

Adult Residential Crisis Stabilization Services (RCS)

Policy Number: SC190070A1

Effective Date: December 6, 2021

Last Update: March 16, 2023

PAYMENT POLICY HISTORY	
DATE	SUMMARY OF CHANGE
March 16, 2023	Annual policy review is completed. Updates made to overview, provider and member eligibility, covered and non-covered services (changes published by DHS October 18, 2022). Policy definitions were also updated.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
December 6, 2021	The Adult Residential Crisis Stabilization Services policy is published by UCare.

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)	✓

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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 This policy is a general guideline and may be superseded by specific provider contract language.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

The goal of adult residential crisis stabilization services is to help restore the patient to a pre-crisis level of functioning. Crisis stabilization services are provided in a residential setting for adults who are at risk of hospitalization if they do not receive the structure and assistance from 24-hour a day mental health staff can provide. This policy outlines the billing and payment guidelines associated with adult residential crisis stabilization services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Crisis Stabilization Services	Means individualized mental health services provided to a recipient following crisis intervention services which are designed to restore the recipient to the recipient's prior functional level. Mental health crisis stabilization services may be provided in the recipient's home, the home of a family member or friend of the recipient, another community setting, or a short-term supervised, licensed residential program. Mental health crisis stabilization does not include partial hospitalization or day treatment. Mental health crisis stabilization services include family psychoeducation.
Family	Means an individual or individuals committed to the support of the patient, regardless of whether they are related or live in the same household.
Mental Health Crisis	Means a behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of

TERM	NARRATIVE DESCRIPTION
	daily living or in the placement of the member 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 Practitioner	<p>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in <i>at least one</i> of the following five ways:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with: <ol style="list-style-type: none"> 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 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

TERM	NARRATIVE DESCRIPTION
	<p>substance abuse, and psychotropic medications and side effects; or</p> <ul style="list-style-type: none"> 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. <p>2. Practitioner is qualified through work experience if the practitioner has either:</p> <ul style="list-style-type: none"> a. At least 4,000 hours of experience in the delivery of services to adults or children with: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i. Mental illness, or substance use disorder; or ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on

TERM	NARRATIVE DESCRIPTION
	<p>mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects;</p> <ol style="list-style-type: none"> 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 in Minnesota Statutes, 256B.02, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe. <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • 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 Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> • Clinical Nurse Specialist • 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 professionals
Mental Illness	<p>Means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception,</p>

TERM	NARRATIVE DESCRIPTION
	orientation, memory, or behavior that meets both of the following: <ul style="list-style-type: none"> • Is included in the diagnostic code list published by the Minnesota Commissioner of Health; and • Seriously limits a person’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

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 be eligible for RCS services, an MHCP member must meet all of the following:

- Be 18 years old or older
- Be eligible for MHCP
- 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. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Before enrolling with MHCP, each residential crisis stabilization (RCS) 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.

Provider Requirements

All RCS programs 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

Submit the statement of need or information for the need-determination process, to the Behavioral Health Division.

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 a 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.

MODIFIER(S)	NARRATIVE DESCRIPTION
	There are no specific mental health modifiers required for RCS services.

CPT and/or HCPCS Code(s)

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

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Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

The following services are considered residential crisis services:

- 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

BILLING REQUIREMENTS AND DIRECTIONS

- H0018 must be submitted using the 837-P format or the electronic equivalent.
- Do not submit claims with an individual provider number.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification 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, [Residential Crisis Services](#)

[Minnesota Statutes 256B.0624](#), Adult Crisis Response Services Covered

[Minnesota Statutes 245.461 to 245.486](#), Adult Mental Health Act

[Minnesota Statutes 245F](#), Withdrawal Management

[Minnesota Statutes 245I.01 to 245I.13 and 245I.23](#), Mental Health Uniform Service Standards

[Minnesota Rules 9505.0322](#), Mental Health Case Management Services

[Minnesota Rules 9530.6605 to 9530.6655](#), Detoxification services

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.”