

FREQUENTLY ASKED QUESTIONS – SPECIALTY POPULATIONS

1. Who do I contact for a copy of the original HG 8-505 court order and HG 8-505 evaluation narrative?

You may contact the 8-505 Coordinator, Gwendolyn Ayers-Rice for an original copy of the 8-505 court order and evaluation narrative. Please email your request to gwendolyn.ayers-ric@maryland.gov.

2. Who do I contact for a copy of the original HG 8-507 court order and to schedule admissions to the program?

To obtain a copy of the original HG 8-507 court order and to schedule admissions to the program, please contact Adon Cherry-Bey, 8-507 Placement Supervisor, or Tia Henry. The contact information is Email: adon.cherry-bey@maryland.gov; Phone: 410-402-8726 or Email: tia.henry1@maryland.gov; Phone: (410) 402-8730.

3. Who do you contact when a treatment participant has left the treatment program?

If an individual leaves treatment against their treatment plan, or if your program determines that the individual is being discharged prior to the completion of court order, you must contact the court and Justice Services Treatment Placement Monitor, Eric Peck at eric.peck@maryland.gov or (410) 402-8727- leave a message if after hours and an appropriate call back and contact for follow up.

Mr. Peck is also the contact if you need assistance with the patient's motivation for treatment. The Treatment Placement Monitor can discuss some intervention options. The Probation Agent will be instrumental in completing the paperwork to have a person picked up and taken into custody and the court can schedule a hearing to bring the person in and find out why they are not engaging in treatment.

4. Where should the following forms go?

Progress Notes - to the Court and Justice Services
Discharge Summary - to the Court and Justice Services
Interim Report - to the Court and Justice Services
Continuing Care plans - to the Court and Justice Services
Off Ground Privileges Request - to the Court and Justice Services
Request for Immediate Court Action - to the Court and Justice Services

The Jude House should send these reports/documents to: treatmentdocs.jude@maryland.gov

New Horizons should send these reports documents to: treatmentdocs.nh@maryland.gov

Gaudenzia should send these reports/documents to: treatmentdocs.ga@maryland.gov

Powell Recovery Center, Recovery Network and the Tuerk House should send these reports/documents to: mdh.bhajtproviders@maryland.gov

5. If I received a HG 8-505 or HG 8-507 Court Order from the court or an attorney, what should I do with it?

Please send the court order to mdh.admissions@maryland.gov or fax to [443-681-1035](tel:443-681-1035).

6. Who do I contact for any issues that fall outside any of these concerns?

Please contact the Chief of Justice Services, Nicolle Birckhead - [410-402-8725](tel:410-402-8725), nicolle.birckhead@maryland.gov

7. Who do I contact if I am a Pregnant Women and Women with Children Provider, Substance Exposed Newborn (SB 512) Provider, and/or Child Welfare Involved Families (HB 7) Provider if I have questions about manual, application process or other issues?

Please contact the Office of Gender Specific Services at gss.unit@maryland.gov.

8. Where in Beacon's System should I specify that I am HB 7 or SB 512 provider?

The question pertaining to HB7 and SB512 is incorporated into the Additional Required Reporting Data section. You will need to select one of the two options from the dropdown menu as depicted below:

*Is the consumer part of an identified special population, please specify:

House Bill 7 - Child Welfare Involved Families
Select...
Women & Children / Non Co-occurring
Women & Children / Co-occurring
Court Committed 8-507 / Non Co-occurring
Court Committed 8-507 / Co-occurring
Senate Bill 512 - Substance Exposed Newborns
House Bill 7 - Child Welfare Involved Families
Not in a specified population

9. What changes were made to the authorization process for 8-507 and Pregnant Women and Women with Children Residential Services?

On 1/1/2018, HG 8-8507 (ASAM levels 3.3 and 3.5) and PWC (ASAM level 3.3) grant-based services transitioned to fee-for-service and are managed under the ASO, Beacon Health Options. As a result of this change providers need to be aware of the authorization and billing processes. The initial and concurrent authorization parameters for both 8-507 & PWC are now 60 units for 30 days. One unit is for the therapeutic service and one unit for the room & board (1 day=2 units; 60 units= 30 days). The reason for this change is that for Medicaid eligible individuals, Medicaid covers the therapeutic services for each day the

patient is in treatment. Separately, state only funds under the management of the Behavioral Health Administration covers the room and board portion of each day's stay. Medicaid coverage is only available for the first 30 days, of up to 2 stays within a rolling year, but the billing process does not change regardless of payer, requiring 2 units of service per each day of the residential stay.

10. What documentation do I need to attach when requesting authorization?

When submitting authorization requests, the 8-507 provider must upload the 8-505 and the 8-507 order to the inquiry, and provide an up-to-date clinical assessment attesting to how the individual meets ASAM criteria Level 3.3 or 3.5.

For PWC, the provider must submit up to date, clinically relevant information attesting to how member meets criteria for ASAM Level 3.3.

For ease of submission, all providers are strongly encouraged to utilize the one page ASAM Six Dimensions Clinical Information template located at the following address:
(<http://maryland.beaconhealthoptions.com/provider/alerts/2017/063017-ASAM-Six-Dimensions-Clinical-Information.pdf>).

11. What are the new billing codes for the Specialty Populations?

See: <http://maryland.beaconhealthoptions.com/provider/info/Fee-Schedule-Eff-1-1-18.pdf>

12. Who should I contact regarding authorization and billing concerns?

Please contact Beacon Health Options at the following Customer Service number [800-888-1965](tel:800-888-1965). For authorization related questions, you will be directed to the Clinical Department to speak to a Clinician; for billing concerns, you will be directed to the Claims Department to speak to a Claims Specialist.