



October 28, 2024

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RE: Correction of Compliance Reminder to Current Standards

Dear Ryan and Alyssa:

I am writing to seek correction of Optum’s [Provider Alert, “Compliance Reminder #3,”](#) dated October 10, 2024. We ask that any corrections be communicated through publication of a revised alert, not an unannounced edit to the already-published alert.

We believe that two corrections are necessary to ensure that the alert correctly reflects current documentation standards. If the Department seeks to use the alert to communicate new standards, we ask that it clearly identify new policies, with an effective future date, so that providers have time to bring their practice into compliance with the state’s expectations.

The compliance reminder alert indicates that licensed mental health professionals working under supervision (LMSWs and LGPCs) must list their *clinical* supervisor on the request. The documentation standard described in the compliance reminder alert is:

- Not addressed in Optum’s audit guidance for PRP referrals, which does not indicate that *any* supervisor must sign the referral;¹
- Not mentioned in Optum’s “required documentation” standards in its PRP training materials;² and
- Directly at odds with Optum’s guidance in a preceding Provider Alert, which states, “The supervisor does *not* need to sign the referral.”³

¹ See Optum, “[Program Quality Self-Assessment Tool: Behavioral Health Program,](#)” at p. 1 (2024-2025) (“For PRP-A/M: The record contains a referral for PRP services by a licensed mental health professional (who provides inpatient, residential, or outpatient services to the participant prior to referral and while enrolled in PRP services), that includes a diagnosis and date of diagnosis.”). See also Optum, “[Program Quality Self-Assessment Tool: Behavioral Health Program,](#)” at p. 2 (2023-2022) (“For PRP-A/M: The record contains a referral for PRP services by a licensed mental health professional (who provides inpatient, residential, or outpatient services to the participant prior to referral and while enrolled in PRP services), that includes a diagnosis and date of diagnosis.”).

² Optum, “[Psychiatric Rehabilitation Program – Adult: Provider Training and Education,](#)” at Slide 11 (July 2023).

³ Optum [Provider Alert](#), “Updated Guidance for PRP/RRP Referrals or Documentation of Clinical Collaboration,” August 4, 2021).

October 18, 2024



For these reasons, we ask the Department to have Optum correct the compliance reminder to correctly reflect current documentation standards expected for PRP referrals. If the Department wishes to require supervisors to be identified in future documentation standards, CBH urges the Department to include only the licensed mental health professional's line supervisor, *not the clinical supervisor*.

The compliance reminder alert goes on to state, "COMAR 10.63.03.09 and COMAR 10.63.03.10 requires ... the Rehabilitation Specialist to be onsite during hours of operation at a minimum of 50% of their required working hours per the regulations." The regulations do not require the rehabilitation specialist to be onsite for half of their working hours,⁴ nor have we been able to identify any subregulatory policy guidance to this effect that has been communicated to the provider community. We would appreciate your assistance identifying such guidance. In the absence of any previous guidance on this topic, we would appreciate your direction to Optum to correct this aspect of the compliance alert.

We appreciate your prompt attention to these requests. Please do not hesitate to contact me at shannon@mdcbh.org if you have any questions or need additional information. Thank you for your time and consideration.

Sincerely,

Shannon Hall
Executive Director

⁴ See, e.g., COMAR 10.63.03.09:

.09 Psychiatric Rehabilitation Program for Adults (PRP-A).

In order to be licensed under this subtitle, a psychiatric rehabilitation program for adults (PRP-A) shall:

A. Provide community-based comprehensive rehabilitation and recovery services and supports, including, but not limited to:

- (1) Community living skills;
- (2) Activities of daily living; and
- (3) Family and peer support;

B. Promote successful community integration and use of community resources;

C. Be under the direction of a rehabilitation specialist who is:

- (1) A licensed mental health professional;
- (2) Certified by the Commission on Rehabilitation Counselor Certification; or
- (3) Certified by the Psychiatric Rehabilitation Association; and

D. Employ the rehabilitation specialist in §C of this regulation:

- (1) At least 20 hours per week when the program serves less than 30 individuals; or
- (2) 40 hours per week when the program serves 30 individuals or more.