

## Provider Alert

### Updated Guidance for PRP/RRP Referrals or Documentation of Clinical Collaboration

August 4, 2021

#### Target Audience: PRP and RRP Providers

During the State of Emergency, Optum Maryland offered providers some flexibility around the timing of referrals and coordination of care. Effective **September 1, 2021**, the requirements related to referrals or documentation of clinical collaboration for Psychiatric Rehabilitation Program (PRP) and Residential Rehabilitation Programs (RRP) authorizations that were in effect prior to the State of Emergency, will be followed precisely, as described below.

#### Initial requests

For initial PRP requests for both Adults and Minors, a referral dated within 60 days of the requested start date is required. The referral must include a clinical assessment from a licensed mental health professional with whom the participant is currently in treatment. [[See COMAR 10.09.59.05 \(1\)](#)].

To be considered “in treatment” an individual must already have had multiple service contacts with the referring professional.

Licensed Graduate Level or Licensed Masters level staff making referrals must be under formal supervision as required by their respective professional boards. The supervisor does *not* need to sign the referral but must be listed on the authorization request. Documentation of ongoing supervision must be made available on request.

#### Concurrent Requests for PRP-A and PRP-M

Concurrent review requests must have a referral or documentation of clinical collaboration attached that is signed and dated within 60 days of the requested start date, or they will be administratively denied. This is in keeping with the requirements enacted on April 25, 2012.

Providers can demonstrate compliance with the requirement for clinical collaboration/referral in one of two ways:

1. A written referral from a licensed mental health professional who continues to provide treatment. The referral must be based on an in-person or telehealth meeting with the individual conducted in the previous 60 days, as outlined above. The referral can be signed electronically.

**Note:** For PRP-A, the original written referral may be submitted again for the first concurrent review two months after admission.

2. Evidence of ongoing clinical collaboration between the clinical team and the rehabilitation team as shown by documented evidence in the clinical record of the collaboration. An attestation to this effect must include the name(s) of the treating clinician, the name and credentials of collaborating rehabilitation staff, and the date the most recent collaboration took place.

Requirements for documentation of collaboration, which must be maintained in the clinical record, remain as outlined in the April 25, 2012, Mental Hygiene Administration (MHA) memo and [Provider Alert released on August 3, 2020](#).

All other documentation requirements as indicated in the Administrative Denial Checklist for PRP and RRP service requests remain in place. We encourage providers to review the entire [Administrative Denial Checklist](#) and the [State of Maryland Medical Necessity Criteria](#) prior to submitting authorization requests to ensure that submissions are complete.

In addition to the requirements noted above, it is recommended that all participants complete a medication evaluation with a mental health professional prior to referral or engagement in PRP services.

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

Thank you,

Optum Maryland Team

*Please visit our website at [maryland.optum.com](http://maryland.optum.com) for provider resources, online training, and more information.*