

Adult and Children's Crisis Response Services

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Overview

Crisis response services are community-based services provided to adults and children by a county, tribe or contracted crisis team.

Eligible Providers

A crisis response provider must be a county or tribe, or have a contract with a county or tribe and be certified and [enrolled with MHCP](#) to provide crisis services in Minnesota.

A mobile crisis provider must have at least one mental health professional on staff at all times and at least one additional staff member who is capable of leading a face-to-face crisis response.

Mobile crisis assessment and intervention services can be provided by a qualified:

- Mental health professional
- Mental health practitioner
- Clinical trainee
- [Certified family peer specialist](#)
- [Certified peer specialist](#)

Crisis assessment and intervention services must be led by a mental health professional, clinical trainee, or mental health practitioner. Interventions require at least two members of the intervention team to confer in person or by phone about the assessment, treatment plan, and action needed.

Mobile crisis stabilization services can be provided by a qualified:

- Mental health professional
- Mental health practitioner
- Certified rehabilitation specialist
- Clinical trainee
- [Certified family peer specialist](#)
- [Certified peer specialist](#)
- Mental health rehabilitation worker

Mental health practitioners, clinical trainees, certified peer and family peer specialists and rehab workers must:

- Have completed at least 30 hours of crisis intervention and stabilization training during the past two years
- Be under treatment supervision by a Minnesota Health Care Programs (MHCP)-enrolled mental health professional who:
 - Is employed by or under contract with the crisis response provider
 - Accepts full responsibility for the services provided
- Consult with the treatment supervisor, in person or by phone, during the first three hours the practitioner provides services face to face

The treatment supervisor must:

- Be immediately available to staff by phone or in person
- Document consultations
- Review, approve and sign the crisis assessment and treatment plan performed by mental health practitioners within one day of the crisis visit
- Document on-site observations in the member's record

Crisis response providers must be experienced in, and have knowledge of:

- Mental health assessment
- Treatment engagement strategies
- How to work with families and others in the member's support system
- Crisis intervention techniques
- Emergency clinical decision-making abilities
- Local services and resources

MHCP strongly encourages MHCP-enrolled crisis services providers to contract with [each health plan](#) in their service area.

Eligible Members

To be eligible for [MHCP](#) crisis response services, a member must:

- Screen positive for potential mental health crisis during a crisis screening to be eligible for crisis assessment services
- Be assessed as experiencing a mental health crisis to be eligible for crisis intervention and stabilization services
- Members with co-occurring substance abuse and mental health disorders who do not need the level of a detoxification facility are also eligible to receive crisis response services.

Covered Services

- [Crisis Assessment](#)
- [Crisis Intervention](#)
- [Crisis Stabilization](#)
- [Community Intervention](#) (for adult crisis response services only)
- Certified Peer Specialist (for adult services only) and Certified Family Peer Specialist (for children services only) may provide services during all phases of the crisis response

Crisis Assessment

A crisis assessment is an immediate, face-to-face evaluation by a physician, mental health professional or qualified member of a crisis team to:

- Identify any immediate need for emergency services
- Determine that the member's behavior is a serious deviation from his or her baseline level of functioning and caused by either a mental health crisis or emergency

- Provide immediate intervention to relieve the member's distress
- Evaluate, in a culturally appropriate way and as time permits, the member's current:
 - Life situation
 - Preferences as communicated verbally by recipient, or through health care directive, crisis treatment plan, crisis prevention plan, or wellness recovery action plan
 - Health information and medications
 - Sources of stress
 - Symptoms
 - Risk behaviors
 - Mental health problems
 - Strengths and vulnerabilities
 - Cultural considerations
 - Support network
 - Level of functioning
 - Willingness to accept voluntary treatment
 - Whether the person has an advance directive
 - History and information obtained from family members

Conduct the crisis assessment in one of the following locations:

- The member's home
- The home of a family member
- Another community location

Determine the need for crisis intervention services, or referrals to other resources, based on the assessment and facilitate a coordinated response with referral entities.

Crisis Intervention

Mobile crisis interventions are face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help the member to:

- Cope with immediate stressors and lessen the member's suffering
- Identify and use available resources and member's strengths
- Avoid unnecessary hospitalization and loss of independent living
- Develop action plans
- Begin to return to his or her baseline level of functioning

Crisis intervention can be delivered when the member is not present, but the provider must document the reason for providing services when the member is absent.

The mobile crisis intervention team must develop a crisis treatment plan (review the treatment plan standards outlined under the Crisis Treatment Plan heading) and document which treatment plan goals and objectives have been met and when no further crisis intervention services are required.

If the member shows positive change in a baseline of functioning or a decrease in personal distress:

- Make (and document) a referral to less-intensive mental health services
- Document short-term goals that have been met and when no further crisis intervention services are needed
- If the member is unable to follow-up with a referral, the crisis response provider must link the member to the service and follow-up to ensure that the member is receiving the service
- Coordinate with case manager, if member has one
- Offer to develop an advanced directive, if member does not have one

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

Mobile crisis response providers can request a waiver of the 24-hour requirement from DHS. To receive a waiver, providers must show that the services cannot be provided 24 hours per day due to one of the following:

- Inability to hire qualified staff
- Sparse population and wide geographic area to be served

Crisis Stabilization

Crisis stabilization services are mental health services, provided after crisis intervention, to help the member return his or her functioning to the level it was before the crisis.

- Provide stabilization services:
 - In the community
 - Based on the crisis assessment and intervention treatment plan
- Consider the need for further assessment and referrals
- Update the crisis treatment plan
- Provide supportive counseling
- Conduct skills training
- Collaborate with other service providers in the community
- Provide education to the member's family and significant others regarding mental illness and how to support the member

Crisis stabilization can be provided when the member is not present, but the provider must document the reason for providing services when the member is absent.

Community Intervention (for adult services only)

Community intervention may be provided for adults as a crisis service when needed. When provided in the context of crisis response services, community intervention may be used to educate the member's family and significant others on mental illness and ways to support the member.

Crisis Treatment Plan

With the member, develop a crisis treatment plan within 24 hours of beginning services. The crisis treatment plan, at a minimum, must include:

- Problems identified in the assessment
- Measurable short-term goals and tasks to be achieved, including time frames for achievement
- Specific objectives directed toward achieving each goal
- Clear progress notes about outcomes of goals
- List of member's strengths and resources
- Crisis assistance strategies that have been effective in the past
- Documentation of participants involved
- A crisis response action plan, if another crisis should occur
- Frequency and type of services initiated, including a list of providers, as applicable
- For Child member: Use child centered, family-driven, and culturally appropriate planning that provides opportunity for parent or guardian involvement
- For Adult member: Use person-centered, culturally appropriate planning that provides opportunity for family and other natural support system involvement

A mental health professional and the member must approve and sign the treatment plan. If the member refuses to approve and sign the plan, note the refusal and the reasons for the refusal in the treatment plan. Give a copy of the plan to the member or member's legal guardian.

Noncovered Services

The following services are not covered as crisis response services:

- Member transporting services
- Crisis response services performed by volunteers
- Provider performance of household tasks, chores, or related activities, such as:
 - Laundering clothes
 - Moving the member's household
 - Housekeeping
 - Grocery shopping
- Time spent "on call" and not delivering services to members
- Activities primarily social or recreational in nature, rather than rehabilitative
- Job-specific skills services, such as -on-the-job- training
- Case management
- Outreach services to potential members
- Crisis response services provided by a:
 - Hospital
 - Board and lodging facility
 - Residential facility (except for qualified Residential Crisis Stabilization Settings)
- Room and board
- Crisis screening calls

Billing

- When billing for Adult Crisis Response Services use [MN-ITS 837P](#)
- Bill for direct, face-to-face services provided to an eligible member by a qualified staff person
- Enter the actual place of service code
- Enter the individual treating provider NPI number. When an off-site team member (professional) works with an on-site team member, the professional may bill for time spent working directly with the on-site member
- Two team members who are providing services on-site may bill for time spent providing service
- Authorization is not required for crisis assessment, stabilization and intervention

Adult Crisis Service Billing

Code s	Modifier s	Service Description	Units	Additional Requirements
H2011		Adult crisis assessment, intervention and stabilization – by an individual mental health professional	15 minutes	Except for community intervention (refer to 90882), there are no thresholds for crisis response services provided in the community. Authorization is not required for crisis assessment, stabilization and intervention. Rehabilitation workers can provide adult crisis stabilization services only.
	HT	Adult crisis assessment, intervention and stabilization by a mental health professional as part of a multi-disciplinary team		

	HN	Adult crisis assessment, intervention and stabilization – by an individual practitioner		
	HN HT	Adult crisis assessment, intervention and stabilization – practitioner as part of a multi-disciplinary team		
H2011	HM	Adult crisis stabilization –by an individual mental health rehabilitation worker		
	HM HT	Adult crisis stabilization –by mental health rehabilitation worker as part of a multi-disciplinary team		
	HQ	Adult crisis stabilization – group		
	HQ HT	Adult crisis stabilization – group, provided by a multi-disciplinary team		
90882	HK	Community intervention	1 session	Community intervention may be billed for each team member when one team member works directly with a family member or significant other while the other team member works face-to-face with the member.
	HK HT	Community intervention, provided by a multi-disciplinary team		
90882	HK HM	Community intervention by an individual mental health rehabilitation worker		Follow ARMHS billing instructions - ARMHS authorization thresholds apply.
	HK HM HT	Community intervention by a mental health rehabilitation worker as part of a multi-disciplinary team		The HK modifier is needed to identify community intervention services as a part of crisis response.

Child Crisis Service Billing

Codes	Modifiers	Service Description	Units	Additional Requirements
H2011	UA	Child crisis assessment, intervention and stabilization – by an individual mental health professional	15 min.	There are no thresholds for crisis response services provided in the community. Authorization is not required for crisis assessment, stabilization and intervention.
	UA HT	Child crisis assessment, intervention and stabilization – a mental health rehabilitation worker as part of a multi-disciplinary team		

H2011	UA HN	Child crisis assessment, intervention and stabilization – individual practitioner	15 min.	There are no thresholds for crisis response services provided in the community. Authorization is not required for crisis assessment, stabilization and intervention.
	UA HN HT	Child crisis assessment, intervention and stabilization – practitioner as part of a multi-disciplinary team		

Definitions

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, in an emergency situation, or in the placement of the member in a more restrictive setting (such as inpatient hospitalization).

Legal References

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

[Minnesota Statutes, 256B.0623](#), subdivision 7 (Background check requirement)

[Minnesota Statutes, 245I.011](#), subdivision 5