



PROVIDER ALERT

RESIDENTIAL REHABILITATION SERVICES REFERRALS, COORDINATION OF CARE, AND MEDICAL NECESSITY REVIEWS

AUGUST 23, 2012

Referrals for Initial Psychiatric Rehabilitation Program (PRP) Services to Consumers in Residential Rehabilitation Program (RRP) Beds:

Per the Provider Manual Chapter 5.14, "All service rules that apply to PRP services also apply to RRP services". Therefore, starting on September 1, 2012, the Mental Hygiene Administration (MHA) will require ValueOptions® Maryland to assure that PRP services provided to consumers in RRP beds are part of a coordinated treatment plan that is directed by a licensed, treating, mental health professional. Starting on September 1, 2012, a signed and dated referral (or ITP) must be attached (in ProviderConnect) to all initial requests for RRP and the PRP services associated with that RRP request. Failure to attach a signed, dated referral (or ITP) to an initial request for an RRP authorization may result in an administrative denial. The administrative denial can be reconsidered when a referral for services is provided to ValueOptions.

An Inpatient mental health provider may refer a consumer to community or RRP-based PRP services. Initial authorizations for these consumers will be for one to six months, depending on the clinical presentation and history of the consumer. However, it will be the responsibility of the community or RRP-based PRP provider to assist the consumer in making a connection with an outpatient clinic. Only when the consumer has made a connection with a licensed, outpatient, mental health professional; and only when that professional refers the consumer to community or RRP-based PRP services, will a continued stay (concurrent review) request be considered. Continued stay authorization requests that do not include evidence of coordination of care with the licensed, referring, and outpatient mental health professional may be administratively denied. When evidence of coordination of care



activities are made available to ValueOptions, the administrative denial may be reconsidered.

For more information, please see the Residential Rehabilitation Program chapter of the Provider Manual at http://maryland.valueoptions.com/provider/handbook/5.14_ApprovedByState_Residential_Rehabilitation_Services.pdf.

Coordination of Care for Concurrent RRP Reviews:

For the same reasons as above, MHA has asked ValueOptions Maryland to also assure that continued PRP services provided to consumers in RRP beds are part of a coordinated treatment plan. Starting on September 1, 2012, ValueOptions is required to assure that at least one coordination of care activity with the licensed, treating, and referring mental health professional has occurred every six months. For every concurrent (continued) stay request, providers can demonstrate compliance with this requirement in either one of these two ways:

1. Attach (in ProviderConnect) a signed referral or ITP that includes RRP; dated in the last 6 months
2. Put a date in the narrative section of a coordination of care activity in the last 6 months

Any concurrent review request that does not include evidence of coordination of care with the licensed, referring, and outpatient mental health professional may be administratively denied. When evidence of coordination of care activities are made available to ValueOptions, the administrative denial may be reconsidered.

Medical Necessity Reviews:

RRP providers are reminded that the level of care provided to an individual (Intensive or General) is based on the needs of that individual and not on the State's designated level for the bed. For information about this reminder, providers are encouraged to see:



1. The Medical Necessity Criteria (MNC) for RRP: “Residential Rehabilitation Programs (RRPs) provide services based upon the Individual’s needs in varying levels of support - general and intensive”
 - a. General RRP MNC:
<http://maryland.valueoptions.com/provider/handbook/Community-Based Residential Care Adult.pdf>
 - b. Intensive RRP MNC:
<http://maryland.valueoptions.com/provider/handbook/RRP Intensive .pdf>

2. COMAR 10.21.22.06, A. (1): RRP providers will have “Policies directed to ensure the provision of flexible services which respond to the current needs of an individual”

3. COMAR 10.21.22.08, A. (2): RRP providers are responsible for assessing “The individual's need for changing intensity of intervention based on the episodic nature of illness”

Questions and Comments:

Please contact the ValueOptions® Maryland Clinical Director (Jamie Miller, LCSW-C) with questions about this Provider Alert at 410/691-4091 or at Jamie.miller2@valueoptions.com.