

---

## Residential Level 3.1 RJOT Minutes

---

January 25, 2019

**Attendees:**

- Minutes: Call from 9:30-10:30 am attendees:
- BHA Attendees: Cynthia Petion, Marian Bland, Kimberly Qualls and Steve Reeder, Sheba Jeyachandran
- Medicaid Attendees: Nicholas Shearin, Emily Suminski
- Beacon Attendees: Stephanie Clark, Karl Steinkraus, Dr. Enrique Olivares, Joana Joasil, Donna Shipp, Kristen Rose
- Provider/Agency Attendees: Beth Waddell (The Ranch), Bryce Hudak (Universal Psychological Center), Anne Schooley (Cameo House), Rhonda Moreland (Allegany Co. HD), Kathy Miller (Allegany CO. HD), Phoebe Twigg Allegany Co. HD), Mohammad Ahmad (Guadenzia), Heather McGrath (Avery House), Mary Ann Bruce (Howard Co. HD, (Faythe Johnson (Powell Recovery Center), Barbara Trovinger(Universal Psychological Center)

**Announcements:**

- Beacon and the Department will be setting up a separate meeting to address provider enrollment authorization and payment issues. This invite will go out to those who have indicated that they have had an issue with enrolling as a 3.1 provider. If you are having issues and have not already been in contact with Beacon, Medicaid or BHA, please email [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com) to be added.
- Providers who have submitted authorizations and claims for level 3.1 members under a different level of care, such as IOP, should contact Beacon for assistance in correcting these errors to reflect the appropriate level of care authorization and claims billing codes. Please email these errors to [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com) for assistance.
- Provider should be checking the e-Prep system daily to determine the status of their applications and whether additional information is needed.

**Questions:**

1. Can the clinical rate be billed 7 days per week so long as a therapeutic service is provided by required staff each day?

Yes. Providers should note that the minimum 5 hours services isn't required daily but is across the entire week.

Last call, providers asked questions around the ability to bill for PRP services in combination with 3.1 services. We appreciate the follow up emails of concerns and questions around these services.

The Department will further evaluate this request for PRP to co-exist with Level 3.1. Currently, level 1 outpatient SUD counseling can co-exist. Additionally individuals who meet medical necessity for mental health counseling including having a primary MH diagnosis can separately receive treatment. The current request is whether PRP, which is a service for individuals with a psychiatric disorder, can also co-exist with 3.1 residential services. At this time, it is not separately reimbursable.

Treatment for individuals who meet level 3.1 MNC generally should be focused on transitioning these folks for readiness back into community services available for them. This transition would include connecting to community resources such as AA, NA, and other avenues that aren't necessarily reimbursable under Medicaid but support recovery.

Beacon and the Department will be developing an internal and stakeholder workgroup process to discuss these services and related evidenced based practices. In the meantime, providers should be assessing the members to identify if they need this higher intensity of services then they may be more appropriate for a different level of care such as 3.3 services.

The Department will also be developing a Learning Collaborative (headed by Kim Qualls at BHA) to brainstorm best practices, barriers to care, billing issues and creative new topics. BHA is looking for 3—5 providers to assist with this endeavor. If you have an interest, please feel free to send your request to [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com).

Questions addressed during the meeting:

1. Provider also inquired about security deposits and if they can continue the practice or if they need to refund consumers.

The Department will review this issue further.