



Psychiatric Rehabilitation Program - Minor

Optum Maryland Provider Training &
Education

Training Participant Guide



Key Learning Points

- PRP Overview
- Medical Necessity Criteria
- Required Documentation
- Auth Service Requests
- Incedo Forms Demonstration



Program Overview

Psychiatric Rehabilitation Program - Minor

PRP Overview

Psychiatric Rehabilitation Program (Minor):

- Psychiatric rehabilitation program (PRP) services provide rehabilitation and support to minor patients in developing community and independent living skills.
- Services must be goal-directed and outcome-focused; are time-limited interventions to reduce symptoms of mental illness and to restore individuals to appropriate functional level.
- Services may be provided on-site or in a setting most conducive to promoting participation of youth in community life.
- Requests for this level of care are completed within the Incedo Provider Portal and reviewed by Optum Care Advocates.



PRP Overview

Psychiatric Rehabilitation Program (Minor):

- Services are designed to complement outpatient (OP) mental health therapy treatment where there is clinical evidence that current intensity of OP therapy treatment isn't sufficient.
- The request for PRP must be initiated by the youth's treating clinician and identified rehabilitation goals must be integrated and supported with the treatment plan.
- PRP services are only covered for payment if the youth remains ongoing active outpatient therapy.
- PRP services for the youth must be based on an assessment of functioning that is age and developmentally appropriate.



PRP Overview

Eligibility and Funding

State funded and uninsured participants must meet additional criteria for an initial PRP request, in addition to meeting medical necessity criteria.

The participant must meet **1 of the following 4 criteria:**

1. Stepdown from a state hospital and are on conditional release
2. Discharge from an acute psychiatric hospitalization within the last six months
3. Release from jail within the last six months
4. Discharge from an RRP within the last six months

Medical Necessity Criteria

Psychiatric Rehabilitation Program - Minor

Medical Necessity Criteria

PRP Corner – Source of Truth

- PBHS Provider Manual
- Medical Necessity Criteria (Psychiatric Rehabilitation Program – Child and Adolescent)
- PBHS Specialty Diagnosis
- PRP FAQs

Admission Criteria

- Public Behavioral Health System (PBHS) specialty mental health DSM-5 diagnosis
- Youth's emotional disturbance causing serious dysfunction as services are intended for youth with serious functional impairments in multiple areas where OP therapy/medication management is not sufficient to address.
- The impairment as a result of the youth's emotional disturbance results in:
 - a) Current threat to the youth's ability to stay in customary setting, or
 - b) Emerging/impending risk to the safety of the youth and others, or
 - c) Other evidence of significant psychological or social impairments (*i.e.*: *inappropriate social behavior causing serious problems with peer relationships and/or family members*)
- Due to dysfunction, youth is at-risk for requiring a higher level of care or is returning from a higher level of care.

Medical Necessity Criteria

Admission Criteria

- Youth condition requires integrated program of rehab services to progress accordingly
- Youth does not require a more intensive level of care and is deemed to be able to maintain in the rehab program benefiting from services
- A documented crisis response plan is in progress or completed (including family and treating provider)
- PRP services are rendered by trained staff supervised by a licensed mental health professional or certified family resilience practitioner (CFRP)
- There is evidence that the use of pharmacotherapy, if deemed appropriate, has been considered by the primary treating clinician

Medical Necessity Criteria

Admission Criteria

- AND either

OP Therapy/Medication Management treatment is:

- Insufficient
- Not preventing clinical deterioration
- Not averting the need for a more intensive level of care

or

Youth is:

- Transitioning from IP, Day Hospital, or RTC
- In need of PRP services to prevent clinical deterioration
- Referred to avert need for more intensive level of care

Medical Necessity Criteria



Continued Stay Criteria

- The individual continues to meet admission criteria
- There is clinical evidence justifying ongoing services
- Signed and dated IRP with specific information about participant's symptoms/impairments/dysfunction, progress on measurable goals.
- Goals should be active including status:
 - If goals are not being met, modifications to goals and/or interventions should be addressed.
 - Active planning for transition to less intensive level of care
- The individual must be engaged in mental health treatment with an outpatient clinician that does not work in or receive remuneration in any form from the PRP.

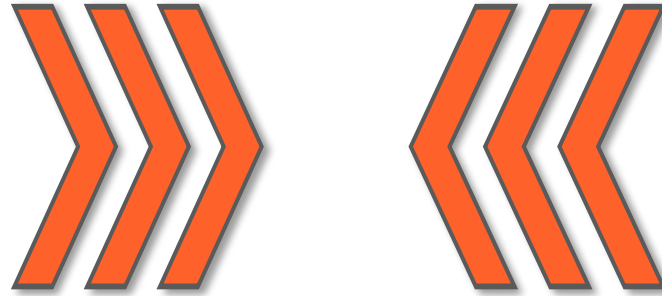
Medical Necessity Criteria

Exclusionary Criteria

- Youth's mental status or development level cannot be reasonably accommodated (*impairment severity precludes individual from benefiting from services*)
 - Youth is
 - Eligible for full funding for Developmental Disability Administration services, or
 - Actively receiving autism waiver funded services, or
 - Active in Applied Behavioral Analysis treatment

**Please note: a diagnosis of Autism Spectrum Disorder (ASD) is considered a neurodevelopmental disability. Therefore, PRP should not be in place to address symptoms related to a diagnosis of Autism Spectrum Disorder, if ASD is a secondary diagnosis*
 - Primary etiology of dysfunction related to:
 - Organic process or syndrome
 - Intellectual disability
 - Neurodevelopmental disability
 - Neurocognitive disorder
 - Youth meets criteria for higher level of care and cannot be effectively served through PRP
 - Youth can be effectively served with less intensive formal services or natural support
- **Admission and continued stay requests must meet the Combination of Service rules***

Medical Necessity Criteria



Conflicting Services

PRP may not be routinely provided in conjunction with:

- Mobile Treatment Services (MTS)/Assertive Community Treatment (ACT)
- Targeted Case Management (TCM) – *TCM 1 not allowed under any circumstance*
- Inpatient Psychiatric Services
- Crisis Residential Services
- Psychiatric Residential Treatment Facility (PRTF)/ Residential Treatment Center (RTC)
- Mental Health- Intensive Outpatient Program (IOP)
- Mental Health- Partial Hospitalization Program (PHP)
- Therapeutic Behavioral Services (TBS)
- Residential Substance Use Disorder Treatment Level 3.3 or higher
- Substance Use Disorder-Intensive Outpatient Program/Partial Hospitalization (IOP/PHP)

Medical Necessity Criteria



TAY Psychiatric Rehabilitation Programs (PRP-M) and School Systems

Coordinate with Special Education system as these services are more appropriately under the youth's Individual Education Plan (IEP) and not the Public Behavioral Health System (PBHS).

Additional information in Provider Alert:

[Child, Adolescent & Transition Age Youth \(TAY\) Psychiatric Rehabilitation Programs \(PRPs\) & School Systems and Reminder Concerning the PRP Corner](#)

Required Documentation

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Required Documentation

In addition to the service request form completed within Incedo, the following documentation is required:

Initial PRP Requests:

- PRP referral signed by a licensed mental health provider who is actively treating the individual and enrolled as a provider in the Medicaid program, either as an individual provider or as part of a Medicaid enrolled program.
- Referrals must include the following information:
 - Must be dated within the last 60 days
 - Clinical rationale for why individual is being referred for PRP
 - Signature of referring behavioral health clinician who has been actively treating the participant (e-signature acceptable)
 - Referring behavioral health clinician must not be affiliated with PRP program
 - Must explicitly state PRP (Psychiatric Rehabilitation Program)

Referrals must be from a licensed mental health professional which is defined in [PRP FAQ](#)

Required Documentation

Concurrent PRP Requests:

- Documentation of Clinical Collaboration or PRP referral dated within the last 60 days (for the first concurrent, the original written referral may be submitted)
- Referrals must include:
 - Clinical rationale for why individual is being referred for PRP
 - Signature of referring behavioral health clinician (e-signature/typed signature is acceptable)
 - Referring behavioral health clinician must not be affiliated with the PRP program
 - Must explicitly state PRP (Psychiatric Rehabilitation Program)
- Individualized Rehabilitation Plan (IRP) which indicates the participant and/or guardian participated in the planning and agrees with the plan.
- DLA-20 must be completed in the Incedo Provider Portal within 30 days prior to the requested start date (*TAY Participants only*)

Authorization Service Request Info

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Service Request Information

Modifier	Description
U2	PRP for all children (up to age 18), adults age 18-25 in a BHA TAY-designated PRP, or adults with a legal guardian
U3	PRP for adults with no legal guardians
U4	A RRP client in the general level of care who is either on or off-site
U5	A RRP client in the intensive level of care who is either on or off-site
U6	A RRP client in the general level of care who receives services from a provider who has the capacity to render services in onsite and off-site capacity
U7	A RRP client in the intensive level of care who receives services from a provider who has the capacity to render services in onsite and off-site capacity

Modifiers are two characters (letters or numbers) appended to a CPT or HCPC code. The modifiers provide additional information about the PRP service indicating the type of service being rendered under code **H2018**.

Admin Denial Checklist



Used to determine Administrative Denial Reasons for PRP requests



Found on [PRP Corner](#) homepage under Provider Resources

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).
- 2. 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 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:
 - a. It was not attached to service request.
 - b. All goals are inactive/closed
 - 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
- 5. 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 of requested start date—A form previously submitted cannot be used again
- 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:
 - 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.

Admin Denial vs. Medical Necessity Denial

Incedo ID:

Administrative 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), and the diagnostic waiver criteria are not met (not competent to stand trial, in psych facility for longer than 3 months who requires PRP on discharge) (adult)
 - b. There is no Public Behavioral Health System diagnosis (child/adolescent/TAY)
- 2. Category A diagnosis and indication of SSI/SSDI, but no acceptable documentation of SSI/SSDI eligibility attached to service request (**First concurrent only**). Acceptable documentation of SSI/SSDI eligibility is detailed in [Q.11 of the PRP FAQ](#).
- 3. Participant does not have Federal Medicaid and does not meet additional funding criteria (i.e., none of the following met):
 - Stepped down from a state hospital and are on conditional release
 - Discharged from an acute psychiatric hospitalization within the last six months

Administrative Denial

- Denial Checklist via Email/Incedo Provider Portal
- Next Steps:
 - Review completed checklist
 - Re-submit authorization request with corrected/supplemental information

Good Morning/Afternoon,

We are writing to inform you that after clinical review, your authorization **SR ID** [REDACTED] has been denied due to medical necessity criteria not being met. You have the right to request a level 1 appeal within 10 business days of this notification. Further information can be found in the denial notification letter which will be attached directly to the service request in Incedo and a copy will be mailed to the address on file. Please visit the Incedo Provider Portal to review details of this denial.

If you are unsure how to find the authorization using the SR ID above, please follow the steps on page 14 of the reference guide below:

- [Incedo Provider Portal Quick Reference Guide](#)

You can contact customer service at 1-800-888-1965 with questions. Thank you.

Optum Authorization Team

Medical Necessity (MNC) Denial

- Denial Letter
- Next Steps:
 - Initiate Appeals Process
 - Refer to PBHS Provider Manual

Common Denial Reasons



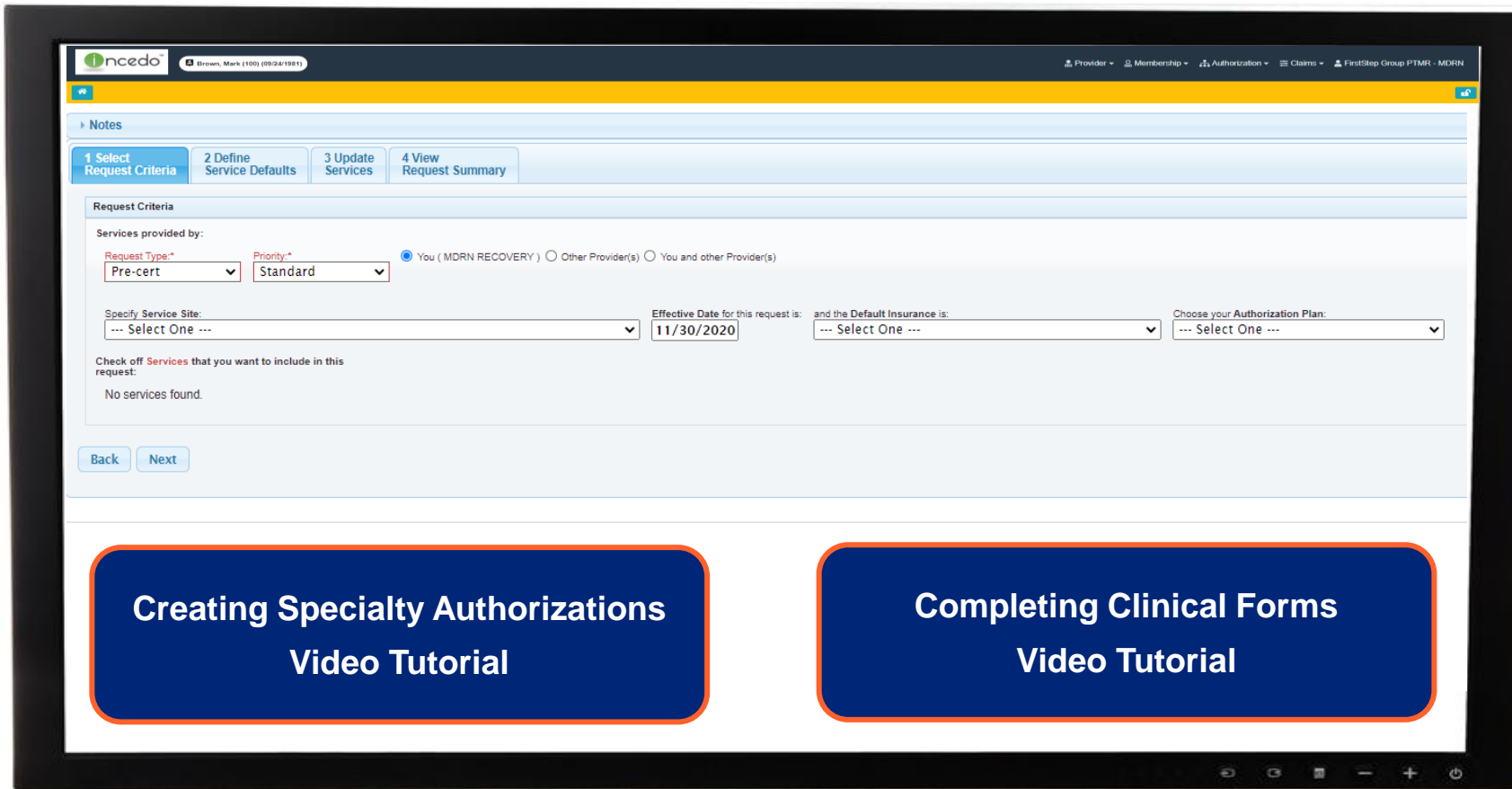
Top Denial Reasons

- **Lack of clear explanation of why outpatient therapy is not sufficient to address the participant's symptoms**
 - The participant should have been in active, consistent outpatient therapy (at least four visits over the past 2 months), with limited to no improvement, prior to referring to PRP.
 - When appropriate, this should include a referral for an evaluation for pharmacotherapy to address the youth's symptoms/behaviors.
- **Functional Impairments are not explained adequately, or report outdated historical information**
 - Requests should explain:
 - How the specific symptoms of the condition in the PBHS approved diagnosis cause serious problems with family members and/or peers, along with examples of these problems, and/or
 - How the specific symptoms of the PBHS approved diagnosis place the youth at risk for loss of their current residential placement OR result in a safety risk for the youth or others.
 - Information in the request should be current (should not refer to a history of symptoms or behaviors that are not present at the time of the PRP referral).

Incedo Demonstration

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Incedo Demonstration



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