

# Psychiatric Rehabilitation Program (PRP) - Minor

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Optum Maryland Provider Education

# Key Learning Points

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



# Program Overview

PRP – Minor

# PRP Overview

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- Supports patients in developing community and independent living skills
- Services provided onsite, offsite, or combination of both
- Requests completed in Incedo Provider Portal and reviewed by Optum Care Advocates



# PRP Overview

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## 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

PRP – Minor

# Medical Necessity Criteria

## Provider Resources – *Source of Truth*

- [PBHS Provider Manual](#)
- [Medical Necessity Criteria](#) (Psychiatric Rehabilitation Program – Child and Adolescent)
- [Priority Population Diagnosis](#)
- [PRP FAQs](#)

## Admission Criteria

- Public Behavioral Health System (PBHS) specialty mental health DSM-5 diagnosis
- Youth's emotional disturbance causing dysfunction
- 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

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## 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 re rendered by trained staff supervised by a licensed mental health professional
- 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**

### Outpatient treatment is:

- Insufficient
- Not preventing clinical deterioration
- Need for intensive level of care persists

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

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## 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 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.
- Referral source cannot be in some way paid by the PRP program or receive other benefit from the PRP program.

# Medical Necessity Criteria

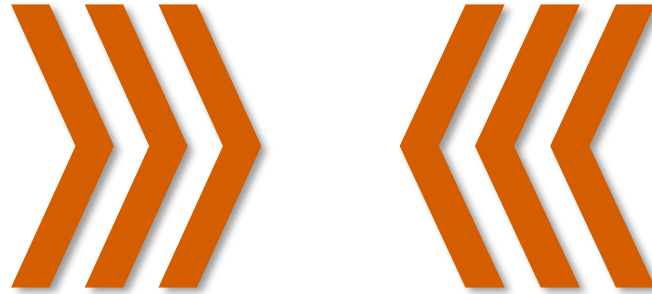
## Exclusionary Criteria

- 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
- 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

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## 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

PRP – Adult

# 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 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 acceptable)
  - Referring behavioral health clinician must not be affiliated with PRP program
  - Must explicitly state PRP (Psychiatric Rehabilitation Program)

## Referrals must be from a mental health professional which includes:

Licensed MH Professionals, including Psychiatrists, CRNP-PMH, Psychologists, LCSW-C, LCPC, APRN-PMH, LCMFT, LCADC, LCPAT, LGMFT, LGADC, LGPAT

**\*\*RN-C, CAC-AD, and CSC-AD are not eligible to make referrals**

The MH Professional must be enrolled as a Medicaid provider and from an eligible mental health professional. (LM/LG must be properly supervised)

# Required Documentation

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## 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 completed within Incedo Provider Portal

# Auth Service Request Info

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# Service Request Information

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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

# Admin Denial Checklist



Used to determine Denial Reason for PRP requests



Found on *Optum Maryland Provider Resources* homepage

**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.

# Incedo Forms Demonstration

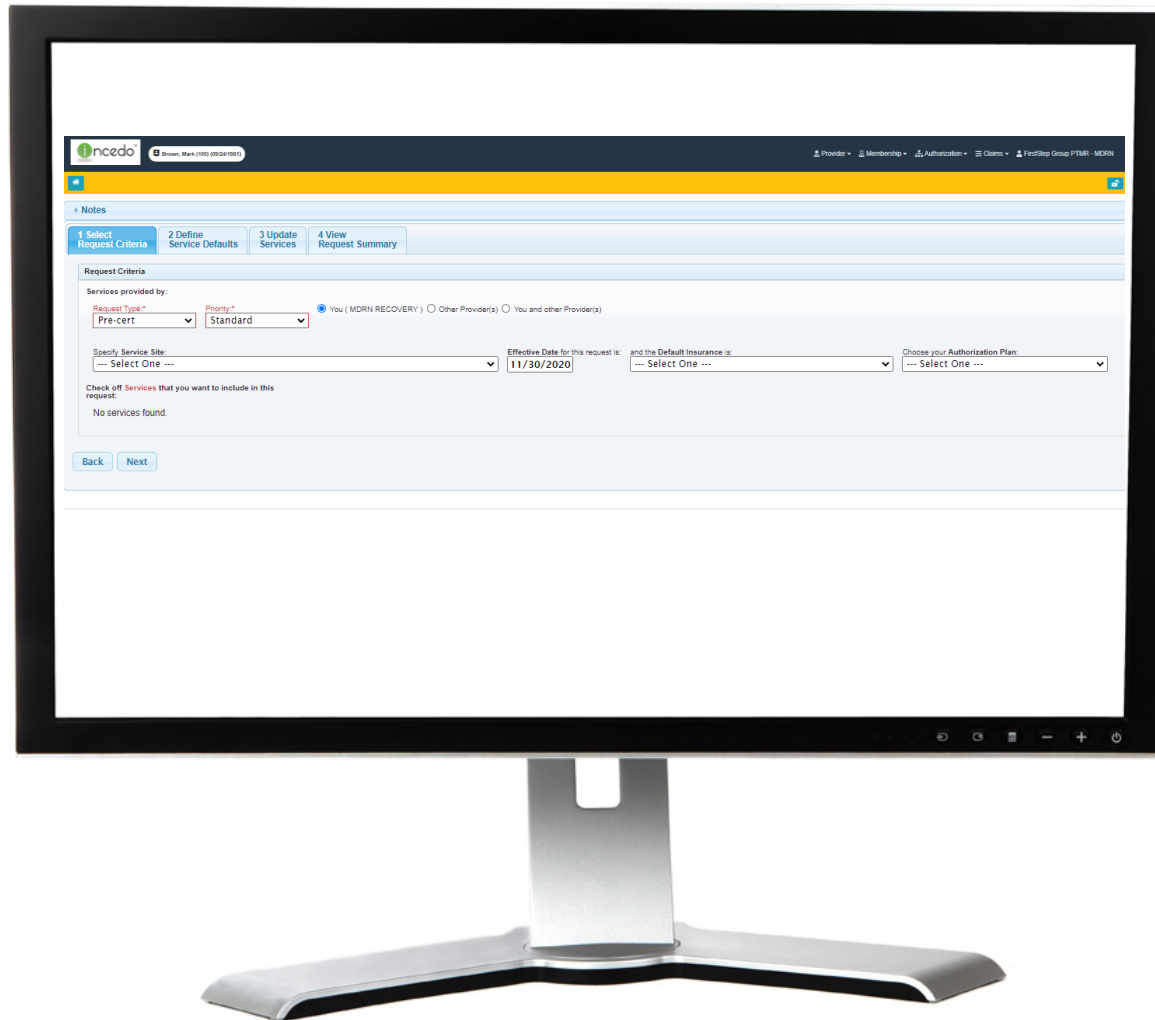
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# Incedo Forms Demonstration

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- Diagnostic Information
- Other Referral Information
- Clinical Information
- Functional Criteria and Duration of Impairments
- Alternative Service and Transition Considerations

# Incedo Forms Demonstration



## Q & A Session

Please direct any outstanding questions to  
[marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com)

# Conclusion

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