

Adult Residential Crisis Stabilization Services (RCS)

Policy Number: SC190070A1

Effective Date: December 6, 2021

Last Update: September 19, 2022

PAYMENT POLICY HISTORY	
DATE	SUMMARY OF CHANGE
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 This policy is a general guideline and may be superseded by specific provider contract language.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
<p>Certified Peer Specialist</p>	<p>Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience. UCare recognizes two levels of certified peer specialists: Level I and Level II.</p> <p>Qualifications Certified Peer Specialist Level I</p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • Be at least 21 years of age • Have a high school diploma, GED or equivalent

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Have a primary diagnosis of mental illness • Is a current or former consumer of mental health services • Demonstrates leadership and advocacy skills • Successfully completes the DHS approved Certified Peer Specialist training and certification exam <p>Certified Peer Specialist Level II</p> <ul style="list-style-type: none"> • Level II peer specialists must meet all requirement of a Level I CPS and one or more of the following criteria: • Is qualified as a mental health practitioner • Has at least 6,000 hours of supervised experience in the delivery of peer services to people with mental illness • Has at least 4,000 hours of supervised experience in the delivery of services to people with mental illness and an additional 2,000 hours of supervised experience in the delivery of peer services to people with mental illness
Crisis Incident	<p>Means an occurrence that involves a recipient and requires the program to respond in a manner that is not a part of the program's ordinary daily routine including but not limited to, suicide, attempted suicide, homicide, death of a recipient, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a recipient, assault of a recipient, assault by a recipient, or other act or situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.</p>
Crisis Stabilization Services	<p>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</p>

TERM	NARRATIVE DESCRIPTION
	<p>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.</p>
<p>Diagnostic Assessment</p>	<p>Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.</p>
<p>Diagnostic Assessment Update</p>	<p>Means a written summary of the recipient's current mental health status and service needs completed by a mental health professional who is qualified in accordance with section 245.462, subdivision 18, paragraphs (1) through (6).</p>
<p>Family</p>	<p>Means an individual or individuals committed to the support of the patient, regardless of whether they are related or live in the same household.</p>
<p>Illness Recovery and Management (IMR)</p>	<p>Means the mental health evidence based best practice approved by the commissioner that helps recipients manage their illness more effectively in the context of pursuing their personal recovery goals.</p>
<p>Individual Treatment Plan</p>	<p>Means the person-centered process that focuses on developing a written plan that defines the course of treatment for the patient. The plan is focused on collaboratively determining real-life outcomes with a patient and developing a strategy to achieve those outcomes. The plan establishes goals, measurable objectives, target dates for achieving specific goals, identifies key participants in the process, and the responsible party for each treatment component. In addition, the plan outlines the recommended services based on the patient's diagnostic assessment and other patient specific data needed to aid the patient in their recovery and enhance resiliency. An individual treatment plan should be completed before mental health service delivery begins.</p>

TERM	NARRATIVE DESCRIPTION
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 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 is 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:</p> <ol style="list-style-type: none"> 1. Holds a bachelor’s degree in a behavioral science or a related field, from an accredited college or university and meets either a or b: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness b. Is fluent in a non-English language of a cultural group to which at least 50% of the practitioners patients belong, completes 40 hours of training in the delivery of services to patients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met 2. Has at least 6,000 hours of supervised experience in the delivery of mental health services to patients with mental illness. Hours worked as a mental health behavioral aide I or II under Children’s Therapeutic Services and Supports (CTSS) may be included in the 6,000 hours of experience for child patients. 3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally

TERM	NARRATIVE DESCRIPTION
	<p>assigns the student to an agency or facility for clinical training</p> <ol style="list-style-type: none"> 4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university. 5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child must have training working with children. • A mental health practitioner for an adult 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, orientation, memory, or behavior that meets both of the following:</p> <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 residential crisis services (RCS), an UCare member must meet all the following criteria:

- Be 18 years old or older;
- Be actively enrolled as an UCare State Public Programs member;
- Assessed as experiencing a mental health crisis or emergency and interventions to help the member cope with immediate stressors have been initiated by a mental health crisis team, an emergency department, or a mental health professional. (If a mental health practitioner completes this step, the clinical supervision must occur within three hours); and
- A mental health professional or mental health practitioner with clinical supervision determines that the member needs structure and support of residential crisis stabilization in order to restore his or her pre-crisis level of function. (If a mental health practitioner completes this step, the clinical supervision must occur within three hours.)

Members may receive RCS instead of hospitalization, when appropriate.

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

Programs with Capacity for Five or More Beds

Providers must meet all the following requirements:

- Be licensed with the [Rule 36 Variance \(PDF\)](#) to provide crisis stabilization;
- Not exceed 16 beds; and
- Have a rate established by DHS.

Programs with Capacity for Four or Fewer Beds

Providers must meet all the following requirements:

- Have an Adult Foster Care license and 24-hour-a-day residential staffing for each site;
- Have the capacity to recruit, hire, and manage and train mental health professionals, practitioners and rehabilitation workers;
- Have adequate administrative ability to ensure availability of services;
- Ensure adequate preservice and in-service training for staff;
- Ensure staff providing services are skilled in the delivery of mental health crisis response services;
- Ensure staff are capable of implementing culturally specific treatment identified in the individual treatment plan that is meaningful and appropriate as determined by the member's culture, beliefs, values and language;
- Ensure enough flexibility to respond to the changing intervention and care needs as identified by
- Ensure that mental health professionals and mental health practitioners have the communication tools and procedures to communicate and consult promptly about crisis assessment and interventions as services occur
- Coordinate services with county emergency services, community hospitals, ambulance, transportation services, social services, law enforcement and mental health crisis services through regularly scheduled interagency meetings
- Ensure services are coordinated with other mental health service providers, county mental health authorities or federally recognized American Indian authorities and others as necessary, with the consent of the adult. Coordinate with the member's case manager if the adult is receiving case management services;
- Submit information as required by the state;
- Maintain staff training and personnel files;
- Establish and maintain a quality assurance and evaluation plan to evaluate the outcomes of services and member satisfaction;
- Develop and maintain written policies and procedures regarding service provision and administration of the provider entity, including safety of staff and members in high-risk situations;
- All staff must have immediate access to a qualified mental health professional or practitioner, 24-hours per day. The access can be direct or by telephone;
- A qualified mental health professional or practitioner must provide face-to-face contact with the member every day; and
- If more than two individuals are receiving crisis response services, one of the following providers must be on site at least 8 hours per day:
 - Mental health professional

- Crisis-trained mental health practitioner
- Crisis-trained mental health rehabilitation worker
- Crisis-trained certified peer specialist
- Mental health practitioners, certified peer specialists and rehab workers must:
- Have completed at least 30 hours of crisis intervention and stabilization training during the past two years ; and
- Be under clinical supervision by a mental health professional.
- The clinical supervisor must:
 - Be qualified as a mental health professional;
 - Be immediately available to staff by phone or in person;
 - Document consultations
 - Review, approve and sign the crisis assessment and treatment plan within three hours;
 - Document on-site observations in the member's record; and
 - Be employed by or under contract with the provider.

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;
- Individualized treatment to address immediate needs and restore member to pre-crisis level of functioning;
- Supportive counseling;
- Skills training as identified in the member’s individual crisis stabilization plan;
- Referrals to other service providers in the community as needed and to support the member’s transition from RC;S
- A crisis response action plan if a crisis should occur; an
- Assistance to access and store medication.

Non-Covered Services

Based on Minnesota Statute 256B.0624, the following services are excluded from reimbursement as RCS services:

- Room and board services;
- Services delivered to an individual while admitted to an inpatient hospital;

- Member transportation costs;
- Services furnished by a provider who is not enrolled with DHS to provide adult mental health crisis response services;
- Volunteer services;
- Direct billing of on-call services when not furnishing services to a patient;
- Provider service time included in case management reimbursement. When a provider is eligible to provide more than one type of service, the patient must have a choice of provider for each service, unless otherwise provided by law;
- Outreach services furnished to potential patients; and
- A mental health service that is not medically necessary.

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 Rules 9505.0322](#), Mental Health Case Management 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.”