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October 21, 2020

Aliya Jones, MD, MBA
Deputy Secretary of Behavioral Health
Behavioral Health Administration
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201

Re: Implementation of PRP Medical Necessity Criteria

Dear Dr. Jones:

This letter seeks the Behavioral Health Administration's assistance in clarifying the Department's intended PRP medical necessity criteria and ensuring that the intended policies for PRP medical necessity are correctly implemented by the ASO vendor.

Of CBH's 70 direct-service members in FY2021, 49 offer PRP services (70%). Collectively, these providers hold 217 licenses for PRP programs in every jurisdiction across Maryland, representing about one quarter of licensed PRP programs.

CBH is aware of the Department's concern with growth in PRP utilization and new providers. CBH has advocated that the Department take targeted approaches to address its concerns, as analysis as demonstrated that the growth is occurring in subsets rather than across-the-board.¹ We have been pleased that the Department has been responsive to addressing our concerns with proposed medical necessity criteria (MNC) for PRP, and has adopted the targeted approach that CBH has advocated.

We write to bring two concerns to your attention with how the ASO has drafted and applied MNC exclusionary criteria for PRP because we do not believe that the implementation correctly reflects BHA's intent.

1. Adult Exclusionary Criteria Needs Clinical Override

CBH recommended that the Department set a higher bar on clinical justification for PRP services where "red flags" may exist. One such area is when a PRP consumer is enrolled in another high-intensity service.

Optum's new MNC for adult PRP defines eight services as "exclusions" that cannot be delivered in conjunction with PRP. We are concerned that the list is overbroad as an exclusionary bar. There may be consumers clinically in need

¹ See Department of Legislative Services, "[Behavioral Health Administration FY2021 Operating Budget Analysis](#)," p. 22 (March 2, 2020).

of both PRP and some mental health IOP or time-limited TCM, for example. Rather than have a full exclusion of simultaneous services, we encourage the state to ensure that Optum adopt a policy that allows for a clinical override, where the provider has offered adequate clinical justification for dual services.

We request that BHA modify adult PRP medical necessity criteria to specify that the exclusionary criteria for concurrent behavioral health treatment may be overridden in limited circumstances where a higher bar of sufficient clinical justification has been established. Additionally, we request that BHA ensure that Optum describes and implements a clear and effective implementation process for providers to use when appealing for a clinical override.

2. Child Exclusionary Criteria

The MNC for child PRP does not describe exclusionary criteria for enrollment in concurrent behavioral health services, yet appears to reference certain exclusions described in the adult PRP MNC. Our members report receiving denials for TCM and PRP-M combinations and remain uncertain whether these denials are intended by BHA. If certain service combination exclusions are intended for child PRP, we request that they be explicitly stated in the child PRP MNC so providers have clear guidelines with which to discern intended BHA policy from erroneous application by Optum. As with adult PRP, we request that any exclusionary criteria for concurrent behavioral health treatment have a detailed clinical override policy and process.

We offer the above recommendations to support MDH's efforts to strengthen all PRP oversight. Clear guidelines based on clinical criteria, enforced consistently, can ensure that both providers and the ASO vendor understand and apply PRP parameters correctly. We appreciate your assistance in addressing the concerns we have raised.

Thank you for consideration of our request. If you need any additional information, please do not hesitate to contact CBH's Assistant Director, Lauren Grimes, at lauren@mdcbh.org.

Sincerely,



Shannon Hall
Executive Director

cc:

Spencer Gear, BHA ASO Contract Monitor

Stephanie Slowly, BHA, Chief of Staff

Maria Rodowski-Stanco, BHA, Director of Child, Adolescent and Young Adult Services

Joana Joasil, BHA, Deputy Director of Child, Adolescent and Young Adult Services

Shannon Hall, CBH, Executive Director

Implementation of PRP Medical Necessity Criteria

October 21, 2020

Page 3

