- Value Code 81
  - Enter the number of days for noncovered inpatient days
- Bill room and board for direct mental health service days only
- Bill room and board service days that are authorized by the MCO directly to MHCP

PRIOR AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found here.

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE

UCare payment policies are updated from time to time. The most current UCare payment policies can be found here.

SOURCE DOCUMENTS AND REGULATORY REFERENCES

LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY

MHCP Provider Manual, Mental Health Services, Adult Crisis Response Services

Minnesota Statutes 256B.0624 (Adult Crisis Response Services Covered)
Minnesota Statutes 256B.0623, subdivision 7 (Background check requirement)

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”