

ARCHWAY STATION, INC.

Administrative Office:

45 Queen Street • Cumberland, MD 21502

Phone: (301) 777-1700 ext. 2112 Fax: (301) 777-8020 www.archwaystation.net

Referral Submission Guide

In order to expedite the intake process, it is important to submit complete referrals. All of the information requested is required in order to obtain an authorization for services.

Where can I locate your Referral?

Referrals can be found on our website at <https://archwaystation.net/apply-for-services>. You can submit them electronically directly from our website. You can also obtain a hard copy by contacting the Intake Office at (301) 777-1700 ext. 2112.

PRP Referrals (Psych Rehab for Adults and/or Children/Adolescent/Young Adults) can be sent directly to Archway.

Residential Referrals must be sent to the Mental Health Systems Office. The MHSO contact information is listed directly on the referral. The MHSO forwards residential referrals to us when we have an opening. We do not have any information on the wait list or status of submitted residential referrals.

Who can submit a Referral?

In order to be eligible for services the person must be actively receiving outpatient mental health treatment. Ideally, the outpatient provider would be the one to complete the referral. However, referrals can be made from Inpatient, Residential Crisis, Mobile/Assertive Community Treatment, Mental Health Residential Treatment Center, Incarceration, or the treating Outpatient Mental Health Provider.

The referring person must be a Licensed Mental Health Professional. A "Licensed Mental Health Professional" eligible to make referrals to a PRP is defined as a Psychiatrist, CRNP-PMH, Licensed Psychologist, LCSW-C, LCPC, APRN-PMH, LCMFT, LCADC, LCPAT, LGMFT, LGADC or LGPAT. Note: LGPC, LGMFT, LGADC, LGPAT and LMSW staff may only make referrals if they are currently in a formal clinical supervision arrangement with a supervisor approved by the Maryland Board of Professional Counselors and Therapists or the Maryland Board of Social Work Examiners, as applicable. (Supervisor's name, title and location must be provided). Referrals from non-mental health professionals who do not have a mental health specialty are not permitted. RN-C, CAC-AD and CSC-AD are not eligible to make referrals.

The Licensed Mental Health Professional must be actively enrolled as a Medicaid provider.

What insurances do you accept?

We only accept Maryland Medicaid. Private Insurance and/or Medicare are not accepted.

If the person does not have Medicaid, Specified Low-Income Medicare Beneficiary (SLMB), or Qualified Medicare Beneficiary (QMB) eligibility, they must meet one of the four exception criteria to be eligible for state-funded services: On conditional release from state hospital; Discharged from inpatient psychiatric hospitalization within the last 6 months; Released from jail within the last 6 months; Discharged from a RRP within the last 6 months

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What diagnoses meet eligibility criteria?

Adults must have a Priority Population Diagnosis. Please refer to the attachment “Appendix C – Priority Population – Adult”.

Minors must have a PBHS Specialty Diagnosis. Please refer to the attachment “Mental Health ICD-10 Codes Maryland Department of Health”

Diagnosis must be submitted using the DSM-5 format and must include the ICD-10 code.

The clinical information you provide must support the diagnosis listed on the referral form.

Why do you need so much information?

The Administrative Service Organization (ASO) requires certain, specific, clinical information in order to provide an authorization for services. The more detail you provide, the better chance we have of obtaining an authorization.

In addition to filling out the referral, we need specific clinical documentation

- Most recent psychiatric/psychosocial evaluation
- Current treatment plan
- 2 to 3 months of progress notes/medication notes
 - If unable to provide progress notes, you can substitute by providing the following information on your letterhead: Is the person being referred attending appointments regularly? Are they following recommended treatment? Are they taking medications as prescribed? Are they making progress on their goals? Have they had any major life events (ex: divorce, death, legal, etc.)?
- If being discharged from hospital, please include d/c summary.
- Any other evaluations or information that may help to describe the person’s status/needs.