



MARYLAND Department of Health

PT 09-19

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM Nursing Home Transmittal No. 271 November 13, 2018

TO: Nursing Facility Administrators

From: Mark A. Leeds, Director
Long Term Services and Supports Administration
Office of Health Services

RE: Behavioral Health Services Available to Nursing Facility Residents, Including Specialized Services Under Pre-Admission Screening and Resident Review (PASRR) Level II Requirements for Admission to Nursing Facilities

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

The purpose of this transmittal is to clarify how nursing facilities may arrange for the provision of behavioral health services to Medicaid residents who require and can cognitively benefit from these services. Typically, this will be based on a determination, pursuant to the Pre-Admission Screening and Resident Review (PASRR) process, that the resident should receive “specialized services.” In the context of this transmittal, “specialized services” encompass behavioral health services of a higher intensity and volume than would be expected to be provided as nursing facility services and included in the provider’s Medicaid rate.¹

If a resident needs behavioral health services as identified in the PASRR Level II evaluation, those services may be delivered either within the facility or in the community as appropriate.

Process for obtaining coverage of behavioral health services

Examples of behavioral health services that may be reimbursed for individuals in a nursing home include diagnosis and evaluation, psychotherapy (individual, group, and family), psychiatric visits, substance use disorder individual outpatient therapy, and methadone maintenance. All behavioral health services require authorization by the Department’s Administrative Services Organization (ASO), currently Beacon Health Options (<http://maryland.beaconhealthoptions.com/>). Some services require a denial from Medicare before the ASO can authorize the service for a resident who is eligible for both Medicare and Medicaid. Once the nursing facility has contacted a Medicaid-enrolled behavioral health provider, that provider will be responsible for obtaining authorization, but nursing facilities may need to work with the service provider to furnish information to demonstrate that the services are medically necessary for the resident.

¹ NOTE: Pursuant to 42 CFR §483.20(e), nursing facilities are required to incorporate recommendations for PASRR specialized services into residents’ care planning.

Providing needed behavioral health services to residents not identified through the PASRR process at the time of admission

Behavioral health services may also be arranged for a nursing facility resident who did not receive the Level II evaluation, yet may benefit from services of a lesser frequency or intensity. The same process applies: the facility identifies a behavioral health provider who obtains authorization for the services from the ASO.

NOTE: The emergence or worsening of a behavioral health condition subsequent to an initial PASRR review constitutes a “significant change in the resident’s physical or mental condition.” Consequently, the federal regulations require that “all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition” be referred for “resident review” within 14 days of the change in condition.²

MDH efforts to support NF residents access to behavioral health services

To further assist nursing facilities with identifying providers and obtaining behavioral health services for their residents, the Behavioral Health Administration has contracted with behavioral health specialists in six regions around the State. The PASRR Older Adult Services specialists can assist nursing facilities by identifying specialized behavioral health services that the individual may need in the nursing facility, providing training and technical assistance on PASRR, and helping to identify community behavioral health resources for individuals who will return to the community. Contacts for this regional network of PASRR specialists may be found at

<https://bha.health.maryland.gov/Pages/olderadultbehavioralhealthandPASRR.aspx>.

The Maryland Medicaid Program will conduct post-utilization reviews of behavioral health services to nursing facility residents to evaluate whether residents have been properly screened and referred for PASRR evaluation if necessary. The review will also ensure that facilities are providing services recommended as a result of PASRR evaluation.

Additional information about behavioral health services provided to nursing facility residents may be found in Beacon Health Options’ provider manual:

http://maryland.beaconhealthoptions.com/provider/prv_man.html.

Questions regarding Medicaid coverage of behavioral health services may be directed to mdh.mabehavioralhealth@maryland.gov. For additional information about medical necessity criteria and billing, providers may contact Beacon Health Options at marylandproviderrelations@beaconhealthoptions.com or at 800-888-1965. Questions regarding PASRR policy, process, or compliance may be directed to mdh.maltcf@maryland.gov, and resident-specific PASRR questions may be directed to mdpasrr@beaconhealthoptions.com.

cc: Nursing Home Liaison Committee
Behavioral Health Administration
Adult Evaluation and Review Services
Maryland Access Point Sites

²See 42 CFR §§483.20(e)(2)