6.10. Mental Health – Residential Crisis

DESCRIPTION OF SERVICES

Residential crisis services (RCS) are funded with State general funds and are short-term, intensive, mental health and support services for children, adolescents, and adults in a community-based, non-hospital, residential setting rendered by a provider approved under COMAR 10.21.26. Services can provide an alternative to psychiatric inpatient admission or to shorten the length of an inpatient stay. RCS may also be provided in a treatment foster care model.

An approved RCS provider may receive authorizations based on medical necessity. However, a participant is not eligible if the individual requires immediate involuntary inpatient psychiatric admission; has a sole diagnosis of substance use disorder, intellectual disability, or neurocognitive disorder; or is not medically stable.

PARTICIPANT ELIGIBILITY

Participants with Medicaid, Maryland Public Behavioral Health System (PBHS)-eligible Medicare recipients, and uninsured eligible participants are eligible for RCS.

PROVIDER ELIGIBILITY

RCS may only be performed by approved residential crisis programs, according to COMAR 10.21.26.

AUTHORIZATION PROCESS

Before starting the RCS program, if the participant has not been evaluated face-to face by a physician, then a licensed mental health professional, in collaboration with the participant, needs to conduct an assessment. The assessment should include why the participant needs RCS; the applicable diagnosis, if one was provided by the referral source; and, if applicable, any medications that are prescribed for the participant. Within the first 48 hours of the admission, a physician needs to conduct a face-to-face evaluation of the participant.

To obtain initial authorization for RCS, the provider must submit a pre-authorization request through ProviderConnect, or the authorization request may be called in to the Beacon Health Options, Inc. (Beacon) 48 hours of the admission. Beacon will authorize the initial 10 days of RCS when medical necessity criteria are met.

Providers obtain additional authorizations, beyond the time span of the initial pre-authorization request, by submitting a continuing review authorization request through ProviderConnect to the CSA for the area in which the participant resides. The provider must submit the continuing review authorization request prior to the expiration of the previous authorization time span.

SERVICE RULES

In general, the only mental health professionals who may bill separately are psychiatrists. Services by other professionals are included in the RCS rate and will not be authorized or reimbursed separately.

RCS is intended to be used on a short-term basis to treat mental health conditions and not to be used solely to meet an individual's housing needs. Lack of housing is not a reason for using a crisis bed.

A participant may need additional clinical services (e.g., a partial hospitalization program or an onsite psychiatric rehabilitation program) while in RCS. These additional services are authorized separately by Beacon and must meet medical necessity criteria. Enhanced support services are authorized only in rare circumstances when extreme clinical need exists.

The PBHS will not pay for RCS for individuals with private insurance. The provider is to contact the private insurer directly to seek reimbursement.

CLAIMS PROCESS

Providers must use CMS 1500 forms to submit claims. One unit is billed per day. Claims must specify ICD-10 codes (not DSM 5) for reimbursement.

Claims for unauthorized services will be denied.

If the request for services does not meet medical necessity criteria and Beacon or the CSA do not authorize the service, the provider should refer to Chapter 10, Grievances and Appeals.

If the participant has insurance other than Medicaid, the provider is expected to bill the primary carrier for RCS and go through all appeals processes with the primary carrier prior to submission to Beacon.