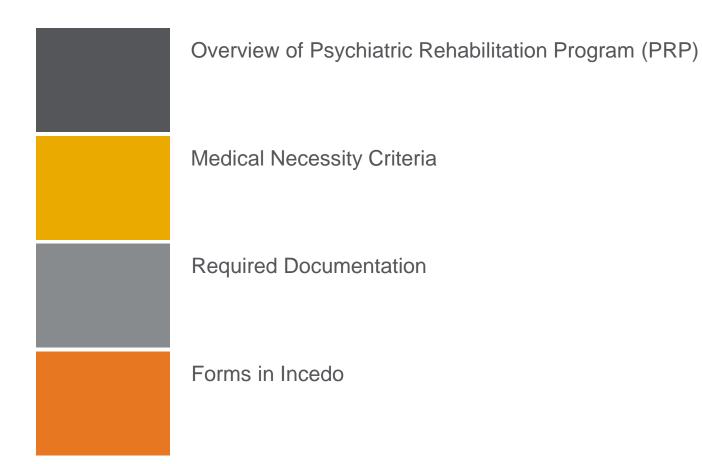


Agenda





Overview of PRP

Psychiatric rehabilitation program (PRP) services provide rehabilitation and support to participants to develop and enhance their community and independent living skills.

Services may be provided at a PRP facility (onsite); at a residence, job, or other appropriate location in the community (offsite); or at a combination of the two (blended).

Requests for these level of care are completed within the Incedo Provider Portal and reviewed by Optum Care Advocates.



Modifiers

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



Funding for PRP Services

Funding

State funded and uninsured participants must meet additional criteria for initial PRP request. They must meet 1 of the following 4 criteria, in addition to meeting medical necessity 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 a RRP within the last six months



Medical Necessity Criteria

Due to continued increasing expenditures for PRP services, the Maryland Department of Health has updated the medical necessity criteria for adults and minors who are referred to psychiatric rehabilitation services effective July 1, 2020.

The forms in Incedo were updated to reflect these changes to allow for Optum to manage this level of care appropriately and must be completed when submitting authorization for services.



PRP – Children and Youth

Admission Criteria

- Public Behavioral Health System (PBHS) specialty mental health DSM-5 diagnosis
- The youth's emotional disturbance is the cause of serious dysfunction in multiple life domains (home, school, community)
- The impairment as a result of the youth's emotional disturbance results in:
 - -a. A clear, current threat to the youth's ability to be maintained in his/her customary setting, or
 - -b. An emerging/impending risk to the safety of the youth and others, or
 - -c. Other evidence of significant psychological or social impairments such as inappropriate social behavior causing serious problems with peer relationships and/or family members



PRP - Children and Youth

Admission Criteria

- The youth, due to the dysfunction, is at-risk for requiring a higher level of care, or is returning from a higher level of care.
- The youth's condition requires an integrated program of rehabilitation services to return to age appropriate development and to progress accordingly towards independent functioning and independent living skills.
- The youth does not require a more intensive level of care and is deemed to be able to be safely maintained in the rehabilitation program and to benefit from the rehabilitation provided.
- A documented crisis response plan, including both family/guardian and the primary treating provider, is in progress or completed.
- All PRP services are rendered by trained staff supervised by a licensed mental health professional



PRP - Children and Youth

Admission Criteria

And either:

a. There is clear evidence that the current intensity of outpatient treatment is not sufficient to reduce the youth's symptoms and functional behavioral impairment resulting from the mental illness and restore him/her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the youth or others

or alternatively

- b. Youth transitioning from an inpatient, day hospital, or residential treatment setting to a community setting and there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support a successful transition back to the community or avert the need to initiate or continue a more intensive level of care.
- There is evidence that the use of pharmacotherapy, if deemed appropriate has been considered by the primary treating clinician.



PRP - Children and Youth

Continued Stay Criteria

- The individual continues to meet admission criteria.
- There is clinical evidence justifying ongoing services.
- IRP with specific information about participant's symptoms/impairments/dysfunction, progress of measurable goals, and 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.



Exclusionary Criteria

- Youth's level of cognitive impairment, current mental status, or developmental level cannot be reasonably accommodated within the psychiatric rehabilitation service such that the severity of impairment precludes the individual from benefiting from psychiatric rehabilitation services.
- The youth meets eligibility for full funding for Developmental Disability Administration services, is actively receiving services funded by the autism waiver, or is in active Applied Behavioral Analysis treatment.
- The primary etiology of the individual's dysfunction is related to an organic process or syndrome, intellectual disability, neurodevelopmental disorder, or neurocognitive disorder.
- The youth meets criteria for a higher level of care and cannot be safely or effectively served through psychiatric rehabilitation services
- The youth can be effectively served with less intensive formal services, or with natural supports, such as peers and family.
- Admission and continued stay requests must meet the Combination of Services rules.

Conflicting Services

PRP may not be provided in conjunction with:

- PRP (participant cannot have two PRP programs w/ same POS or two blended PRPs)
- Mobile Treatment Services (MTS)/Assertive Community Treatment (ACT)
- MH-Residential Treatment Center (RTC)
- 1915i
- Targeted Case Management (TCM)



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 treating the participant.
- 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 (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)



Required Documentation

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

Concurrent PRP Requests

- Documentation of Clinical Collaboration or PRP referral
- 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 (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.



Forms in Incedo

Child and Youth PRP Authorization Request

- Diagnostic Information
- Other Referral Information
- Clinical Information
- Functional Criteria

