

Psychosocial Rehabilitation Services for Children, Adolescents and Adults

Plan: AmeriHealth Caritas Louisiana

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Recent review date: **2/2023**

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Policy contains: **Psychosocial rehabilitation services.**

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Psychosocial rehabilitation services, as defined by the Louisiana Department of Health, are clinically proven and, therefore, medically necessary for members with behavioral health needs, when ALL of the following criteria are met:

- **Recommended services promote maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level; and**
- **Member presents with mental health symptoms consistent with a diagnosable mental disorder (adults with a diagnosis of a substance use disorder or intellectual/developmental disability without an additional co-occurring qualifying mental health diagnosis do not meet criteria for adult mental health rehabilitation services); and**
- **Services are therapeutically appropriate and most beneficial to the member; and**
- **Services are intended to assist the member with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness; and**
- **Services are intended to assist the member with skill-building, restoration, and rehabilitation; and**
- **Member's mental disorder must substantially interfere with, or limit, one or more major life activities, such as:**

- o Basic daily living (for example, eating or dressing);
- o Instrumental living (for example, taking prescribed medications or getting around the community);
- o Participating in a family, school, or workplace.

Adult members only:

Member meets the Substance Abuse and Mental Health Services Administration definition of serious mental illness as evidenced by a rating of three or greater on the functional status domain on the Level of Care Utilization System rating; and

An adult with longstanding deficits who does not experience any acute changes in their status and has previously met the criteria stated above regarding Level of Care Utilization System rating scores, but who now meets a level of care of two or lower on the rating system and needs subsequent medically necessary services for stabilization and maintenance at a lower intensity, may continue to receive Psychosocial Rehabilitation if deemed medically necessary.

Child/Adolescent only:

Services must include communication and coordination with the family and/or legal guardian, including any agency legally responsible for the care or custody of the (child) member.

Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.

Documentation Requirements:

ALL initial and subsequent prior authorization requests for Psychosocial Rehabilitation shall be accompanied by ALL the following documents:

- Documentation of:
 - Recommended Psychosocial Rehabilitation services to promote maximum reduction of symptoms and/or restoration of the member to his/her best age-appropriate functional level; and
 - A diagnosable mental disorder or symptoms that are consistent with a diagnosable mental disorder; and
 - Member's mental disorder substantially interfering with, or limiting, one or more major life activities, such as:
 - Basic daily living (for example, eating or dressing);
 - Instrumental living (for example, taking prescribed medications or getting around the community); and
 - Participating in a family, school, or workplace.
 - Communication and coordination with the family and/or legal guardian, including any agency legally responsible for the care or custody of the (child) member; and
 - Coordination with other child-serving systems, as needed, to achieve the treatment goals.

- **Assessment**
 - **Adults (19 years and older): Level of Care Utilization System score at least a level of care of three (3) and a rating of three (3) or greater on the functional status domain on the Level of Care Utilization System (LOCUS) rating, and performed within the last 365 days**
 - **Child/Adolescent (6 to 18 years): Child Adolescent Level of Care Utilization System score performed within the last 180 days**
- **Individualized Treatment Plan, developed by licensed medical health professional or physician, including activities/services that are:**
 - **Intended to achieve the identified goals or objectives in the individualized treatment plan; and**
 - **Intended to assist the member with skill-building, restoration, and rehabilitation**
 - **Most beneficial to the member; and**
 - **Provided as face-to-face interventions with the member present**

Members may only receive Psychosocial Rehabilitation services from one (1) provider at a time with the following exceptions:

- **A member is receiving tenancy support through the Permanent Housing program, and/or**
- **The behavioral health medical director makes the determination that it is medically necessary and clinically appropriate to receive services from more than one Psychosocial Rehabilitation provider. The justification must be supported by the member's assessment and treatment plan. This decision must be reviewed at each reauthorization. If a member is receiving services from more than one Psychosocial Rehabilitation provider, the providers must have documented coordination of care.**
- **All members must complete and sign a Member Choice Form prior to the start of Psychosocial Rehabilitation services and when transferring from one Psychosocial Rehabilitation provider to another. The Member Choice Form must be fully completed, signed by all parties, and received prior to the start of services. If a member is receiving services from a Psychosocial Rehabilitation provider and a request is received for a new Psychosocial Rehabilitation provider with a member choice form, the currently authorized provider will be notified and their authorization will be given an end date; a minimal amount of service overlap between the two providers may be allowed to prevent a gap in services. If the currently authorized provider states that the member is still receiving services from them, they also have the option to submit a Member Choice Form. At that point the member will be contacted and will have to choose one (1) provider with which to continue. The other provider will be notified, and their authorization will be given an end date; a minimal amount of service overlap between the two providers may be allowed to prevent a gap in services.**

Providers requesting prior authorization for psychosocial rehabilitation services must submit for each targeted symptom or behavior a specific and named skill building protocol or workbook or program with an estimated duration for completion. All skill building programs, protocols or workbooks must be evidence based or evidence informed. Authorization requests for continued psychosocial services must indicate the progress made in each skill building activity during the previous authorization and must provide an estimate of the time needed for completion of the skill building activity. All newly

identified symptoms or behaviors must have a specific and named evidence informed/evidence based skill building, workbook, or protocol with an estimated time of completion.

Limitations

No limitations were identified during the writing of this policy.

Alternative covered services

Standard behavioral health treatments for adults.

Note: This policy includes services for the following services, listed in HCPCS:

Psychosocial rehabilitation services, per 15 minutes

Psychosocial Rehabilitation coverage in 12 Medicaid programs as of late 2015 have been adopted as part of Section 1915(i) of State Plan Amendments (Medicaid.gov, 2022), created in the Deficit Reduction Act of 2005, and updated in the Affordable Care Act. The Section allows states to design service packages targeted to people with specific needs, including special services for those who have developmental disabilities, physical disabilities, mental illness or substance use disorders (Medicaid and CHIP Payment and Access Commission, 2022; U.S. Government Accounting Office, 2012).

Psychosocial rehabilitation services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. Psychosocial rehabilitation is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. Most contacts occur in community locations where the person lives, works, attends school and/or socializes.

In Louisiana, psychosocial rehabilitation is one of three types of mental health rehabilitation for child, adolescent, and adult Medicaid beneficiaries with behavioral health problems (the others are Community Psychiatric Support and Treatment, and Crisis Intervention). The service is reimbursed for a maximum of 12 hours per day (Louisiana Department of Health, 2022). About 55,000 Louisiana Medicaid beneficiaries are enrolled (U.S. Government Accounting Office, 2012).

Systematic reviews and meta-analyses of cognitive remediation for schizophrenia determined that outcomes are improved when psychsocial rehabilitation is included (Kharawala, 2021; Vita, 2021; Wykes, 2011). A meta-analysis found that computerized cognitive drill and practice training for schizophrenia had no significant impact on functioning if psychosocial rehabilitation was not included (Prikkén, 2019).

A systematic review of 11 studies of children with severe psychiatric disorders found that early psychosocial rehabilitation in residential care improved patient conditions by 44% to 63% after six months (Hiro, 2021).

The Clubhouse model of psychosocial rehabilitation, which are non-clinical, integrated therapeutic working communities composed of persons diagnosed with severe mental illness, has existed for 65 years. A systematic review of 52 studies, some randomized, document the model promotes employment, reduces hospitalizations, and improves quality of life (Bouvet, 2015; McKay, 2018).

References

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Policy updates

Initial review date: 3/1/2021

8/2022: Policy references added.

04/2023: Additional language added to Policy Statement section.

Appendix 1 – Louisiana Medicaid Program Criteria for Psychosocial Rehabilitation (Louisiana Department of Health, 2022).

Psychosocial Rehabilitation

Psychosocial rehabilitation (PSR) services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of PSR is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. Most contacts occur in community locations where the person lives, works, attends school and/or socializes.

Components

1. Restoration, rehabilitation and support to develop social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school;

2. Restoration, rehabilitation and support to develop daily living skills to improve selfmanagement of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the individual with development and implementation of daily living skills and daily routines necessary to remain in home, school, work and community; and

NOTE: PSR services are psycho-educational services associated with assisting individuals with skill-building, restoration and rehabilitation, and should not be confused with counseling, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.

3. Implementing learned skills so the member can remain in a natural community location and achieve developmentally appropriate functioning, and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairment.

PSR Provider Qualifications

Agency

To provide psychosocial rehabilitation services, agencies must meet the following requirements:

1. Be licensed pursuant to La. R.S. 40:2151, et seq.;
2. Be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Providers must report any denial, loss of, or any negative change in accreditation status, e.g. suspension, reduction in accreditation status, etc. in writing within twenty-four (24) hours of receipt of notification of such denial, loss of, or any negative change in accreditation status to the managed care entities with which the agency contracts or is being reimbursed;
 - a) Prior to January 1, 2019, agencies were required to apply for accreditation and pay accreditation fees prior to being contracted with or reimbursed by a Medicaid managed care entity. Agencies were also required to maintain proof of accreditation application and fee payment. Additionally, agencies were required to attain full accreditation within eighteen (18) months of the initial accreditation application date; and
 - b) Effective January 1, 2019, all provider agencies regardless of when they were contracted with a Medicaid managed care entity must be fully accredited or obtain a preliminary accreditation prior to contracting with a Medicaid managed care entity or rendering PSR services. Agencies must provide proof of full accreditation or preliminary accreditation to each managed care entity with which it is contracted. Agencies must maintain proof of continuous, uninterrupted full accreditation or preliminary accreditation at all times. Agencies providing PSR services must obtain a full accreditation status within eighteen (18) months of the agency's initial accreditation application date and shall provide proof of full accreditation once obtained to each managed care entity with which it is contracted.

NOTE: Preliminary accreditation is defined as an accreditation status granted by an accrediting body to an unaccredited organization meeting certain organizational, administrative and service delivery standards prior to the organization attaining full accreditation status. Note that each national accrediting organization calls the initial, temporary accreditation by a different name, i.e. CARF (preliminary), COA (provisional), TJC (early survey).

3. Prior to May 31, 2018, services were required to be provided under the supervision of a licensed mental health professional (LMHP) or physician who was acting within the scope of his/her professional license and applicable state law. Effective on or after May 31, 2018, agencies providing PSR services must employ at least one full-time physician or full-time LMHP to specifically serve as a full-time mental health supervisor to assist in the design and evaluation of treatment plans for PSR services. LMHPs serving in the role of mental health supervisor for PSR services are restricted to medical psychologist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed Advanced Practice Registered Nurse (APRN) with a psychiatric specialization. The term "full-time" means employment by the provider agency for at least (thirty-five) 35 hours per week;

NOTE: The term "supervision" refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with professional board required clinical supervision of individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

4. Arranges for and maintains documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:

a) The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any non-licensed direct care staff;

b) La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;

c) La. R.S. 15:587, as applicable; and

d) Any other applicable state or federal law.

5. Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over ninety (90) days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;

6. The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

NOTE: Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>.

7. Establishes and maintains written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D);

8. Maintains documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within ninety (90) days of hire, which shall be renewed within a time period recommended by the AHA. (See Appendix D);

9. Maintains documentation of verification of completion of required trainings for all staff;

10. Ensures and maintains documentation that all non-licensed persons employed by the organization complete training in a recognized crisis intervention curriculum prior to handling or managing crisis calls, which shall be updated annually;

11. Effective January 1, 2019, has a National Provider Identification (NPI) number, and must include the agency NPI number and the NPI number of the individual rendering PSR services on its behalf on all claims for Medicaid reimbursement for dates of service on or after January 1, 2019; and

12. Effective May 31, 2018, must be credentialed and participating (contracted) in the provider network of the Medicaid managed care entity to be eligible to receive Medicaid reimbursement unless the provider agency is licensed and accredited, and has an executed single case agreement with the Medicaid managed care entity.

Providers that meet the provisions of La. R.S. 40:2154.1

Providers that meet the provisions of La. R.S. 40:2154.1 shall have submitted a completed license application by December 1, 2017, and shall have become licensed by LDH Health Standards as a BHSP by April 1, 2018. Providers that submit a completed license application to LDH Health Standards by December 1, 2017, may continue to operate/provide services and may continue to participate in the Louisiana Medicaid Program during the pendency of the license application process (assuming that all other Medicaid requirements are met); however, such providers must receive a BHSP license issued by LDH Health Standards by April 1, 2018 in order to continue operation and in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments.

Providers that meet one of the applicability exemptions of La. R.S. 40:2154

Providers who meet one of applicability exemptions of the BHSP licensing statute, La. R.S. 40:2154, are required to obtain a BHSP license or other agency license issued by LDH Health Standards by April 1, 2018, in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments. Such provider may continue to be reimbursed by Medicaid until April 1, 2018, provided that the provider complies with all other Medicaid requirements. Beginning April 1, 2018, if such provider does not have a BHSP license or other agency license issued by LDH Health Standards, the provider may no longer participate in the Louisiana Medicaid Program or receive Medicaid payments.

Notwithstanding the above paragraph:

1. A licensed Home and Community-Based Service provider may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards; and
2. A school based health clinic/center or community mental health center may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards.

Federally Qualified Health Centers

A federally qualified health center (FQHC) that provides psychosocial rehabilitation services under an agreement with a federal department/agency pursuant to federal law and regulation and pursuant to the provider's approved scope of work for ambulatory services, is NOT required to obtain a BHSP license issued by LDH Health Standards; however, in this situation, the FQHC shall only utilize practitioners approved via the Medicaid FQHC Provider Manual, i.e. psychiatrists, licensed clinical psychologists, and licensed clinical social workers, and shall bill under its all-inclusive Prospective Payment System (PPS) rate and FQHC Medicaid provider number in accordance with the FQHC Medicaid Rules, policies, and manuals.

An FQHC that provides psychosocial rehabilitation services separate from an agreement with a federal department/agency pursuant to federal law and regulation and separate from its approved scope of work for ambulatory services, is required to obtain a BHSP license issued by LDH Health Standards. In this situation, the entity shall enroll as an appropriate SBHS provider type with a unique National Provider Identifier (NPI), shall have active BHSP licensure issued by LDH Health Standards, and shall

bill under its unique BHSP NPI in accordance with the Behavioral Health Medicaid Rules, Policies, and Manuals.

Staff

Staff shall operate under an agency license issued by LDH Health Standards. PSR services may not be performed by an individual who is not under the authority of an agency license.

To provide psychosocial rehabilitation services, staff must meet the following requirements:

1. Effective on or after January 1, 2022, any individual rendering PSR services for a licensed and accredited provider agency must meet the following qualifications:

a) Have a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, sociology, rehabilitation services, special education, early childhood education, secondary education, family and consumer sciences, or human growth and development; or

b) Have a bachelor's degree from an accredited university or college with a minor in counseling, social work, sociology, or psychology; or

c) Be twenty-one (21) years of age or older as of January 1, 2022, have a high school diploma or equivalency, and have been continuously employed by a licensed and accredited agency providing PSR services since prior to January 1, 2019.

2. Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (LAC 48:I.Chapter 56), La. R.S. 40:1203.1 et seq., La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;

3. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

4. Direct care staff must not have a finding on the Louisiana State Adverse Action List;

5. Pass a motor vehicle screen;

6. Pass drug screening tests as required by agency's policies and procedures;

7. Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D);

8. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by the Office of Behavioral Health (OBH) prior to providing the service. (See Appendix D);

9. Staff providing direct services to adult members must complete an approved PSR training, according to a curriculum approved by OBH prior to providing the service. (See Appendix D);

10. Staff providing direct services to youth must have documented training related to the psychosocial rehabilitation model(s) utilized in the program;

11. Effective for dates of service rendered on or after January 1, 2019, individuals rendering PSR services for the licensed and accredited provider agency must have an NPI number and that NPI number must be included on any claim submitted by that provider agency for reimbursement; and

12. Effective on or after May 31, 2018, non-licensed individuals rendering PSR services are required to receive at least one hour per calendar month of personal supervision and training by the provider agency's mental health supervisor.

PSR Allowed Provider Types and Specialties

- **PT 77 Mental Health Rehab PS 78 MHR;**
- **PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health;**
- **PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health.**

PSR Allowed Mode(s) of Delivery

- **Individual;**
- **Group;**
- **On-site; and**
- **Off-site.**

PSR Staff Ratio(s)

The maximum group sizes are as follows:

- 1. One Full Time Employee (FTE) to fifteen (15) consumers is maximum group size for adults; and**
- 2. One FTE to eight (8) consumers is maximum group size for youth.**