6.7. Mental Health – Respite Services

DESCRIPTION OF SERVICES

Respite services are provided for adults with serious mental illness or children with serious emotional disorders. These services are administered by a program approved and operated under the provisions of COMAR 10.21.27 and are provided on a short-term basis in the participant's home or in an approved community-based setting. Services are designed to support participants remaining in their homes by providing temporary relief to the participant's caregivers.

Respite services are provided to relieve the caregiver and are delivered in hourly, daily, and weekend increments. These services differ from psychiatric rehabilitation program (PRP) services which target social and activity of daily living training and rehabilitation (Please see Section 6.12 for more information about PRP services). Respite services also differ from residential crisis services, which target acute psychiatric symptoms in a therapeutic milieu (Please see Section 6.10 for more information about residential crisis services).

Respite services must be distinguished from shelter care provided through the Maryland Department of Social Services (DSS).

PARTICIPANT ELIGIBILITY

Participants with Medicaid and uninsured eligible participants can access respite services.

PROVIDER ELIGIBILITY

Services may only be provided by approved respite service providers according to COMAR 10.21.27.

AUTHORIZATION PROCESS

To obtain authorization for respite services, the following clinical information is required:

- DSM 5 diagnosis
- Current need for respite, including review of the level of caregiver stress
- Precipitating event
- Treatment history
- Medications
- Substance use history
- Risk assessment

Authorizations for initial and continued stay respite services are requested electronically through Beacon. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: http://maryland.beaconhealthoptions.com/provider-main.html. If the level of care is medically necessary, services will be authorized.

If a Beacon Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non- authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Providers are expected to initiate discharge planning at the beginning of service delivery. Providers are also required to submit the discharge plan in the authorization request.

SERVICE RULES

Adult, child, and adolescent respite services are authorized on a full-day, 12-hour minimum for facility-based respite, or a maximum of 10 hours a day for in-home respite.

Full-day respite services are facility-based (i.e. in a licensed foster home, group home, or other facility approved as a respite services provider). In-home respite services are provided in hourly increments. Enhanced support services will not be authorized in conjunction with respite services for adults, children, or adolescents.

In-home respite services may be provided in the community at a variety of locations through prearrangement with the caregiver and the participant.

CLAIMS PROCESS

Claims must specify an ICD-10 code (not DSM 5 code) for reimbursement. Respite services must be billed on a CMS 1500 form. For dually eligible (Medicare/Medicaid) participants, providers should bill Beacon directly.

Claims for unauthorized services will be denied.