Sentara Health Plans

Medicaid

Residential Crisis Stabilization Unit (RCSU), BH 34

Table of Content

Description & Definitions
Required Activities
Clinical Indications for Procedure
Discharge Guidelines
Exclusions and Service Limitations
Document History
Coding Information
Policy Approach and Special Notes
References

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

Mental Health Services . Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 26

RCSUs provide short-term, 24/7, residential psychiatric and substance related assessment and brief intervention services. The service supports the following individuals:

- Individuals experiencing changes in behavior noted by impairment or decompensation in functioning that may result in the need of a higher level of care.
- Individuals stepping down from a higher level of care that need continued monitoring, stabilization and mobilization of resources.
- Individuals who need a safe environment for assessment, stabilization, and prevention of further escalation or decompensation.

RCSUs may also provide medically monitored residential services for the purpose of providing psychiatric stabilization and substance withdrawal management services on a short-term basis; see provider qualifications and billing guidance for further details.

The goals of Residential Crisis Stabilization Unit services are as follows but are not limited to 1) stabilize the individual in a community-based setting and support the individual and natural support system; 2) Reduction of acute symptoms; and 3) Identification and mobilization of available resources including support networks. This service occurs in a non- hospital, community-based crisis stabilization residential unit with no more than 16 beds. RCSUs may co-locate with 23- Hour Crisis Stabilization.

Critical Features/Covered Service Components of RCSUs include:

- Assessment (medical, psychiatric evaluation, nursing assessment, etc.)
- Care coordination
- Crisis intervention
- Health literacy counseling
- Individual, group and/or family therapy
- Peer recovery support services
- Skills restoration
- Treatment planning

Required Activities:

Mental Health Services. Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p27

In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to RCSUs:

Assessment:

- At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment for determining medical necessity criteria and the individual's appropriateness for the service. The assessment should be completed as soon as possible after admission but no later than 24 hours after admission. See the Assessment Requirements section for details.
- A psychiatric evaluation by a psychiatrist, nurse practitioner or physician assistant or nurse practitioner working under the psychiatrist is required.
- At a minimum, a brief psychiatric intake assessment completed by a psychiatrist, nurse practitioner or physician assistant or nurse practitioner working under the psychiatrist must be completed within four hours of admission to ensure that there are no medical or psychiatric needs that warrant immediate referral to a higher level of care. This brief psychiatric intake assessment can be completed in person, via telehealth or RCSU staff telephonic consultation with the psychiatrist, nurse practitioner or physician assistant, to identify and address any potential immediate medical or psychiatric needs.
- A comprehensive psychiatric evaluation must be completed within 24 hours of admission.
- The RCSU provider may use a psychiatric evaluation completed within 24 hours prior to admission by a psychiatrist or nurse practitioner to meet this requirement. Documentation that the RCSU psychiatrist, nurse practitioner or physician assistant has reviewed and updated (as clinically necessary) the evaluation within four hours of admission, must be in the clinical record.

Nursing: RCSU providers must have 24 hour in-person nursing. (RCSU providers have until 11/30/2024 to fully meet this requirement) A nursing assessment meeting the requirements of 12VAC35-105-1890 must be completed at the time of admission. Nursing can be shared among co-located programs.

Care Coordination:

- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
- Appropriate transition to the next level of care shall be required. Documentation must include a demonstration of active transitioning from RCSU to an appropriate level of care which includes care coordination and communication with the individual's MCO or FFS service authorization contractor, service providers and other collateral contacts.
- The provider shall collaborate with the individual's primary care physician and other treatment providers such as psychiatrists, psychologists, and substance use disorder providers.
- Coordination of withdrawal management services with a medical provider is required as necessary including medication and clinical supports.
- The provider shall establish and maintain referral relationships with step-down programs appropriate to the population served;

Crisis Intervention: A safety plan is required. See the Safety Plan and Crisis ISP section for additional information.

Treatment Planning: A crisis ISP is required. See the Safety Plan and Crisis ISP section for additional information.

The following components must be available to individuals in the treatment program and provided in accordance with the individual's ISP.

- Individualized treatment planning;
- Individual, group and family therapies;
- Nursing in-person 24/7;
- Skills restoration and health literacy counseling;
- Assessment and evaluation as well as additional clinically indicated psychiatric and medical consultation services must be available;
- Medical, psychological, psychiatric, laboratory, and toxicology services available by consult or referral;
- Crisis intervention and safety planning support available 24/7;
- Peer recovery support services, offered as an optional supplement for individuals;
- Care coordination through referrals to higher and lower levels of care, as well as community and social supports, to ensure continuity of care.

Admission Criteria:

Residential Crisis Stabilization Unit (RCSU) is considered medically necessary for **1 or more** of the following:

- **Admission** with **ALL** of the following:
    - **1 or more** of the following must be present:
        - The individual must be experiencing a behavioral health crisis **or**
        - The individual is stepping down from a higher level of care after a recent behavioral health crisis and needs continued stabilization prior to returning to the community **and**
    - Documentation indicates evidence that the individual currently meets criteria for a primary diagnosis consistent with the most recent version of the International Statistical Classification of Diseases and Related Health Problems (ICD) diagnosis that correlates with the Diagnostic and Statistical Manual; **and**
    - **1 or more** of the following must be present:
        - Substantial changes in behavior noted by significant impairment or decompensation in functioning related to a behavioral health crisis; **or**
        - Actual or potential danger to self or others as evidenced by **1 or more** of the following:
            - Suicidal thoughts or behaviors and/or recent self-injurious behavior with suicidal intent; **or**
            - Hopelessness and helplessness likely to lead to self-injury **or**
            - Threatening harm to others or homicidal ideation **or**
            - Command hallucinations or delusions **or**
            - Acted in unpredictable, disruptive or bizarre ways that require further immediate observation and evaluation **or**
        - Significant loss of impulse control that threatens the safety of the individual and/or others; **or**
        - Significant inability to maintain basic care for oneself and to keep oneself safe in the community in an age appropriate manner that is not associated with Dementia; **or**
        - Intoxication that causes significant emotional, behavioral, medical, or thought process disturbance that interfere with judgment so as to seriously endanger the individual if not monitored and evaluated; **or**
        - Acute stress reaction that threatens to lead to significant emotional and/or behavioral deterioration without rapid intervention, evaluation, and treatment; **or**
        - Individual does not have the ability and/or the resources to support maintenance of safety and/or stability in the community until longer term services are available/accessible or mobilized **and**
    - The presenting clinical problems requires a safe, contained environment wherein assessment, evaluation and treatment can be conducted to determine next steps in the individual's care **and**

- Without urgent intervention, the individual will likely decompensate which will further interfere with their ability to function in at least one of the following life domains: family, living situation, school, social, work, or community.

- **Continuation of services** with **ALL** of the following:
  - The individual continues to meet admission criteria
  - Another less restrictive level of care would not be adequate to meet the individual's safety needs
  - Treatment is still necessary to reduce symptoms and improve functioning so that the individual may participate in a less restrictive level of care
  - There is evidence of progress towards resolution of the symptoms that are preventing treatment from continuing in a less restrictive level of care
  - The individual's progress is monitored regularly and the treatment plan is modified if the individual is not making substantial progress toward a set of clearly defined and measurable goals
  - Psychiatric medication monitoring is occurring as clinically indicated.
  - Individual/family/guardian/caregiver/natural support is participating in treatment as clinically indicated and appropriate, or engagement efforts are underway
  - Coordination of care and active discharge planning are ongoing, with goal of transitioning the individual to a less intensive level of care

*****The medical necessity for individuals admitted under a Temporary Detention Order (TDO) issued pursuant to section §37.2-800 et. seq. and §16.1-335 et seq. of the Code of Virginia is established and DMAS or its contractor cannot limit or deny services specified in a TDO (see the Temporary Detention Order Supplement to the Psychiatric Services Manual for additional details).

Discharge Guidelines:

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services . Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, 31

Any **1 of the following** criteria must be met:

- The individual no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive, and that level of care is available
- The individual is not making progress toward goals, nor is there expectation of any progress and a different level of care is being recommended by the supervising LMHP **or**
- Functional status is restored as indicated by one or both of the following:
  - No essential function is significantly impaired; and/or
  - An essential function is impaired, but impairment is manageable at an available lower level of care

Exclusions and Service Limitations:

Mental Health Services . Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p31

The individual is not appropriate for this service if there is a presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care.

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV of the DMAS manual, the following service limitations apply:

- RCSUs may not be billed concurrently with any other behavioral health service except when a service overlap with other community behavioral health services is needed as part of a safe discharge plan. Documented justification of the time needed for discharge planning and care coordination to other services is required. Overlap durations will vary depending on the documented needs of the individual and the intensity of the services but may not exceed 48 hours unless approved by the MCO or FFS contractor.
- Services may not be provided in facilities that meet the definition of an Institutions of Mental Disease (IMDs) as defined in 42 CFR 435.1010.

Document History:

Revised Dates:

- 2026: May – Implementation date of September 1, 2026. Criteria and references updated.
- 2025: June – Implementation date of August 1, 2025. DMAS manual updated 11.15.2024. Criteria and policy format updated effective 8/1/2025.
- 2024: June - DMAS manual updated 8/21/2023. Housekeeping updates only. No change to criteria.
- 2023: June
- 2022: June, September

Reviewed Dates:

Origination Date: December 2021

Coding Information:

Medically necessary with criteria:

Coding	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
H2018	Psychosocial rehabilitation services, per diem

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: This guideline is applicable to all Sentara Health Plan Virginia Medicaid products
- Authorization Requirements: Initial registration is required by the Plan.
    - Mental Health Services . Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p34.
        - Providers must submit a registration to the individual's MCO or FFS contractor within one business day of admission. The registration permits five calendar days/five units of service. Units billed must reflect the treatment needs of the individual and be based on the individual meeting medical necessity criteria.
        - If additional activities beyond five calendar days/five units are clinically required, the provider shall submit an authorization request to the FFS contractor or MCO through a continued stay service authorization request submitted no earlier than 48 hours before the requested start date of the continued stay and no later than the requested start date accompanied by the following items:
            - An initial assessment that meets the Assessment Requirements Section

- A current addendum to the initial assessment, (can be in a progress note) that describes any new information impacting care, progress and interventions to date, a description of the rationale for continued service delivery, and evidence the individual meets medical necessity criteria; **and**
- Nursing Assessment; **and**
- Psychiatric Evaluation; **and**
- Crisis ISP; **and**
- Safety plan; **and**
- Documentation of care coordination. Service authorization requests may require the submission of documentation of referrals to post-discharge services at the appropriate level of care based on the assessed needs of the individual.

▪ If a provider is licensed for both RCSU and for the provision of ASAM 3.7- WM, and an individual is admitted to the RCSU for withdrawal management services, the provider should bill for the Addiction and Recovery Treatment Services until withdrawal management is no longer needed. At that time, they may submit a registration for RCSU services.

▪ Consecutive registrations from the same or different provider are not allowed. A service authorization is required, if additional service is required beyond the five calendar days/five units.

▪ Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/provider-resources/. Information on the FFS service authorization contractor's processes is located at Acentra Health/DMAS Reference Info | MES (virginia.gov).

▪ **Additional Service Requirements:**

- To bill the per diem on days other that the day of admission, providers must provide daily individual, group or family therapy unless the LMHP, LMHP-R, LMHP-RP or LMHP-S documents the reason why therapy is not clinically appropriate. In addition, providers must, at a minimum, provide daily at least two of the following daily:
  - Crisis interventions
  - Health literacy counseling
  - Peer recovery support services
  - Psychiatric evaluation
  - Skill restoration

▪ Services must be provided in-person with the exception of the psychiatric evaluation and care coordination.

- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible

for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services . Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services. Retrieved 5.1.2025. https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-11/MHS%20-%20Appendix%20G%20%28updated%2011.15.24%29_Final.pdf

Keywords:

SHP Residential Crisis Stabilization Unit (RCSU), SHP Behavioral Health 34