

Name:

Denial Checklist

This case was administratively denied for the following reasons:

- 1. Participant does not have an eligible diagnosis for admission
 - a. There is no Category A or Category B priority population diagnosis (adults)
 - b. The diagnostic waiver criteria are not met
 - c. There is no Public Behavioral Health System diagnosis (child/adolescent/TAY)
- 2. Acceptable documentation of SSI/SSDI eligibility not attached to service request
- 3. Participant does not meet additional funding criteria
- 4. The referral did not include the following:
 - a. It was not attached to service request
 - b. It was not signed by MH professional
 - c. It was not dated within 60 days prior to requested start date (initial)
 - d. A timely referral or documentation of clinical collaboration was not provided (concurrent)
 - e. A 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
- 5. 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.
- 6. The individualized rehabilitation plan was incomplete for the following reasons:
 - a. It was not attached to service request.
 - b. All goals are inactive/closed and/or the individualized rehabilitation plan will be expired prior to requested start date
 - c. There is no signature by the person who created the plan
 - 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
- 7. There was a problem with the DLA-20 (concurrent):
 - a. It was not completed on the portal (attachments are not acceptable)
 - b. It was not completed within 30 days prior to requested start date—A form previously submitted cannot be used again
- 8. 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.
- 9. Exclusionary criteria were indicated. Specifically, provider indicated:
 - a. the participant's level of cognitive impairment, current mental status, or developmental level cannot be reasonably addressed in PRP
 - b. the participant meets eligibility for full funding for Developmental Disability Administrative services
 - c. the participant is actively receiving services funded by the autism waiver or is in active Applied Behavior Analysis treatment
 - d. the participant's dysfunction is related mainly to an organic process or syndrome, intellectual disability, neurodevelopmental disorder or neurocognitive disorder
 - e. the participant meets criteria for a higher level of care and cannot be safely or effectively serviced through PRP services

- 10. Remuneration is being received. The specific issue is the following:
 - a. The rehab specialist cannot be referral source --if provider working in both rehab and OP should not be making referrals to PRP program
 - b. The referral source is in some way paid by the PRP program or receives other benefit from PRP program
- 11. Insufficient information provided regarding functional criteria or other clinical details to make a determination of medical necessity.
- 12. Other: