

## 6.13. Mental Health – Residential Rehabilitation Services

### DESCRIPTION OF SERVICES

Residential rehabilitation services (RRP) services are provided by a program approved under COMAR 10.21.22 and provide residential support and rehabilitation for participants who have severe and persistent mental illness. Such participants are supported with off-site psychiatric rehabilitation program (PRP) services that are provided in the RRP residence at either a general or intensive level of support. General support means staff is available, on-call, 24 hours per day, seven days per week, and provide a minimum of 13 face-to-face encounters for the off-site rate, and 17 face-to-face encounters for the blended rate per participant per month. Intensive support means that staff provide daily off-site services in the residence for a minimum of 40 hours per week, up to 24 hours per day, seven days per week, with a minimum of 19 face-to-face encounters for the off-site rate, and 23 face-to-face encounters for the blended rate per participant per month. RRP provide on-call availability of treatment providers to participants 24 hours per day.

RRP is a resource for participants who require extensive support in a structured living environment. It is not a program for those participants who are able to live in housing of their choice with flexible supports. It is also not intended solely for housing for participants who are homeless or have nowhere else to live.

### SERVICE RULES

Expansion of RRP services depends on availability of state general funds. Expansion of RRP services and an increase in level of support requires approval in advance from the Core Service Agency (CSA) in the county where the participant resides.

All service rules that apply to PRP services also apply to RRP services provided to participants living in residential services.

Within the first 30 days of starting RRP services, RRP staff, in collaboration with the participant, need to complete an assessment that includes the need for services, any behaviors that are potentially dangerous to self or others, and the ability to perform basic self-care and to maintain personal safety.

An individual rehabilitation plan (IRP) should also be completed within the first 30 days of the start of RRP services. RRP staff should specify the goals of RRP, the frequency of residential services, and the intensity of staff support. If the participant's service needs change, the RRP staff need to provide and document in the participant's record the services required by the change, notify relevant staff of the change initiated, and incorporate this information in the next IRP review.

IRPs should take place at least every six months, but as frequently as is needed. The IRP should incorporate the participant's progress toward the accomplishment of previously identified rehabilitation goals, any goal changes, and changes in interventions. Staff should communicate the results of the IRP review to relevant program staff and, with proper consent, family or significant others designated by the participant, as well any other providers rendering services to the participant.

For those participants with complex clinical, medical, and rehabilitation needs who are at-risk of being discharged from the RRP, please contact the CSA in advance of any discharge plans. CSAs will assist community programs to access consultation in order to plan and coordinate care.

Providers are required to develop discharge plans for participants. Discharge of participants from RRP's, who are dropped off at emergency rooms while hospitalized is not acceptable. Providers shall instead complete the following procedures:

- The Program Director shall collaborate with Beacon Health Options, Inc. (Beacon) to arrange for discharge from the program when services are no longer authorized by the Beacon or to discontinue residential services to a participant whose clinical needs exceed the RRP's ability to secure the safety and welfare of the participant or others.
- The Program Director shall maintain clearly written policies and procedures for the process for discharge from the program, the process for the temporary suspension from a residence, and the process to discontinue residential services to an participant whose clinical needs exceed the RRP's ability to secure the safety and welfare of the participant or others, including the criteria for discontinuation, and the progressive steps and interventions that the program will enact before discontinuation.

Enhanced support services are available in certain situations (please see Section 6.8) and are authorized by the CSA via electronic submission through ProviderConnect.

The participant must need, and be willing to participate in, off-site PRP services provided in the RRP residence. Attendance at an onsite PRP program is not a requirement for the participant to receive RRP services.

The Maryland Public Behavioral Health System (PBHS) will reimburse for up to 30 days of transition visits, which includes the RRP bed rate and the PRP rate while the participant is in a state psychiatric hospital or a crisis bed. These visits must be pre-authorized by the CSA and are paid by State general funds. Additional visits may be authorized by the CSA based on the need of the participant, including participants hospitalized on court order, upon a court finding of "not criminally responsible" who requires extended transition pending court approval of conditional release.

The level of support (general or intensive) needed by the participant is determined by a review of the clinical information submitted by the provider and reviewed and approved or denied by Beacon. The information submitted must meet medical necessity criteria. Additionally, changing the level of support from general to intensive, or vice versa, is based upon a determination of medical necessity and authorization from Beacon.

RRP's are required to have the capacity to provide services based on the participant's needs. An RRP bed may be held for a maximum of 30 days when a participant is hospitalized and returns to the RRP.

The bed rate may be billed for the time the bed is held. Beacon's authorization is contingent upon the RRP's agreement to accept the participant back when the clinical issues or behaviors that precipitated the hospitalization are resolved.

The mental health service provider is expected to exchange information and coordinate care with the participant's PCP and other treatment providers (i.e. substance use disorder treatment) when clinically appropriate.

## **PARTICIPANT ELIGIBILITY**

Participants with Medicaid, PBHS-eligible Medicare recipients, and uninsured eligible participants are eligible for RRP and PRP services as per Chapter 3.

## **PROVIDER ELIGIBILITY**

Service providers are RRP approved by the Maryland Department of Mental Health and Hygiene (DHMH) Department under COMAR 10.21.22.

## **COMBINATION OF SERVICES**

Participants in RRP are expected to receive basic case management from the RRP. Therefore, participants in RRP will not be authorized for case management services as a separate authorization. RRP staff are also expected to facilitate participants receiving outpatient treatment, so participants in RRP are not eligible for simultaneous mobile treatment services. Some clinical exceptions may apply. Participants may attend an onsite day program PRP with a provider which is different than where the participant receives the off-site residential services.

## **AUTHORIZATION PROCESS**

All referrals for RRP must be sent to the CSA of the applicant's county of origin using ProviderConnect. The CSA screens referrals for RRP and also determines if other services are needed to support the participant. When other services are needed, the CSA directs the referral source or the applicant to Beacon. Beacon may refer and authorize an array of support services. These services may negate the need for RRP or may sustain the applicant until RRP services are available.

The CSA reviews the application within five working days, and if appropriate, refers the applicant to an RRP that has an available bed. After the CSA authorizes an assessment for the RRP, the RRP has 10 working days to evaluate, accept, or deny the applicant.

After the RRP has evaluated and accepted the participant, the RRP electronically submits a ProviderConnect pre-authorization request for the required general or intensive PRP services and RRP bed days for review by Beacon. Beacon reviews the pre-authorization request and approves the RRP services if medically necessary.

For participants in need of RRP who are unable to access the service due to lack of beds, the CSA maintains a waiting list. The CSA reviews and updates the waiting list monthly, checking to see if the participant has been linked to other PBHS services to support the participant, and if RRP is still needed. At all times, the CSA decision is based on the need of the participant. Each CSA has a written policy, approved by BHA that addresses waiting lists, including prioritizing for state hospital referrals, community referrals, and other services.

The CSA may refer the participant to an out-of-county RRP only for the following reasons:

1. Participant Preference
  - a. The participant requests to live in a particular jurisdiction.
  - b. The participant's family has relocated to another county and the participant wishes to be near their family.
2. Provider Capacity
  - a. The current RRP agencies in the CSA jurisdiction are at capacity and are not in a position to expand services.

### 3. Provider Capability

- a. The current RRP agencies in the CSA jurisdiction lack special programming to meet the needs of particular participants referred (e.g., individuals who are deaf or hard of hearing, individuals who have a mental illness or substance use disorder).

When the participant meets out-of-county criteria, the participant's CSA of residence and the CSA of the participant have preferred jurisdiction should act on the request within five days of the request.

To obtain authorization for transitional visits, also known as trial visits, the provider must submit a pre-authorization request through ProviderConnect routed to the CSA queue. The CSA will review and authorize as appropriate.

To obtain initial authorization for PRP and RRP services, the provider must submit a pre-authorization request through ProviderConnect. Beacon collaborates with the CSAs to ensure the CSA is aware of the placement and approves of the requested level of service. Requests submitted in ProviderConnect must be routed to the CSA queue, and will be re-routed to Beacon for medical necessity review. If the level of care is medically necessary, RRP services will be authorized.

Providers obtain additional authorizations through the submission of a continuing review authorization request via ProviderConnect, routed to the CSA queue, which will be re-routed to Beacon. The provider must submit a continuing review authorization request prior to the expiration of the previous authorization time span.

Changes in level of care must be requested via ProviderConnect for medical necessity review. Changes in place of service (i.e. change from blended service to off-site only) do not require a medical necessity review. This type of request can be submitted via ProviderConnect, or called in to Beacon for a change to the authorization's place of service.

## **CLAIMS PROCESS**

One transaction line for each date of service is required. Date spans are not acceptable.

For dually eligible (Medicare/Medicaid) participants, claims may be submitted directly to Beacon. It is not necessary to bill Medicare.

Only one monthly fee is reimbursable. Providers should bill with the date of the service that met the minimum number of encounters.

Encounters must be submitted as claims, although these claims will not be paid. Claims are required to be submitted on a CMS 1500 form.

Claims for unauthorized services will be denied.

If the services requested do not meet medical necessity criteria and care is non-authorized, please refer to Chapter 10, Grievances and Appeals.