



PROVIDER ALERT

RESIDENTIAL REHABILITATION SERVICES VALUEOPTIONS® AND CORE SERVICE AGENCY RESPONSIBILITY CHANGES

AUGUST 6, 2012

In order to enhance data collection for the health care integration project and to align the utilization management strategies within the Public Mental Health System (PMHS), the Mental Hygiene Administration has asked ValueOptions® Maryland to assume the utilization management role that the Core Service Agencies have historically played. ValueOptions will assume this role starting on August 13, 2012.

Residential Rehabilitation Program (RRP) Referral Process:

There will be no changes to this process. All referrals for RRP will continue to be sent to the CSA of the applicant's county of origin. When appropriate, the CSA will continue to refer the applicant to an RRP with an available bed.

RRP Authorization Process:

The RRP will continue to assess the consumer for RRP placement in their facility. RRP's will continue to submit requests through ProviderConnect for authorization for RRP bed days and either the Intensive or General level of Psychiatric Rehabilitation Services (PRP) that will support the consumer while in RRP.

However, as of August 13, 2012:

1. Providers will need to route initial and concurrent RRP authorization requests to ValueOptions (not to the CSAs where they have historically routed them)



- a. Under “Type of Service”, in answer to the question, “which agency is this request intended for?”, choose “V-VALUEOPTIONS” (see table #1)
2. An authorization from ValueOptions® Maryland will need to be in place before the RRP provider can move the consumer into the RRP bed
3. The authorization time span for RRP services will be changed from a 12 to 6 month duration
 - a. To spread out the more than 2,000 requests for RRP authorizations per year throughout each month, authorization time spans will be for exactly 180 days and will not span to the end of the sixth month
4. All discharges from RRP services need to be entered into ValueOptions’ ProviderConnect

Table #1

Consumer Contact Info	
Email <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>
Type of Services	
*Is this a courtesy review?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Which agency is this request intended for?	<input type="text"/>
If CSA, which office should handle review?	<input type="text"/>
Responsible Party	
<input type="text"/>	<input type="text"/>

Information Necessary in a Request for RRP Authorization:

- 1) The clinical information must describe how the medical necessity criteria for RRP have been met and why the consumer requires the General or Intensive level of RRP services requested
- 2) Please refer to the medical necessity criteria (below) whenever submitting a request for authorization:



- a. The General level RRP medical necessity criteria
<http://maryland.valueoptions.com/provider/handbook/Community-Based Residential Care Adult.pdf>
 - b. The Intensive level RRP medical necessity criteria
http://maryland.valueoptions.com/provider/handbook/RRP_Intensive.pdf
- 3) Each request for authorization for the supportive PRP services associated with the RRP stay must clearly document what level and type of care is being requested:
- a. PR3:
 - I. Billed as a H2018 with a U4 modifier for On or Off-site PRP services to consumers in General level RRP services; Or
 - II. Billed as a H2018 with a U6 modifier for blended (On and Off-site) PRP services to consumers in General level RRP services
 - b. PR4:
 - I. Billed as a H2018 with a U5 modifier for On or Off-site PRP services to consumers in Intensive level RRP services; Or
 - II. Billed as a H2018 with a U7 modifier for blended (On and Off-site) PRP services to consumers in Intensive level RRP services
 - c. PR5:
 - I. Billed as a T1023 for Transitional PRP services (including any combination of On and/or Off-site PRP services) to adult or TAY consumers transitioning to an RRP or IP Facility
- 4) All changes in level of care (intensive to general or vice versa) need a new request for authorization in ValueOptions' ProviderConnect
- a. RRP Providers should communicate, to the appropriate CSA, the status of open beds, and at what level of care, on a regular basis to assure appropriate referrals are being made



- b. ValueOptions will also alert the appropriate CSA of any changes in level of care so that they can track and manage referrals most effectively
- 5) Providers are reminded that RRP services are expected to provide “flexible services which respond to the current needs of an individual” (COMAR 10.21.22.06)
 - a. <http://www.dsd.state.md.us/comar/getfile.aspx?file=10.21.22.06.htm>

Updates to the Provider Manual regarding RRP services:

Please refer to Chapter 5.14 of the Provider Manual (Residential Rehabilitation Services) at http://maryland.valueoptions.com/provider/handbook/5.14_ApprovedByState_Residential_Rehabilitation_Services.pdf. The changes referred to here will be added to the Provider Manual in the next few weeks. A ValueOptions Provider Alert will be forthcoming informing providers of when these edits are complete.

Enhanced Support and Transitional PRP (PR5) services:

There will be no change in the workflow for these services. Providers will continue to route these requests for authorization in the way they have been and the CSAs will continue to manage the utilization of these services.