Adult Residential Crisis Stabilization (RCS)

Policy Number: SC19P0070A1

Effective Date: May 1, 2018

Last Update: January 5, 2026

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
January 5, 2026	Policy updated to reflect change to legislated payment adjustment outlined in MN Statute Sec. 256B.763, originally approved in SPA 24-44.
September 5, 2025	Clarification made to applicable products regarding policy application to dually integrated products.
April 28, 2025	Annual policy review complete. Grammar, formatting, and stylization updates applied.
February 19, 2025	Policy updated to reflect change to legislated payment adjustment outlined on Approved SPA 24-44.
February 5, 2025	Per MHCP guidance, Effective January 1, 2025, managed care organizations will cover substance use disorder and mental health room and board services for MinnesotaCare members. The 'Modifiers, CPT, HCPCS, and Revenue Codes,' 'Payment Information,' and 'Billing Requirements and Directions' sections have been updated to reflect this change.
June 13, 2024	Annual policy review complete. Updates made to definitions. Additional grammar, formatting, and stylization updates applied.
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.

DATE	SUMMARY OF CHANGE
	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.
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	PRODUCT TYPE	APPLIES TO
UCare Connect + Medicare (When MHCP is the primary payment methodology)	Dually Integrated	√
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payment methodology)	Dually Integrated	√
UCare Individual & Family Plans	IFP	√
UCare Individual & Family Plans M Health Fairview	IFP	√
UCare Connect	Minnesota Health Care Programs (MHCP)	√
UCare Minnesota Senior Care Plus (MSC+)	Minnesota Health Care Programs (MHCP)	√
UCare MinnesotaCare	Minnesota Health Care Programs (MHCP)	√
UCare Prepaid Medical Assistance (PMAP)	Minnesota Health Care Programs (MHCP)	√

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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	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	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

TERM	NARRATIVE DESCRIPTION
	• Evaluate, in a culturally appropriate way and as time permits, the: ○ 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	Face-to-face, short-term intensive mental health services initiated during a mental health crisis to help the recipient cope with immediate stressors, identify and utilize available resources and strengths, engage in voluntary treatment, and begin to return to the recipient's baseline level of functioning.
Crisis Stabilization	Mental health services provided after crisis intervention that helps the individual return to the level of functioning prior to the crisis
Mental Health Crisis	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 Practitioner	Mental health practitioners are people who provide services to adults with mental illness or children with emotional disturbance. Mental Health Practitioners are not eligible for enrollment. They must be under the treatment supervision of a mental health professional and qualified in at least one of the ways outlined in MN Statute 245I.04, Subdivision 4. In addition to the criteria outlined in MN Statute 245I.04, MHCP requires: • 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 Practitioner Qualified as a Clinical Trainee	A mental health practitioner working as a clinical trainee meets the following criteria:

TERM	NARRATIVE DESCRIPTION
	• Be complying with requirements for licensure or board certification as a mental health professional including supervised practice in the delivery of mental health services for the treatment of mental illness • Be a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional The clinical trainee's clinical supervision experience helps the practitioner gain knowledge and skills necessary to practice effectively and independently. The experience gained by the clinical trainee during supervision may include: • Direct practice • Treatment team collaboration • Continued professional learning • Job management
Mental Health Professional	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 • Have, within the previous 10 years, three years of life experience as a primary caregiver to an adult with a mental

TERM	NARRATIVE DESCRIPTION
	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	Face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. Mobile crisis intervention services must be: • Available 24 hours per day, seven days per week, 365 days per year • Provided by a mobile team in a community setting • Provided promptly

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®), Healthcare Common Procedure Coding System (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 applicable for MinnesotaCare and IFP products only.

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
    - Room and board is covered by MHCP for Medical Assistance only

    - Room and board for MinnesotaCare and IFP membership is covered by UCare
- 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

Payment Adjustments

Payment Reductions

Based on MHCP guidelines when certain mental services are furnished by a master's prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Master's prepared providers may include:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) master's Level
- Psychiatric Nurse Practitioner
- Master's Level enrolled provider

Master's level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC)
- By a Mental Health Practitioner qualified to work as a clinical trainee

Payment Enhancements

In addition to the master's level provider reduction, UCare also applies a legislated adjustment to specific mental health services when furnished by the providers listed below.

July 2007 through December 2024, the legislated adjustment was 23.7%.
Effective January 2025, the legislated adjustment is 11.85%.
Effective January 2026, the legislated adjustment is 5.92%.

- 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.

Information on 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.
- Use the MN–ITS 837I to bill for room and board revenue code 1001.
    - Room and board for members enrolled in Medical Assistance:
        - Bill room and board service days that are authorized by the MCO directly to MHCP
        - See the MHCP Provider Manual for billing requirements
    - For MinnesotaCare and IFP members only:
        - Include the date of admission.
        - Type of Bill (TOB) 86X
        - 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

PRIOR AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update 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

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."