

5.11 Residential Crisis Services

Service Coverage

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 Maryland Law (COMAR 10.21.26). Services are provided to prevent a psychiatric inpatient admission, to provide an alternative to psychiatric inpatient admission or to shorten the length of inpatient stay. RCS may also be provided in a treatment foster care model. A provider serving adults shall be approved at the alternative mode for Residential Crisis Services. A provider serving children may be approved and reimbursed at the treatment foster care and prevention model.

An approved Residential Crisis Service provider may receive authorizations based on medical necessity. Consumers can be admitted to a Residential Crisis Program as an alternative to inpatient hospitalization.

Service Rules

In general, the only mental health professionals who may bill separately are psychiatrists. However, OMHCs may also obtain pre-authorized service units to continue to follow a consumer in a crisis bed. Services by other professionals are included in the Residential Crisis rate and will not be authorized or reimbursed separately.

Residential crisis services are 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 consumer may need additional clinical services (i.e., a Partial Hospitalization Program or an on-site Psychiatric Rehabilitation Program) while in either model of Residential Crisis Services. These additional services are authorized separately by ValueOptions[®] Maryland, and must meet medical necessity criteria. Enhanced support (Chapter 5, Section 8) is authorized only in rare circumstances when extreme clinical need exists.

ValueOptions[®] Maryland will authorize the first 10 days of Residential Crisis Services. After the first 10 days, authorization requests for additional days in a Residential Crisis Program will be reviewed by the CSA in the jurisdiction in which the consumer resides. Services provided by psychiatrists or an OMHC, are billed separately and are not part of the Residential Crisis rate.

The PMHS will not pay for Residential Crisis Services for individuals with private insurance. The provider is to contact the private insurer directly to seek reimbursement.

Service Eligibility

Consumers with MA, PMHS-eligible Medicare recipients, and Uninsured Eligible consumers are eligible for Residential Crisis Services

Service Providers

Residential Crisis Services may only be performed by approved Residential Crisis programs, according to Maryland Law (COMAR 10.21.26).

Authorization Process

To obtain initial authorization for Residential Crisis Services, the provider must submit a pre-authorization request through ProviderConnect within 48 hours of the admission. If the medical necessity criteria are met, Residential Crisis Services will be authorized. The initial 10 days of Residential Crisis will be authorized by ValueOptions[®] Maryland.

Providers obtain additional authorizations beyond the time span of the initial pre-authorization request through the submission of a Continuing Review Authorization Request for CSA review. The provider must submit a Continuing Review Authorization Request prior to the expiration of the previous authorization time span.

If a ValueOptions[®] Maryland Care Manager is unable to authorize the service as medically necessary, the request for services will be referred to a ValueOptions[®] Maryland Physician Advisor for review. The determination will be communicated via ProviderConnect Downloads to the provider. (See Chapter 9, Grievance and Appeals.)

Claims Process

Providers must use CMS1500 forms to submit claims. One unit is billed per day. Claims must specify ICD-9 codes, (not DSM IV-TR codes) for reimbursement.

Claims for unauthorized services will be denied.

Problems and Solutions

If the services requested do not meet Medical Necessity Criteria and ValueOptions[®] Maryland and/or the CSA do not authorize the service, the provider should refer to Chapter 9, Grievances and Appeals.

If the consumer has insurance other than Medical Assistance, the provider is expected to bill the primary carrier for Residential Crisis Service and go through all appeals processes with the primary carrier prior to submission to ValueOptions[®] Maryland.