



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Brian M. Hepburn, M.D., Executive Director

To: PRP Providers, ValueOptions, CSA Directors

From: Daryl Plevy,  Deputy Director, Mental Hygiene Administration

Date: April 25, 2012

Re: PRP Referrals

The Mental Hygiene Administration (MHA) requires ValueOptions® Maryland to assure that PRP is both medically necessary and is part of a coordinated treatment approach that is directed by a treating, licensed, mental health professional. Coordination of care requirements are found in the State of Maryland Public Mental Health System's Medical Necessity Criteria and in COMAR:

For Adults

- The Public Mental Health System (PMHS) Medical Necessity Criteria (MNC) can be found at http://maryland.valueoptions.com/provider/handbook/PRP_Adult.pdf. Under "II. Admission Criteria, D.", the MNC reads, "The Individual must be concurrently engaged in outpatient mental health treatment".

For Children and Adolescents

- COMAR 10.21.29.05 (Eligibility, Screening, and Initiation of Service) A. (1) (a) – states "A minor is eligible for PRP services if... the minor has been referred for PRP services by a licensed mental health professional who is providing inpatient, residential treatment center, or outpatient mental health services to the minor (who) is currently in, and remains in active mental health treatment."

Initial Reviews:

Starting on July 1, 2012, a signed and dated referral (or ITP) must be attached to all initial requests for PRP authorization in ProviderConnect. Initial requests for PRP services that do not include the signed, dated, and attached referrals may be administratively denied for not meeting this requirement. A copy of the signed/dated referral should be kept with the rehabilitation record to demonstrate for an audit that compliance with this requirement has been met.

Concurrent Reviews:

ValueOptions® Maryland is required to assure that documentation is present, in every request for authorization, that there has been at least one coordination/collaboration activity with the licensed, treating, and referring mental health provider since the last review (in the last 6 months). Therefore, all subsequent requests for authorization from ValueOptions® Maryland will need to demonstrate compliance with this expectation. Providers can demonstrate this compliance in one of two different ways:

- 1) Present a signed referral (or an ITP that includes PRP); dated since the last review. The provider can submit this document as an attachment in ProviderConnect.
- 2) Document in ProviderConnect that coordination/collaboration last occurred on (date). The provider can document this in the narrative section of ProviderConnect or they can attach a document that notes the date(s) of this activity.

Concurrent reviews that do not include documentation of the last coordination of care discussions may be administratively denied for not meeting this requirement.

Documentation in the Consumer's Rehabilitation Record:

Collaboration and coordination of care must be substantive in nature and constitute more than mere incidental contact. Notes in the medical record will need to show evidence of the exchange of relevant clinical and rehabilitation-related information that is focused on the consumer's progress toward independent functioning. Coordination/collaboration encounters must be in the form of one contact note per encounter. Each encounter should clearly delineate the nature and extent of the contact to include the date of the encounter, mode of contact (face-to-face, telephone, e-mail), the identity of the individual(s) being contacted (with relevant titles and credentials), and should reflect the content of the exchange as it relates to the Individual Rehabilitation Plan (IRP).

ValueOptions® Maryland sent a provider alert to **all** providers, reminding them that it is their **responsibility** to provide PRP programs with signed referrals before the PRP services can be authorized (<http://maryland.valueoptions.com/provider/alerts/2011/092911-PRP%20Referral.pdf>).

PRP Providers are encouraged to work with their local CSAs when they are having difficulty securing signed/dated referrals from providers or in coordinating care. PRP providers should feel supported in asking the referring providers to simply submit their ITPs; if those ITPs are signed and dated by a licensed clinician and if they include PRP as part of the overall recommendations for the individual in question.

As of July 1, 2012, all **new and existing** consumers in PRP will need referrals signed and dated by licensed and currently treating mental health professionals. The signed/dated referrals (which can include Individual Treatment Plans [ITPs] with PRP as part of the plan) will need to be attached to the requests for PRP authorization to be considered for authorization at the time of the next review.