

**Participant's Name:**

**Service Request ID:**

## Administrative Denial Checklist

**This case was administratively denied for the following reasons:**

1. Participant does not have an eligible diagnosis for admission
- a. There is no Category A or Category B priority population diagnosis (adults), and the diagnostic waiver criteria are not met (not competent to stand trial, in psych facility for longer than 3 months who requires PRP on discharge) (adult)
  - b. There is no Public Behavioral Health System diagnosis (child/adolescent/TAY)
2. Category A diagnosis and indication of SSI/SSDI, but no acceptable documentation of SSI/SSDI eligibility attached to service request (**First concurrent only**). Acceptable documentation of SSI/SSDI eligibility is detailed in [Q.11 of the PRP FAQ](#).
3. Participant does not have Federal Medicaid and does not meet additional funding criteria (i.e., none of the following met)
- Stepped down from a state hospital and are on conditional release
  - Discharged from an acute psychiatric hospitalization within the last six months
  - Released from jail within the last six months
  - Discharged from a RRP within the last six months
4. Referral and/or collaboration of care document was incomplete for the following reason:
- a. Referral/Collaboration of Care was not attached to service request
  - b. Referral was not signed (original or electronic) by MH professional making the referral
  - c. Referral/Collaboration of Care not dated within 60 days prior to or on requested start date
  - d. The referral date was after the requested start date of the authorization
  - e. Inadequate documentation of clinical collaboration (concurrent) ([See alert dated 8/4/21](#))
  - f. A LM/LG referred without a supervisor's name and credentials provided in the Incedo form
  - g. The referral source is not enrolled in Medicaid or is not working at Medicaid enrolled licensed mental health program
5. The request does not include information about the following less intensive services having been tried (**initial**) (adults not being discharged from IP, crisis res or mobile/ACT):
- a. participant has not been seen at least 4 times in the 2 months prior to referral, by the person making the referral to PRP
  - b. group therapy, if applicable
  - c. pharmacotherapy (medication trial information and outcome not provided)
  - d. supported employment, if applicable (adult only)
  - e. targeted case management, if applicable
  - f. peer and natural support
6. The participant is not in active outpatient treatment with a MH provider and has not just been released from IP MH, crisis residential treatment, or mobile/ACT treatment.

7. The individualized rehabilitation plan (IRP) was incomplete for the following reasons (**concurrent**):
- a. It was not attached to service request.
  - b. All goals are inactive/closed and/or the individualized rehabilitation plan will be expired prior to requested start date
  - c. There is no signature (original or electronic) 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 agreed with the plan
  - e. The IRP does not detail the services and interventions to be provided.
8. 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 prior to the **requested start date or on requested start date**.
9. 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.
10. Remuneration is being received in the form of: \_\_\_\_\_
11. Functional Impairment section must be complete:
- At least 3 functional impairment sections must be completed showing specific evidence of functional impairment. This has not occurred (**Adult**).
  - At least 1 functional impairment section must be completed showing specific evidence of functional impairment. This has not occurred (**Child**).
12. Though at least 3 functional impairments have been checked off, the description of functional impairments is incomplete as follows (**Adult**):
- Functional impairment description does not include symptoms of the priority population diagnosis
  - Functional impairment is not consistent with the priority population diagnosis
  - Functional impairment description does not include objective examples of impairment caused by the symptoms of the priority population diagnosis
- Though at least 1 functional impairment has been checked off, the description of functional impairment is incomplete as follows (**Child**):
- Functional impairment description does not include symptoms of the PBHS Specialty Mental Health Diagnosis
  - Functional impairment is not consistent with the PBHS Specialty Mental Health Diagnosis
  - Functional impairment description does not include objective examples of impairment caused by the symptoms of the PBHS Specialty Mental Health Diagnosis