

PROVIDER ALERT

Changes to Adult Initial and Concurrent PRP Clinical Request Forms

May 11, 2023

Target Audience: All Adult PRP Providers

This alert was updated on 5/24/23 to show the change in effective date.

Optum Maryland would like to inform all Adult Psychiatric Rehabilitation Program (PRP) providers of changes to the Adult Initial PRP Clinical request form and the Adult Concurrent PRP Clinical request form, which will take effect on **June 13, 2023**.

The changes will not alter any of the underlying Medical Necessity Criteria (MNC). Updates to the Adult Initial PRP Clinical request form are being made with the following goals in mind:

- To assist providers in furnishing the specific clinical information needed to determine whether the request meets MNC.
- To decrease repeated administratively denied authorization requests and authorization turnaround time by clearly identifying ineligible individuals early in the process.

Changes to the Adult Concurrent form will mimic the form for Initial Authorizations, except where questions are relevant only to the Initial form. Additional changes to the Adult Concurrent form will be forthcoming.

The current changes to the forms are detailed below:

Update 1: Eligibility Exception Criteria

- If the participant 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, as shown below, to be eligible for state-funded services.
 - If the participant does not meet one of these criteria, the provider will not be able to proceed.

Service Request Information

Person completing this request*: Contact Phone #: Ext: Contact E-Mail*: Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**
 Yes No

Rehabilitation Specialist*: Rehabilitation Specialist Phone #: Rehabilitation Specialist Ext: Rehabilitation Specialist E-mail*:

Requested Services:**
 On-Site Off-Site Blended

Does the participant have Medicaid (including SLMB or QMB)?**
 Yes No

Does the participant meet one of the four criteria below?*

On conditional release from state hospital Discharged from inpatient Psych within last 6 months Released from jail within the last six months Discharged from a RRP within the last six months None

You cannot proceed as this individual is NOT eligible for services.
 Click on "Cancel" at the bottom of the form to exit.

If participant does not have Medicaid, they must meet at least one of the above criteria to be eligible for PRP, otherwise the service cannot be authorized.

Preferred Contact

Person completing form: Rehabilitation Specialist: Preferred method of contact**
 Phone Email

Update 2: Diagnosis

- If the participant does not have a Category A diagnosis or a Category B diagnosis, the provider must enter the diagnosis into the "Diagnosis" text field, as shown below.

Diagnostic Information

Please select the participant's primary diagnosis provided in the referral document from Category A or Category B below:

Category A Diagnosis Code:* Category B Diagnosis Code:* Diagnosis*
 Participant does not have a Category A Diagnosis Participant does not have a Category B Diagnosis.

(Note: Category B Diagnosis drop down will only appear if participant does not have a Category A diagnosis selected/criteria waived.)

- In addition, if neither Category A nor Category B diagnosis is chosen, the provider must document that the additional exception criteria are met.
- If that is not met, the provider will not be able to proceed.

Update 3: Referrals to PRPs

A person may be referred to PRP from a number of different types of providers. The form now asks which particular practice type is referring the participant.

Unless the referral comes from Inpatient, Residential Crisis, Mobile/Assertive Community Treatment, a Mental Health Residential Treatment Center, Incarceration, or from a treating outpatient provider, the provider will not be able to continue as shown below.

Clinical Information

1. Individuals referred for PRP must be referred from inpatient, residential crisis, mobile treatment/assertive community treatment, mental health RTC programs, Incarceration or from their treating outpatient mental health provider. Is this participant being referred from:**

IP / Crisis Res / Mobile / ACT / RTC / Incarceration Outpatient Neither

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

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

Depending on which referral source is selected, providers will be presented with different questions.

To make a referral for PRP from an Outpatient treatment provider:

- The treating provider must be a licensed mental health provider who has assessed the individual as requiring the PRP level of care. The provider must be enrolled in Medicaid, either as an individual or through a licensed program that participates in Medicaid. If this criterion is not met, the provider will not be able to continue to complete the form.
- The form also requests the agency and NPI of the referring OP provider or provider agency. Note: If the provider is not with an agency, enter n/a in the Agency field.

Clinical Information

1. Individuals referred for PRP must be referred from inpatient, residential crisis, mobile treatment/assertive community treatment, mental health RTC programs, Incarceration or from their treating outpatient mental health provider. Is this participant being referred from:**

IP / Crisis Res / Mobile / ACT / RTC / Incarceration Outpatient Neither

2. Is the licensed mental health provider enrolled as a provider in the Medicaid program?*

Yes No

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

b. Credentials*

c. Agency*

d. NPI#*

The individual must be in active treatment with that provider prior to the referral date and must remain in treatment while in PRP.

- Active treatment generally means that they have met at least twice and will continue to meet.
- There are some circumstances in which a single visit might be acceptable, but the situation must be clearly explained in the text box below.
- For concurrent review, intermittent periods of disengagement secondary to the psychiatric disability may occur and shall not be construed to exclude the individual from services, if

evidence exists that assertive and motivational strategies are being employed to re-engage the individual in treatment, and there is documented communication between the PRP and clinician.

Update 4: Occupational

Any individual wanting a job should be referred to Supported Employment. If referred to PRP as well, there needs to be additional justification for why PRP is also required.

Occupational

Is the participant employed?*

Yes No

Has the participant been referred to supported employment?*

Yes No N/A

Update 5: Functional Criteria

To meet medical necessity for PRP a participant must:

- Experience functional impairments for at least 2 years prior to the service request date, or
- Have a new onset Category A diagnosis
- If the participant does not meet this criterion, then the provider will not be able to proceed, as shown below.

Functional Criteria

1.Has participant demonstrated marked functional impairments for at least 2 years?*

Yes No

1a.Does participant have a new onset (within past six months) Category A diagnosis?*

Yes No

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

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

- For each of the functional impairments chosen, the provider will need to provide detailed information in each box.
- The example below shows the questions asked and a generalized example of a response is provided is shown:

Functional Criteria

1. Has participant demonstrated marked functional impairments for at least 2 years?*

Yes No

2. Does the participant have impairments related to the Priority Population diagnosis in three or more of the functional areas listed below?*

Yes No

To understand what is being requested for each of the functional impairments below, a generalized example of a response is provided here:

1. Symptom of Priority Population diagnosis: Paranoia

2. Impairment impacting Functioning: Paranoia results in being suspicious of others.

3. Example of impaired function: Last week he would not get on the bus because he thought the driver was out to get him. He started yelling at the bus driver.

A. Does the participant have marked inability to establish or maintain competitive employment?*

Yes No

A-1) Describe the symptoms of this Priority Population diagnosis that affect the participant's functioning.*

A-2) Describe how, specifically, these symptoms impair the participant's functioning.*

A-3) Provide specific concrete examples of THIS participant's impaired function.*

Update 6: Medications

- The form now inquires if the participant is on medication. If they are, the form inquires if they are on medication for a mood disorder.
- If the diagnosis is a mood disorder (e.g.: Major Depressive Disorder or bipolar disorder), it is **mandatory** to list all medications used to treat this disorder. For other non-mood disorder diagnoses, the inclusion of the psychotropic medications in the text box provided is preferred, but not mandatory.

Diagnostic Information

Please select the participant's primary diagnosis provided in the referral document from Category A or Category B below:

Category A Diagnosis Code:*

(Note: Category B Diagnosis drop down will only appear if participant does not have a Category A diagnosis selected/criteria waived.

1. Is the participant on medication?*

Yes No

2. Are any of the medications prescribed for MDD or Bipolar?*

Yes No

Medication name:*

Dosage:*

Frequency:*

Would you like to add another medication?*

Yes No

What medication?*

Dosage:*

Frequency:*

Would you like to add another medication?*

Yes No

What medication?*

Dosage:*

Frequency:*

Would you like to add another medication?*

Yes No

What medication?*

Dosage:*

Frequency:*

Would you like to add another medication?*

Yes No

- If the participant is *not* taking medications the provider must enter an explanation as to why no medications are indicated into the text box as shown below. Use of medications is not an automatic exclusion for PRP however, because medications are usually an important treatment element, it is vital to understand why they are not being used.

1. Is the participant on medication?*

Yes No

2. Are any of the medications prescribed for MDD or Bipolar?*

Yes No

Why are medications not part of the treatment?*

Providers must evaluate whether or not other types of services may be more appropriate than PRP. If these other services have not been considered or attempted, this may result in an admin denial. Of particular concern is whether or not at least one of the following services has been offered or attempted, and if unsuccessful or not attempted, why not?

- Targeted Case Management - For individuals with a mental health disorder needing only short-term case management services, this is a more appropriate referral than PRP.
- Individual and/or Group Therapy, including short-term IOP services may be a more appropriate intervention, particularly for first onset treatment.
- Peer support services.
- Informal supports such as family.

Status of Less Intensive Levels of Treatment

1: Have peer supports and other informal supports such as family been tried?*

Yes No

2. Which of the following less intense services have been tried?

Group Therapy Targeted Case Management

Thank you in advance for providing this valuable clinical information.

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

Thank you,

Optum Maryland Team