

PROVIDER ALERT

PRP Clinical Service Form Update

December 20, 2021

Target Audience: Psychiatric Rehabilitation Program (PRP) providers

Issue

Eligibility for PRP services is subject to an individual's meeting medical necessity criteria (MNC). The "exclusionary" criteria, which automatically exclude a person from eligibility for PRP, have been in place in the MNC for several years and remain unchanged. See [State of Maryland Medical Necessity Criteria](#) here.

Some authorization requests are, and always have been, automatically denied under the exclusion criteria. Until now, these requests have been allowed to proceed through review for 14 days before being denied. This has created complexity and inefficiency for both providers and Optum. To improve this process, we have put the following steps in place.

Optum Enhancement

With immediate effect, Optum Maryland is introducing an improvement to the authorization request form which will speed and simplify the process for all concerned. Providers will be prevented by the system from **submitting** authorization requests for individuals who meet one of the existing exclusionary criteria. This will save time for providers who have simply made a clerical error, and will also reduce the number of inappropriate authorization submissions, which have the effect of slowing the entire process and increasing Optum's turnaround time.

Exclusion Criteria

Based on long-standing MNC, PRP authorization is generally not approved if any of the following exclusionary criteria exists. Also, the following authorizations will be blocked from submission:

- Participant is fully eligible for Developmental Disabilities Administration funded services;
- Primary reason for the participant's impairment is due to an organic process or syndrome, intellectual disability, a neurodevelopmental disorder, or neurocognitive disorder;

- The participant has been judged not to be in sufficient behavioral control to be safely or effectively served in PRP;
- The participant lacks capacity to benefit from PRP as a result of the level of cognitive impairment, current mental status or developmental level which cannot be reasonably accommodated within the PRP;
- The referral source is in some way is paid by the PRP program or receives other benefit from PRP program

Effective December 21, 2021, should providers indicate that any of these exclusionary criteria are met, they will receive the following message:

“You cannot proceed as this individual is **NOT** eligible for services”.

Though further answers may be entered, **providers will not be able to save and/or submit their request**. They will instead be directed to click on “Cancel” at the bottom of the form to exit. Examples are found below.

1. Is the participant eligible for fully funded Developmental Disabilities Administration services?*

Yes No

You cannot proceed as this individual is NOT eligible for services.*

Click on "Cancel" at the bottom of the form to exit.

3. Is the primary reason for the participant's impairment due to an organic process or syndrome, intellectual disability, a neurodevelopmental disorder or neurocognitive disorder?*

Yes No

You cannot proceed as this individual is NOT eligible for services.*

Click on "Cancel" at the bottom of the form to exit.

Has participant been judged to be in enough behavioral control to be safe in rehab program and benefit from the rehab provided?*

Yes No

You cannot proceed as this individual is NOT eligible for services.*

Click on "Cancel" at the bottom of the form to exit.

Child and TAY form only

5. Will the participant's level of cognitive impairment, current mental status or developmental level negatively impact their ability to benefit from PRP?*

Yes No

You cannot proceed as this individual is NOT eligible for services.*

Click on "Cancel" at the bottom of the form to exit.

Clinical Information

1. Is individual currently receiving mental health treatment from a licensed mental health professional or being referred from
 Yes No

a. Name of Treating Licensed Mental Health Professional referring individual to PRP:*

b. Credential*

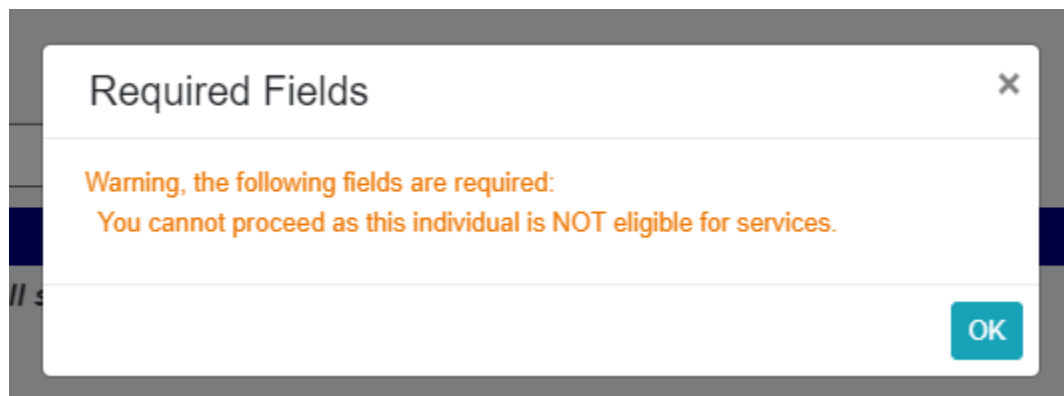
e. Is the referral source is in some way paid by the PRP program or receives other benefit from PRP program?***
 Yes No

You cannot proceed as this individual is NOT eligible for services.*

Click on "Cancel" at the bottom of the form to exit.

2. Duration of current episode of treatment provided to this individual**
 Less than one month 2-3 months 4-6 months 7-12 months More than 12 months

If the provider ignores the message and attempts to save the form, the following message will be displayed:



Exceptions

Exceptions only for state hospital referrals or high cost utilizers may be granted on very rare occasions with BHA approval. In these cases the provider should involve their local LBHA/CSA/LAA who will review the request and follow up with BHA..

If you have questions about the information contained in this alert, please contact Customer Service at 1-800-888-1965

Thank you

Optum Maryland Team