

Adult Rehabilitative Mental Health Services (ARMHS)

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- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
 - [Basic Living and Social Skills](#)
 - [Certified Peer Specialist Services](#)
 - [Community Intervention](#)
 - [Functional Assessment](#)
 - [Level of Care Assessment or Necessity of Care Service Recommendation or Referral](#)
 - [Individual Treatment Plan](#)
 - [Medication Education](#)
 - [Transition to Community Living Services](#)
- [Progress Notes](#)
- [Noncovered Services](#)
- [Authorization](#)
- [Authorization Requirements for TCL Services](#)
- [Billing](#)
- [Legal References](#)

Adult rehabilitative mental health services (ARMHS) are mental health services that are rehabilitative and enable the member to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills when these abilities are impaired by the symptoms of mental illness. The services also enable a member to retain stability and functioning if the member is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services. The services instruct, assist and support a member in areas such as medication education and monitoring, and basic social and living skills in mental illness symptom management, household management and employment-related or community living transitions.

Eligible Providers

Each ARMHS provider entity must be [certified](#) to provide ARMHS. Certification ensures that the provider is capable of providing directly, or contracting for, the full array of ARMHS.

ARMHS entities must be recertified by Minnesota Department of Human Services (DHS) every three years.

The following individual mental health providers are eligible to provide ARMHS:

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

Additional providers eligible to provide ARMHS:

- Licensed occupational therapist**

* Mental health rehabilitation workers (MHRW) and level 1 certified peer specialist (CPS) **cannot** develop a functional assessment (FA), level of care assessment, or individual treatment plan (ITP). MHRWs and level 1 CPS can implement ITP interventions and develop a progress note.

**Licensed occupational therapists (OT) may administer ARMHS with the same [scope of practice](#) as a mental health practitioner. Licensed OTs providing ARMHS should not enroll with MHCP as a mental health provider. OTs will not be billing for OT services within ARMHS. OTs operate under the treatment supervision of a licensed mental health professional.

The following providers are eligible to provide medication education services under ARMHS:

- Physician
- Registered nurse
- Physician assistant
- Pharmacist

Eligible Members

To be eligible for ARMHS, MHCP members must meet all of the following criteria:

- Be 18 years old or older
- Have a primary diagnosis of a mental illness as determined by a [diagnostic assessment](#)
- Have a completed [level of care assessment](#)
- Have a significant impairment in functioning in three or more areas of the [functional assessment](#) domains specified in statute

Covered Services

The following services are billable as ARMHS:

- Basic living and social skills
- Certified peer specialist services
- Community intervention
- Functional assessment
- Individual treatment plan
- Medication education
- Transition to community living services

All covered services are provided face to face except community intervention. Documentation of activities is included in the covered service and must not be billed separately.

ARMHS services may be provided in a variety of settings, including but not limited to:

- A member's home
- The home of a relative or significant other
- A member's job site
- The community, such as any of the following:
 - Psychosocial clubhouse
 - Drop-in center
 - Social setting
 - Classroom
 - Other place in the community

Do not provide ARMHS, except for services that meet the requirements under [Transition to Community Living Services](#), to a member residing in any of the following:

- Regional treatment centers
- Nursing facilities

- Acute-care settings (inpatient hospital)
- Sub-acute settings (Intensive Residential Treatment Services [IRTS] program)

Basic Living and Social Skills

Basic living and social skills are activities that instruct, assist and support a member in skill areas essential for every day, independent living. Examples of skill areas include the following:

- Interpersonal communications
- Community resource utilization and integration
- Crisis assistance
- Relapse prevention
- Budgeting, shopping and healthy lifestyle skills and practices
- Cooking and nutrition
- Transportation
- Medication monitoring
- Mental illness symptom management
- Household management
- Employment-related skills
- Transitioning to community living

Each member's treatment plan should identify specific skills needed, how each is being addressed, the method (individually, group), and the medical necessity for each goal.

Provide basic living and social skills individually or in a group setting, when appropriate, to each participating member's needs and treatment plan. A basic living and social skills group is two to 10 people, at least one of whom is a medical assistance member. Up to two staff people may bill MHCP for services provided to a group. Each staff person must bill for different members.

Provide basic living and social skills directly (face to face) to the member.

Certified Peer Specialist Services

CPS services include the following:

- Nonclinical, recovery-focused activities encouraging empowerment, self-determination, and decision-making, which are only provided by a CPS
- Activities that can address and contribute to the ARMHS team insights about feelings associated with stigma, social isolation, personal loss, systemic power dynamics and restoring one's lifestyle following hospitalization, or other acute care services

A CPS Level I cannot develop the functional assessment or the ITP.

Refer to the [Certified Peer Specialist Services](#) section of the MHCP Provider Manual for more information.

Community Intervention

Community intervention is a service of strategies provided on behalf of a member to do the following:

- Alleviate or reduce a member's barriers to community integration or independent living
- Minimize the risk of hospitalization or placement in a more restrictive living arrangement

Community intervention may be conducted with an agency, institution, employer, landlord or member's family and may require the involvement of the member's relatives, guardians, friends,

employer, landlord, treatment providers or other significant people to change situations and allow the member to function more independently.

Delivery of community intervention services meets the following:

- Must be directed exclusively to the treatment of the member
- Must be provided on an individual basis only (cannot be provided in a group)
- May be conducted in person or by telephone if the intervention strategy warrants it (document accordingly)
- May be conducted without the member present when the intervention strategy warrants it (document why the strategy is more effective without the member present)

Do not bill community intervention for the following reasons:

- Routine communication between members of a treatment team, a routine staffing or a care conference
- Telephone contacts that do not conform to the definition of this service or that are not properly documented
- Treatment supervision
- Treatment plan development

Functional Assessment (FA)

A comprehensive FA is a narrative that describes how the person's mental health symptoms impact their day-to-day functioning in a variety of roles and settings. It is important to look at how factors other than mental health symptoms impact life functioning.

Refer to the [Functional Assessments](#) section of the MHCP Provider Manual for more information.

Level of Care Assessment or Necessity of Care Service Recommendation or Referral

A level of care assessment determines the service intensity needs of the individual. Refer to the [Level of Care Assessment and Necessity of Care Recommendation or Referral](#) section of the MHCP Provider Manual for more information.

Individual Treatment Plan (ITP)

An individual treatment plan (ITP) is a written plan that documents the treatment strategy, the schedule for accomplishing the goals and objectives, and the responsible party for each treatment component. Complete an individual treatment plan after the functional assessment, and before delivery of basic living and social skills or medication education.

An ITP for ARMHS is based on a diagnostic assessment and baseline measurements, a functional assessment, and a level of care assessment. The ITP documents the plan of care and guides treatment interventions and strategies. Development of the ITP includes involvement of the client, client's family, caregivers or other people, which may include people authorized to consent to mental health services for the client, and includes arrangement of treatment and support activities consistent with the client's cultural and linguistic needs.

The ITP focuses on the person's vision of recovery, their priority treatment goals and objectives, and the interventions and strategies that will help meet those goals and objectives. The plan must be written in a way in which the person and their family have a clear understanding of the services being offered and specifically how the services will address their concerns. The person, and any family or support persons desired, must take part in the process of developing the ITP to make sure the treatment is relevant to the priorities and incorporates the clients' strengths.

When completing the ITP for ARMHS, the following components must be present on the plan:

- Cultural considerations and needs of the client as related to service plan and delivery
- Concrete, measurable goals to be achieved, including time frames for achievement
- Specific objectives directed towards the achievement of each one of the goals including time frames for achievement
- Treatment strategies for achieving objectives
- Individuals responsible for providing treatment services and natural supports to the client.
- Reasons license holder did not involve clients family or other natural supports, if applicable
- If a client has a history of not engaging in treatment, a treatment strategy to engage the client
- Documentation of progress (or lack thereof) as a written review that evaluates progress toward goals and objectives from the previous plan
- Documentation of participants in treatment planning
- Approval by the client or legal guardian (refer to [Minnesota Statutes, 245I.02, subdivision 2](#))

Give a copy of the approved plan to the client or guardian.

If a client or their guardian does not agree with the plan, document efforts to engage the person in his or her treatment plan and why they were not willing to approve it.

Timeframes

- Develop and approve an ITP within 30 days of the ARMHS intake or start date
- Review and update the ITP every 180 days including client's treatment progress, new objectives and goals, or if client has not made progress, changes in ARMHS providers approach to treatment

Approval

If able, the member or their guardian may indicate approval by written signature, electronic signature, or documented oral approval. If the member or guardian is unable or unwilling to approve the ITP, document the reason.

Best practices for the ITP*:

- Recovery vision: Reflects the person's aspirations regarding his or her life stated in his or her own words.
- Goal (Rehab): A goal describes a measurable target for change that is achievable in a specified timeframe that will result in achieving a desired outcome. The recommendation is no more than two rehabilitative goals within a plan.
- Objectives: Ideally achievable within the timeframe of an ITP. A small positive forward step describing what the person will be able to do or the result to be realized. The ITP outlines the small steps the person will take. The recommendation is no more than three objectives that can be targeted sequentially or concurrently to attain the goal.
- Objectives are measurable and observable with an identified baseline and target measure.
- Interventions and Strategies: Rehabilitation techniques that ARMHS staff will use to help a person reach objectives, which lead to completing goals. Interventions can focus on using community resources or natural support networks and skill development, mastery or generalization associated with a specific role or setting.
- The ITP should also include the following:
 - Identified skills or skill set to be learned, mastered or generalized
 - Where services will take place
 - Description of the type of rehabilitative intervention to be used such as demonstrating, modeling, practicing, and so on.

- Type of service method, individual or group
- Length of typical session
- Frequency of sessions
- Service categories: Basic living and social skills (BLSS), medication education (ME), community intervention (CI), transition to community living (TCL) or certified peer specialist (CPS)

* Best practices are not requirements, only recommendations

Medication Education

The medication education service educates a member about the following:

- Mental illness and symptoms
- The role and effects of medications in treating symptoms of mental illness
- The side effects of medications

Medical education is coordinated with, but not duplicative of, medication management services. The member must be present to bill for the service.

Criteria for medication education include all of the following:

- May include activities that instruct members, families or significant others in the correct procedures for maintaining the member's prescription medication regimen
- May be provided individually or in a group setting
- Must be provided only by a physician, pharmacist, registered nurse or physician's assistant employed by or subcontracted with a certified ARMHS provider. The ARMHS provider bills for medication education

If medication education is provided in a pharmacy, ensure that the service is provided apart from the dispensing area. Medication education is not intended to replace any aspect of dispensing medications. Information provided to a member as part of a prescription is an aspect of dispensing medications and is paid separately in the dispensing fee and is not billable as medical education.

Transition to Community Living Services

Transition to community living (TCL) services are developed for the following purposes:

- To establish or reestablish contact between an ARMHS provider and the member before the member's discharge from a higher level of care mental health service, including any of the following:
 - Regional treatment center
 - Community hospital
 - Institutes for Mental Disease
 - Intensive residential treatment program
 - Board and care facility
 - Skilled nursing home
 - ACT program
- To implement the discharge plan developed by the higher level of care mental health service
- To be coordinated with, but not duplicate, the discharge planning responsibilities of the higher level of care service
- To be provided within a maximum of 180 days of discharge from the higher level of care service

- TCL services cannot be provided concurrently with other ARMHS services. TCL is available only when the member is receiving a higher level of care service. TCL services must be authorized according to [Authorization Requirements for TCL Services](#).

TCL services do not count toward the 300 hours or 72-session limit for basic living and social skills or community intervention service categories.

Progress Notes

A progress note describes the rehabilitative service delivered. A progress note must be used to document each occurrence of a mental health service a staff person provides to a client.

Progress notes must include the following:

- Type of service
- Date of service
- Session start and stop times
- Service location
- Scope of service (nature of interventions or contacts, treatment modalities, phone contacts, and so on) includes these components:
 - Goals and objectives targeted in the session
 - Intervention delivered and methods used
 - Member's response or reaction to treatment interventions
 - Plan for the next or future sessions including treatment changes to be implemented when interventions are ineffective
 - Service modality (group or individual)
- Signature, printed name and credentials of the person who provided the service
- Mental health [provider travel documentation requirements](#)
- Significant observations if applicable include the following:
 - Current risk factors the member may be experiencing
 - Emergency interventions
 - Consultations with or referrals to other professionals, family or significant others
 - Changes in symptoms (physical or mental)

Noncovered Services

The following services are not covered ARMHS:

- Transportation services
- Services provided and billed by providers not enrolled to provide ARMHS
- ARMHS performed by volunteers
- Provider performance of household tasks, chores, or related activities, such as laundering clothes, moving the member's household, housekeeping, and grocery shopping
- Time spent "on call" and not delivering services to members
- Activities that are primarily social or recreational, rather than rehabilitative
- Job-specific skills services such as on-the-job training
- Time included in case management services
- Outreach services to potential members
- Room and board services

Authorization

Request [authorization](#) for services exceeding the limits as indicated in the [ARMHS Benefits chart](#) in the Billing section for basic living and social skills, community intervention, functional assessment, individual treatment plan and medication education. To request authorization, submit the following:

- [MHCP Authorization Form \(DHS-4695\) \(PDF\)](#) (except when using MN-ITS)
- [Adult Mental Health Rehabilitative Services Authorization Form \(DHS-4159A\) \(PDF\)](#)
- Supporting documentation of medical necessity for ARMHS or concurrent services

If ARMHS services are provided concurrently with adult mental health day treatment, the second provider of record must submit the request for authorization. The request must include correspondence from the first provider, which verifies how services will be coordinated and scheduled. This is to assure that the member is receiving distinct periods of service, which occur separately from each other service.

The member's record must include supporting documentation (the treatment plan) that describes how concurrent ARMHS services are necessary.

Authorization Requirements for TCL Services

Providers must request authorization for all TCL services before service delivery or within a reasonable amount of time after services begin. To request authorization, submit the following:

- [MHCP Authorization Form \(DHS-4695\) \(PDF\)](#) (except when using MN-ITS)
- [Adult Mental Health Rehabilitative Services Authorization Form \(DHS-4159A\) \(PDF\)](#)
- Documentation generated by the higher level of care service provider:
 - A "Letter of Referral" requesting ARMHS TCL services
 - The most current documentation associated with the higher level of care service provider type, sufficient to indicate a history of the member's progress or other changes in mental health status. For example, an IRTS or ACT program would generate the following:
 - Diagnostic assessment
 - Functional assessment
 - Level of care assessment
 - Proposed discharge plan
 - Progress notes for the past six sessions or two weeks, whichever is greater (for IRTS – two weeks)
 - The discharge goal, which identifies the functioning that must be restored for the member to successfully re-enter his or her community living environment
- Documentation generated by the ARMHS provider:
 - A brief statement, signed by the ARMHS MHP clinical supervisor, indicating his or her examination of the submitted documentation and eligibility approval for ARMHS
 - The proposed ARMHS TCL plan, which meets the following criteria:
 - Is coordinated with the assessment and discharge plan generated by the higher level of care provider
 - Is limited to a maximum of 180 days, and includes the following:
 - Type of service
 - Frequency and length of sessions
 - Modality (individual or group)
 - Identification of responsible parties
 - A written description of service coordination between the two providers and the member during the TCL plan period, identifying the following:
 - The provider staff involved in coordinating services
 - The provider's contact information
 - How information will be exchanged
 - The anticipated schedule for ARMHS TCL services on a weekly basis

Billing

When billing for ARMHS use the [MN-ITS 837P](#).
 Enter the treating provider NPI number on each claim line.

Use appropriate CPT modifiers if an ARMHS service is provided on the same day but at different times by any of the following:

- The same ARMHS provider
- Different ARMHS providers within the same ARMHS provider organization
- Different ARMHS provider organizations working concurrently with an ARMHS recipient

Adult Rehabilitation Mental Health Services (ARMHS) Benefits

Code	Mod	Brief Description	Units	Service Limitations
H2017		Basic living and social skills - individual; mental health professional, certified rehab specialist, clinical trainee or practitioner	15 min.	Authorization is required for more than 300 hours per calendar year combined total of H2017, H2017 HM and H2017 HQ.
	HM	Basic living and social skills - individual; mental health rehabilitation worker		
	HQ	Basic living and social skills - group; mental health professional, certified rehab specialist, clinical trainee, practitioner or rehabilitation worker		
	U3	Basic living and social skills, transitioning to community living (TCL), mental health professional, certified rehab specialist, clinical trainee or practitioner	15 min.	Authorization required. Cannot be done concurrently with other ARMHS services. No threshold.
	U3 HM	Basic skills, transitioning to community living (TCL) by a mental health rehabilitation worker-		
90882		Environmental or community intervention, mental health professional, certified rehab specialist, clinical trainee or practitioner	1 session	Authorization is required for more than 10 sessions per month or 72 sessions per calendar year.
	HM	Environmental or community intervention, mental health rehabilitation worker		
	U3	Environmental or community intervention; professional, certified rehab specialist, clinical trainee or practitioner; transition to community living (TCL) intervention	1 session	Authorization required. Cannot be done concurrently with other ARMHS services. No threshold.

	U3 HM	Environmental or community intervention; transition to community living intervention, mental health rehabilitation worker		
H0031		Mental health assessment, by nonphysician	1 session	Authorization required for more than 6 sessions per calendar year.
H0031	TS	Mental health assessment, by nonphysician, follow-up service (review or update)	1 session	
H0032		Mental health service plan development by nonphysician	1 session	Authorization required for more than 4 sessions per calendar year.
H0032	TS	Mental health service plan development by nonphysician, follow-up services (review or update)	1 session	
H0034		Medication education, individual: MD, RN, PA or pharmacist	Per 15 min.	Authorization is required for more than 26 hours per calendar year of H0034 and 26 hours per calendar year of H0034 HQ.
	HQ	Medication education, group setting		

Legal References

[Minnesota Statutes, 256B.0623](#)

[Minnesota Statutes, 245I.011.5](#)

[Minnesota Statutes, 245I.10](#)