6.8. Mental Health – Enhanced Support Services

DESCRIPTION OF SERVICES

Enhanced support services provide one-to-one supervision and assistance to an individual experiencing an increase or instability of psychiatric symptoms, based on medical necessity criteria, or individuals transitioning from an inpatient level of care. This service is only provided by a provider of psychiatric rehabilitation program (PRP) services, residential rehabilitation program (RRP) services, or mobile treatment services (MTS). Enhanced support services shall be provided in the participant's place of residence.

Enhanced support services are not available for participants in inpatient facilities, residential treatment center (RTC) settings, or partial hospitalization programs (PHPs).

Enhanced support services are considered short-term and will be reimbursed for a maximum of 10 days per episode/30 days per calendar year. Services will be authorized based on medical necessity. Enhanced support services cannot be authorized in conjunction with respite services.

PARTICIPANT ELIGIBILITY

Participants with Medicaid, Maryland Public Behavioral Health System (PBHS)-eligible Medicare recipients, and uninsured eligible participants may be eligible for this service.

PROVIDER ELIGIBILITY

Enhanced support services are limited to approved PRPs, RRPs, and MTS.

AUTHORIZATION PROCESS

Pre-authorization is required. To obtain initial authorization for enhanced support services, the provider must submit a pre-authorization request through the Beacon Health Options, Inc. (Beacon) ProviderConnect for Core Service Agency (CSA) review.

All relevant clinical information which substantiates the need for the service is required as part of the authorization request. This includes, at a minimum, the rationale for the request, requested start and end dates for the service, and number of hours per day the service is being requested.

Providers obtain additional authorizations through the submission of a continuing review authorization request. The continuing review authorization request must be completed prior to the expiration of the previous authorization time span.

If a CSA Care Manager is unable to authorize the service as medically necessary, the request for services will be referred to a CSA Physician Advisor for review. The determination will be communicated via ProviderConnect downloads to the provider.

SERVICE RULES

Enhanced support services do not cover the provision of personal care services, which may be reimbursable by Medicaid under a separate funding authority.

A unit of enhanced support Services is 15 minutes of services.

CLAIMS PROCESS

Claims must be submitted on a CMS 1500 form. The number of units must equal the number of hours enhanced support services were provided (e.g. one unit = one hour, six hours = six units). Each day of service must be on a separate claim form line, and claims must specify an ICD-10 code, not DSM 5 code.

Claims for unauthorized services will be denied.