

## Temporarily Rescinded

### PROVIDER ALERT

#### Changes to Adult Initial and Concurrent PRP Clinical Request Forms

August 3, 2022

#### Target Audience: All Adult PRP Providers

Optum Maryland would like to inform all Adult Psychiatric Rehabilitation Program (PRP) providers of changes to the Adult Initial PRP Clinical request form and the Adult Concurrent PRP Clinical request form, that will take effect August 17, 2022.

The changes will not alter the underlying Medical Necessity Criteria (MNC). Updates to the Adult Initial PRP Clinical request form are being made with the following goals in mind:

- To assist providers in more easily furnishing the specific clinical information needed to determine whether the request meets MNC.
- To decrease repeated administratively denied authorization requests by clearly identifying ineligible individuals early in the process.

Changes to the Adult Concurrent form will mimic the form for Initial Authorizations, except where questions are relevant only to the Initial form. Additional changes to the Adult Concurrent form will be forthcoming.

The current changes to the forms are detailed below:

#### Update 1: Eligibility Exception Criteria

- If the participant does not have Medicaid, Specified Low-income Medicare Beneficiary (SLMB) or Qualified Medicare Beneficiary (QMB) eligibility, they must meet one of the four exception criteria, as shown below, to be eligible for state funded services.
- If the participant does not meet one of these criteria, the provider will not be able to proceed.

**Service Request Information**

Person completing this request:\*  Contact Phone #:\*  Ext:  Contact E-Mail:\*  Is this a telephonic request? (INTERNAL OPTUM USE ONLY)\*\*  
 Yes  No

Rehabilitation Specialist:\*  Rehabilitation Specialist Phone #:\*  Rehabilitation Specialist Ext:  Rehabilitation Specialist E-mail:\*

Requested Services:\*\*  
 On-Site  Off-Site  Blended

Does the participant have Medicaid (including SLMB or QMB)?\*\*  
 Yes  No

Does the participant meet one of the four criteria below?\*

On conditional release from state hospital  Discharged from inpatient Psych within last 6 months  Released from jail within the last six months  Discharged from a RRP within the last six months  None

You cannot proceed as this individual is NOT eligible for services.  
 Click on "Cancel" at the bottom of the form to exit.

*If participant does not have Medicaid, they must meet at least one of the above criteria to be eligible for PRP, otherwise the service cannot be authorized.*

Preferred Contact

Person completing form  Rehabilitation Specialist  Preferred method of contact\*\*  
 Phone  Email

## Update 2: Diagnosis

- If the participant does not have a category A diagnosis or a category B diagnosis, the provider must enter the diagnosis into the "Diagnosis" text field, as shown below.

**Diagnostic Information**

Please select the participant's primary diagnosis provided in the referral document from Category A or Category B below:

Category A Diagnosis Code:\*  Category B Diagnosis Code:\*  Diagnosis\*

*(Note: Category B Diagnosis drop down will only appear if participant does not have a Category A diagnosis selected/criteria waived.)*

- In addition, if neither Category A nor Category B diagnosis is chosen, the provider must document that the additional exception criteria is met.
- If that is not met, the provider will not be able to proceed.

## Referrals to PRPs

Referrals to PRPs may come from either Inpatient, Residential Crisis, Mental Health Residential Treatment Center, incarceration, or from an outpatient provider. If a referral does not come from one of these sources, the provider will not be able to continue as shown below.

**Clinical Information**

1. Individuals referred for PRP must be referred from inpatient, residential crisis, mobile treatment/assertive community treatment, mental health RTC programs, or from their treating outpatient mental health provider. Is this participant being referred from:\*\*  
 IP / Crisis Res / Mobile / ACT / RTC  Outpatient  Neither

You cannot proceed as this individual is NOT eligible for services.  
 Click on "Cancel" at the bottom of the form to exit.

### Update 3: Outpatient provider referral requirements:

To make a referral for PRP:

- The treating provider must be a licensed mental health provider who, over a minimum of 4 visits, has assessed the individual as requiring the PRP level of care.
- The individual must be in active treatment with that provider for the two months prior to the referral date and must remain in treatment while in PRP.
- The provider must be enrolled in Medicaid, either as an individual or through a licensed program which participates in Medicaid.
- The PRP must include the dates the patient was seen by the referring provider as part of the request to provide services.

m. Has the participant been seen at least 4 times in the two months prior to or on the referral date, by the person making the referral to PRP?\*

Yes  No

You cannot proceed as this individual is NOT eligible for services.\*

Click on "Cancel" at the bottom of the form to exit.

m. Has the participant been seen at least 4 times in the two months prior to or on the referral date, by the person making the referral to PRP?\*

Yes  No

Date of Service - 1\*    Date of Service - 2\*    Date of Service - 3\*    Date of Service - 4\*

### Update 4: Functional Criteria

In order to meet medical necessity for PRP a participant must;

- Experience functional impairments for at least 2 years prior to the service request date, or
- Have a new onset Category A diagnosis
- If the participant does not meet this criterion, then the provider will not be able to proceed, as shown below.

#### Functional Criteria

1. Has participant demonstrated marked functional impairments for at least 2 years?\*

Yes  No

1a. Does participant have a new onset (within past six months) Category A diagnosis?\*

Yes  No

You cannot proceed as this individual is NOT eligible for services.\*

Click on "Cancel" at the bottom of the form to exit.

- For each of the functional impairments chosen, the provider will need to provide detailed information in each box.
- The example below shows the questions asked and a generalized example of a response is provided is shown:

**Functional Criteria**

1. Has participant demonstrated marked functional impairments for at least 2 years? \*\*  
 Yes  No

2. Does the participant have impairments related to the Priority Population diagnosis in three or more of the functional areas listed below? \*\*  
 Yes  No

To understand what is being requested for each of the functional impairments below, a generalized example of a response is provided here:

1. Symptom of Priority Population diagnosis: Paranoia  
 2. Impairment impacting Functioning: Paranoia results in being suspicious of others.  
 3. Example of impaired function: Last week he would not get on the bus because he thought the driver was out to get him. He started yelling at the bus driver.

A. Does the participant have marked inability to establish or maintain competitive employment? \*\*  
 Yes  No

A-1) Describe the symptoms of this Priority Population diagnosis that affect the participant's functioning\*

A-2) Describe how, specifically, these symptoms impair the participant's functioning.\*

A-3) Provide specific concrete examples of THIS participant's impaired function.\*

### Update 5: Medications

- Using the information given by the referral source, the provider will need to document any medications the participant is prescribed and answer the question, *“Are any of these medications used to treat the participant’s Priority Population diagnosis?”*
- If the participant is not taking medications, an explanation as to why no medications are indicated is required in the text box, as shown below.

2. Is the individual on medication? \*\*  
 Yes  No

What medication?\*      Dosage\*      Frequency\*      Would you like to add another medication? \*\*  
                   Yes  No

2. Is the participant on medication? \*\*  
 Yes  No

Please explain why the participant is not on medication? \*

- Providers must explore less intensive services before the higher intensity service of PRP is appropriate. If these other services have not been attempted, this may result in an admin denial.

Thank you in advance for providing this valuable clinical information.

If you have questions about the information in this alert, please contact customer service at 1-800-888-1965.

Thank you,

Optum Maryland Team