

5.14 Residential Rehabilitation Services (RRP)

Service Coverage

Residential Rehabilitation Services (RRP) services are provided by a program approved under Maryland Law (COMAR 10.21.22) and provide residential support and rehabilitation for consumers who have severe and persistent mental illness (SPMI). Such consumers are supported with off-site 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 services for the off-site rate and 17 for the blended rate of face-to-face contacts per consumer 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 a day, seven days a week with a minimum of 19 for offsite services rate and 23 for blended rate face-to-face contacts per consumer per month. RRP provide on-call availability of treatment providers to consumers 24 hours per day.

RRP is a resource for consumers who require extensive support in a structured living environment. It is not a program for those consumers who are able to live in housing of their choice with flexible supports.

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 consumer resides.

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

For those individuals 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 individuals. Discharge of individuals from RRP, who are dropped off at emergency rooms while hospitalized, is not acceptable.

Enhanced Support is available in certain situations (See Section 5.8).

Consumers in RRP are expected to receive basic case management from the RRP.

The consumer must need, and be willing to participate in, off-site PRP services provided in the RRP residence.

The PMHS will reimburse for up to 30 days of transition visits, that includes the RRP bed rate, and the PRP rate while the consumer is in a state psychiatric hospital or a crisis bed. These visits must be preauthorized by the CSA and are paid by state general funds. Additional visits may be authorized by the CSA based on the need of the individual, including consumers hospitalized on court order, upon a court finding of “not criminally responsible”, who require extended transition pending court approval of conditional release.

Attendance at an on site PRP program is not a requirement for the individual to receive RRP services.

The level of support (general or intensive) needed by the consumer is determined by a review of the clinical information submitted by the provider and reviewed and approved or denied by the CSA.. The information submitted must meet medical necessity criteria.

RRPs are required to have the capacity to provide services based on the consumer’s needs.

Changing the level of support from general to intensive, or vice versa, is based upon a determination of medical necessity *and* authorization from the CSA.

An RRP bed may be held for a maximum of 30 days when a consumer is hospitalized and returns to the RRP. The bed rate may be billed for the time the bed is held. The CSA’s authorization is contingent upon the RRP’s agreement to accept the consumer 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 consumer’s primary care physician and other treatment providers (i.e. substance abuse treatment) when clinically appropriate.

Service Eligibility

Consumers with MA, PMHS-eligible Medicare recipients, and Uninsured Eligible consumers are eligible for RRP and PRP services as per Chapter 3.

Service Providers

Service providers are RRP’s approved by the Department under Maryland Law (COMAR 10.21.22).

Authorization Process

To obtain initial authorization for Psychiatric Rehabilitation Services and Residential Rehabilitation Services, the provider must submit a pre-authorization request through

ProviderConnect. If the level of care is medically necessary, Residential Rehabilitation Services will be authorized.

Providers obtain additional authorizations through the submission of a Continuing Review Authorization Request. The provider must submit a Continuing Review Authorization Request prior to the expiration of the previous authorization time span.

Referral Procedures for Residential Rehabilitation Programs (RRP)

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 consumer. When other services are needed, the CSA directs the referral source or the applicant to ValueOptions[®] Maryland. ValueOptions[®] Maryland 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 consumer, the RRP electronically submits an ProviderConnect pre-authorization request for the required general or intensive PRP services and RRP bed days for review by the CSA. The CSA reviews the pre-authorization request and approves the Residential PRP services if medically necessary.

For consumers 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 consumer has been linked to other PMHS services to support the consumer, and if RRP is still needed. At all times, the CSA decision is based on the need of the consumer. Each CSA has a written policy, approved by MHA that addresses waiting lists, including prioritizing for state hospital referrals, community referrals, and other services.

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

1. Consumer Preference
 - A. The consumer requests to live in a particular jurisdiction.
 - B. The consumer's family has relocated to another county and the consumer wishes to be near their family. Or,
2. Provider Capacity—the current RRP agencies in the CSA jurisdiction are at capacity and are not in a position to expand services. Or,

3. **Provider Capability**—the current RRP agencies in the CSA jurisdiction lack special programming to meet the needs of particular consumers referred. (For example, deaf, mentally ill chemical abusers.)

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

Appeals Process

If a referral for a RRP is non-authorized at the CSA level, the referral source and/or the primary consumer have the right to appeal. The appeal should be faxed to the Housing Coordinator at the Maryland Mental Hygiene Administration (fax number: 410-333-5402). This appeal should include all pertinent documentation, and should contain a brief narrative outlining the specific needs of the consumer which would make an RRP setting an appropriate service. An investigation will take place within ten working days, in concert with the MHA Clinical Director's Office. A written determination will be made within 15 working days. Prior to entering the appeals process, strong consideration should be given by all requestors of RRP services to the use of alternative support services.

Claims Process

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

For dually eligible (Medicare/Medicaid) consumers, claims may be submitted directly to ValueOptions[®] Maryland. 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 submitted on a C 1500 form (See Chapter 16)

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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 9, Grievances and Appeals.