## **Denial Checklist**

## This case was administratively denied for the following reasons:

	1. There is no Category A or Category B priority population diagnosis and the diagnostic waiver criteria is not met or there is no Public Behavioral Health System dx (child/adolescent/TAY).
	<ul> <li>2. The referral did not include the following:</li> <li>a. It was not attached to service request</li> <li>b. It was not signed by MH professional</li> </ul>
	☐ c. It was not dated within 60 days of start date of request
	☐ d. A timely referral or documentation of clinical collaboration was not provided
	(concurrent)
	e. An LM/LG signed without a supervisor's name and credentials provided
	f. The referral source is not enrolled in Medicaid or is not working at licensed mental
	health program
	3. The participant is not in active treatment with a MH provider and has not just been released
	from IP MH, crisis residential treatment, or mobile/ACT treatment.
	4. The individualized rehabilitation plan was incomplete for the following reasons:
	$\square$ a. It was not attached to service request.
	☐ b. All goals are inactive/closed
	$\square$ c. There is no signature by the person who created the plan
	$\square$ d. There is no signature from participant or participant's guardian (under 16) OR no
	indication participant or guardian were involved with development and are in
	agreement with the plan
	5. There was a problem with the DLA-20 (concurrent):
	a. It was not completed on the portal (attachments are not acceptable)
	<ul> <li>b. It was not completed within 30 days of requested start date—A form previously submitted cannot be used again</li> </ul>
	6. Participant has an open authorization with another PRP provider. Participant or previous
	provider will need to request that that authorization is closed before a new auth can be
	entered.
	7. Exclusionary criteria were indicated. Specifically, provider indicated:
	$\square$ a. the participant's level of cognitive impairment, current mental status, or
	developmental level cannot be reasonably addressed in PRP
	<ul> <li>b. the participant meets eligibility for full funding for Developmental Disability</li> <li>Administrative services</li> </ul>
	$\Box$ c. the participant is actively receiving services funded by the autism waiver or is in active
	Applied Behavior Analysis treatment
	$\Box$ d. the participant's dysfunction is related mainly to an organic process or syndrome,
	intellectual disability, neurodevelopmental disorder or neurocognitive disorder
	$\square$ e. the participant meets criteria for a higher level of care and cannot be safely or
	effectively serviced through PRP services
	8. Remuneration is being received. The specific issue is the following:
	$\hfill \square$ a. The rehab specialist cannot be referral sourceif provider working in both rehab and
	OP should not be making referrals to PRP program
	$\ \square$ b. The referral source is in some way paid by the PRP program or receives other benefit
_	from PRP program
	9. Other: