

Psychosocial Rehabilitation							
HIPAA Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Psychosocial Rehabilitation	Practitioner Level 4, In-Clinic	H2017	U4	U6			\$4.43
	Practitioner Level 5, In-Clinic	H2017	U5	U6			\$3.30
	Practitioner Level 4, Out-of-Clinic	H2017	U4	U7			\$5.41
	Practitioner Level 5, Out-of-Clinic	H2017	U5	U7			\$4.03

Definition of Service: A therapeutic, rehabilitative, skill building and recovery promoting service for individuals to gain the skills necessary to allow them to remain in or return to naturally occurring community settings and activities. Services include, but are not limited to:

- 1) Individual or group skill building activities that focus on the development of skills to be used by individuals in their living, learning, social and working environments,
- 2) Social, problem solving and coping skill development;
- 3) Illness and medication self-management;
- 4) Prevocational skills (for example: preparing for the workday; appropriate work attire and personal presentation including hygiene and use of personal effects such as makeup, jewelry, perfume/cologne etc as appropriate to the work environment; time management; prioritizing tasks; taking direction from supervisors; appropriate use of break times and sick/personal leave; importance of learning and following the policies/rules and procedures of the workplace; workplace safety; problem solving/conflict resolution in the workplace; communication and relationships with coworkers and supervisors; resume and job application development; on-task behavior and task completion skills such as avoiding distraction from work tasks, following a task through to completion, asking for help when needed, making sure deadlines are clarified and adhered to, etc; learning common work tasks or daily living tasks likely to be utilized in the workplace such as telephone skills, food preparation, organizing/filing, scheduling/participating in/leading meetings, computer skills etc) and
- 5) Recreational activities/leisure skills that improve self-esteem and recovery.

The programmatic goals of the service must be clearly articulated by the provider, utilizing a best/evidence based model for service delivery and support. These best/evidence based models may include: the Boston University Psychosocial Rehabilitation approach, the Lieberman Model, the International Center for Clubhouse Development approach, or blended models/approaches in accordance with current psychosocial rehabilitation research. Practitioners providing this service are expected to maintain knowledge and skills regarding current research trends in best/evidence based models and practices for psychosocial rehabilitation.

This service is offered in a group setting, though individual activities are allowable within the service when more circumstantially appropriate. Group activities and interventions should be made directly relevant to the needs, desires and IRP goals of the individual participants (i.e. an additional activity/group should be made available as an alternative to a particular group for those individuals who

do not need or wish to be in that group, as clinically appropriate).

This service may be provided as a step-down from intensive day treatment. Services must be provided in a clinic or other facility-based setting and available at least 25 hours per week. This service is offered for a maximum of 5 hours per day.

Target Population	Adults with Serious Mental Illness Adults with a Co-Occurring Serious Mental Illness and Substance Related Disorder Adults with a Co-Occurring Serious Mental Illness and MR/DD
Benefit Information	Available to all Ongoing Core Customers. Requires a MICP New Episode Request or Update Request (to add as a single service to an existing authorization).
Utilization Criteria	<u>Available to those with LOCUS scores:</u> 3: High Intensity Community-Based Services 4: Medically Monitored Non-Residential (transition) 5: Medically Monitored Community Residential (transition)
Ordering Practitioner	Physician, Psychologist, Physician's Assistant, Advanced Practice Registered Nurse (Clinical Nurse Specialist or Nurse Practitioner), LPC, LMFT, LCSW
Unit Value	Unit=1 Hour
Initial Authorization	450 units
Re-Authorization	450 units
Maximum Daily Units	5 units
Authorization Period	180 days
UAS: Budget and Expense Categories	<u>MH Day Services Provider</u> 155 – Adult Mental Health
Admission Criteria	<ol style="list-style-type: none"> 1. Individual must have primary behavioral health issues (including those with a co-occurring substance abuse disorder or MR/DD) and present a low or no risk of danger to themselves or others; and one or more of the following: 2. Individual lacks many functional and essential life skills such as daily living, social skills, vocational/academic skills and/or community/family integration; or 3. Individual needs frequent assistance to obtain and use community resources.
Continuing Stay Criteria	<ol style="list-style-type: none"> 1. Primary behavioral health issues that continue to present a low or no imminent risk of danger to themselves or others (or is at risk of moderate to severe symptoms); and one or more of the following: 2. Individual improvement in skills in some but not all areas; or 3. If services are discontinued there would be an increase in symptoms and decrease in functioning

Discharge Criteria	<ol style="list-style-type: none"> 1. An adequate continuing care plan has been established; and one or more of the following: 2. Individual has acquired a significant number of needed skills; or 3. Individual has sufficient knowledge and use of community supports; or 4. Individual demonstrates ability to act on goals and is self sufficient or able to use peer supports for attainment of self sufficiency; or 5. Consumer/family need a different level of care; or 6. Consumer/family requests discharge.
Service Exclusions	<ol style="list-style-type: none"> 1. Cannot be offered in conjunction with SA Day Services. 2. Service can be offered while enrolled in a Crisis Stabilization Program in a limited manner when documentation supports this combination as a specific need of the individual. Time and intensity of services in PSR must be at appropriate levels when PSR is provided in conjunction with other services. (This will trigger a review by the External Review Organization). This service cannot be offered in conjunction with Medicaid MR Waiver services.
Clinical Exclusions	<ol style="list-style-type: none"> 1. Individuals who require one-to-one supervision for protection of self or others. 2. Individual has primary diagnosis of substance abuse, developmental disability, autism, or organic mental disorder without a co-occurring DSM IV mental disorder diagnosis. 3. Legal status requiring a locked facility.

Additional Service Criteria:

A. Required Components

1. This service must operate at an established site approved to bill Medicaid for services. However, individual or group activities should take place offsite in natural community settings as is appropriate to the participating consumer's Individualized Recovery Plan.
2. This service may operate in the same building as other day-model services; however, there must be a distinct separation between services in staffing, program description, and physical space during the hours the PSR program is in operation except as described above.
3. Adequate space, equipment, furnishings, supplies and other resources must be provided in order to effectively provide services and so that the program environment is clean and in good repair. Space, equipment, furnishings, supplies, transportation, and other resources for consumer use within the PSR program must not be substantially different from that provided for other uses for similar numbers of individuals.
4. A PSR program must be operated for no less than 25 hours a week, typically during day, evening and weekend hours. No more than 5 hours per day may be billed for any one consumer.
5. A PSR program must operate to assist individuals in attaining, maintaining, and utilizing the skills and resources needed to aid in their own rehabilitation and recovery.
6. "Out-of-Clinic" may only be billed when:
 - Travel by the practitioner is to a non-contiguous location; and/or
 - Travel by the practitioner is to a facility not owned, leased, controlled or named as a service site by the agency who is billing the service(excepting visits to Shelter Plus sites); and/or

- Travel is to a facility owned, leased or controlled by the agency billing the service, but no more than 6 individuals are being served in the course of that day by a single practitioner in non-group services; and/or
- Travel is to a facility owned, leased, controlled or named as a service site by the agency, but no more than 24 individuals are being served in groups at that site in the course of a day. If the service does not qualify to be billed as "out of clinic," then the "in-clinic" rate may still be billed.

B. Staffing Requirements

1. The program must be under the direct programmatic supervision of a Certified Psychiatric Rehabilitation Practitioner (CPRP)¹, or staff who can demonstrate activity toward attainment of certification (an individual can be working toward attainment of the certification for up to one year under a non-renewable waiver which will be granted by the DBHDD Regional Coordinator). For purposes of this service "programmatic supervision" consists of the day-to-day oversight of the program as it operates (including elements such as maintaining the required staffing patterns, staff supervision, daily adherence to the program model, etc.)
 2. Additionally, the program must be under the clinical oversight of an independently licensed practitioner (this should include meeting with the programmatic leadership on a regular basis to provide direction and support on whether the individuals in the program are clinically improving, whether the design of the program promotes recovery outcomes, etc.).
 3. The following practitioners can provide psychosocial rehabilitation services:
 - Practitioner Level 1: Physician/Psychiatrist (reimbursed at Level 4 rate)
 - Practitioner Level 2: Psychologist, APRN, PA (reimbursed at Level 4 rate)
 - Practitioner Level 3: LCSW, LPC, LMFT, RN (reimbursed at Level 4 rate)
 - Practitioner Level 4: LMSW; LAPC; LAMFT; Psychologist/LCSW/LPC/LMFT's supervisee/trainee with at least a Bachelor's degree in one of the helping professions such as social work, community counseling, counseling, psychology, or criminology, functioning within the scope of the practice acts of the state; MAC, CAC-II, CADC, CCADC, GCADC (II, III); CPS, PP, CPRP, CAC-I or Addiction Counselor Trainees with at least a Bachelor's degree in one of the helping professions such as social work, community counseling, counseling, psychology, or criminology
 - Practitioner Level 5: CPS, PP, CPRP, CAC-I, RADT (I, II, or III), Addiction Counselor Trainees with high school diploma/equivalent under supervision of one of the licensed/credentialed professionals above
 4. There must be a CPRP with a Bachelor's Degree present at least 80% of all time the service is in operation regardless of the number of consumers participating.
 5. The maximum face-to-face ratio cannot be more than 12 consumers to 1 direct service/program staff (including CPRPS) based on average daily attendance of consumers in the program.
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6. At least one CPRP (or someone demonstrating activity toward attainment of certification) must be onsite face-to-face at all times (either the supervising CPRP or other CPRP staff) while the program is in operation regardless of the number of consumers participating. All staff are encouraged to seek and obtain the CPRP credential. All staff must have an understanding of recovery and psychosocial rehabilitation principles as published by USpra and must possess the skills and ability to assist individuals in their own recovery processes.
7. Basic knowledge necessary for all staff serving individuals with mental illness or substance abuse in "co-occurring capable" day services must include the content areas in Georgia DBHDD Suggested Best Practices: Principles and Staff Capabilities for Day Services Serving Adults with Co-Occurring Disorders of Substance Abuse and Mental Illness.
8. Programs must have documentation that there is one staff person that is "co-occurring capable." This person's knowledge must go beyond basic understanding and must demonstrate actual staff capabilities in using that knowledge for individuals with co-occurring disorders. Personnel documentation should demonstrate that this staff person has received a minimum of 4 hours of training in co-occurring treatment within the past 2 years.
9. If the program does not employ someone who meets the criteria for a MAC, CACII, and/or CADC, then the program must have documentation of access to an addictionologist and/or one of the above for consultation on addiction-related disorders as co-occurring with the identified mental illness.

C. Clinical Operations

1. Individuals receiving this service must have a qualifying diagnosis present in the medical record prior to the initiation of services. The diagnosis must be given by persons identified in O.C.G.A Practice Acts as qualified to provide a diagnosis. These practitioners include a licensed psychologist, a physician or a PA or APRN (NP and CNS-PMH) working in conjunction with a physician with an approved job description or protocol.
2. Rehabilitation services facilitate the development of an individual's skills in the living, learning, social, and working environments, including the ability to make decisions regarding: self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community.
3. Rehabilitation services are consumer driven and are founded on the principles and values of individual choice and active involvement of individuals in their rehabilitation. Through the provision of both formal and informal structures consumers are able to influence and shape service development.
4. Rehabilitation services must include education on self-management of symptoms, medications and side effects; identification of rehabilitation preferences; setting rehabilitation goals; and skills teaching and development.
5. All individuals should participate in setting individualized goals for themselves and in assessing their own skills and resources related to goal attainment. Goals are set by exploring strengths and needs in the individual's living, learning, social, and working environments. Implementation of services may take place individually or in groups.
6. Each individual must be provided assistance in the development and acquisition of needed skills and resources necessary to achieve stated goals.
7. PSR programs must offer a range of skill-building and recovery activities from which individuals choose those that will most effectively support achievement of the individual's rehabilitation and recovery goals. These activities must be developed based on participating individual's input and

stated interests. Some of these activities should be taught or led by consumers themselves as part of their recovery process.

8. A PSR program must be capable of serving individuals with co-occurring disorders of mental illness and substance abuse utilizing integrated methods and approaches that address both disorders at the same time (e.g. groups and occasional individual interventions utilizing approaches to co-occurring disorders such as motivational interviewing/building motivation to reduce or stop substance use, stage based interventions, refusal skill development, cognitive behavioral techniques, psychoeducational approaches, relapse prevention planning and techniques etc). For those individuals whose substance abuse and dependence makes it difficult to benefit from the PSR program, even with additional or modified methods and approaches, the PSR program must offer co-occurring enhanced services or make appropriate referrals to specialty programs specifically designed for such individuals.
9. The program must have a PSR Organizational Plan addressing the following:
 - a. Philosophical principles of the program must be actively incorporated into all services and activities including²:
 - i. View each individual as the director of his/her rehabilitation process
 - ii. Solicit and incorporate the preferences of the individuals served
 - iii. Believe in the value of self-help and facilitate an empowerment process
 - iv. Share information about mental illness and teach the skills to manage it
 - v. Facilitate the development of recreational pursuits
 - vi. Value the ability of each individual with a mental illness to seek and sustain employment and other meaningful activities in a natural community environment
 - vii. Help each individual to choose, get, and keep a job (or other meaningful daily activity)
 - viii. Foster healthy interdependence
 - ix. Be able to facilitate the use of naturally occurring resources to replace the resources of the mental health system
 - b. Services and activities described must include attention to the following:
 - i. Engagement with others and with community
 - ii. Encouragement
 - iii. Empowerment
 - iv. Consumer Education and Training
 - v. Family Member Education and Training
 - vi. Assessment
 - vii. Financial Counseling
 - viii. Program Planning
 - ix. Relationship Development
 - x. Teaching
 - xi. Monitoring
 - xii. Enhancement of vocational readiness
 - xiii. Coordination of Services
 - xiv. Accommodations
 - xv. Transportation
 - xvi. Stabilization of Living Situation
 - xvii. Managing Crises
 - xviii. Social Life

² Adapted from Best Practices in Psychosocial Rehabilitation, edited by Hughes and Weinstein.

- xix. Career Mobility
- xx. Job Loss
- xxi. Vocational Independence
- c. A description of the particular rehabilitation models utilized, types of interventions practiced, and typical daily activities and schedule.
- d. A description of the staffing pattern, plans for staff who will achieve CPRP credentials, and how staff are deployed to assure that the required staff-to-consumer ratios are maintained, including how unplanned staff absences, illnesses, and emergencies are accommodated.
- e. A description of how the program will assure that it is co-occurring capable and how it will adjust or make appropriate referrals for individuals needing a co-occurring enhanced PSR program.
- f. A description of the hours of operation, the staff assigned, and the types of services and activities provided for consumers, families, parents, and/or guardians including how consumers are involved in decision-making about both individual and program-wide activities.
- g. A description of how the plan for services and activities will be modified or adjusted to meet the needs specified in each IRP.
- h. A description of services and activities offered for education and support of family members.
- i. A description of how consumer requests for discharge and change in services or service intensity are handled and resolved.

D. Service Access

1. A PSR program must be operated for no less than 25 hours a week, typically during day, evening and weekend hours. No more than 5 hours per day may be billed for any one consumer.
2. Psychosocial Rehabilitation may **not** be provided in an Institution for Mental Diseases (IMD, e.g. state or private psychiatric hospital or crisis stabilization program with greater than 16 beds), jail, or prison system.

E. Additional Medicaid Requirements

1. Currently, there are no additional Medicaid requirements to be added to the requirements above when billing Medicaid for this service.

F. Reporting & Billing Requirements

1. Units of service by practitioner level must be aggregated daily before claim submission
2. All applicable Medicaid, MICP, and other DBHDD reporting requirements must be met.

G. Documentation Requirements

1. Providers must document services in accordance with the specifications for documentation requirements specified in Part II, Section V of the Provider Manual.
2. Each 15 minute unit of service provided must be documented within the individual's medical record. Although there is no single prescribed format for documentation (a log may be used), the following elements **MUST** be included for every unit of service provided:
 - a. the specific type of intervention must be documented
 - b. the date of service must be named
 - c. the number of unit(s) of service must be named
 - d. the practitioner level providing the service/unit must be named
3. Weekly progress notes must document the individual's progress relative to functioning and skills related to the person-centered goals identified in his/her IRP. This progress note aligns the weekly

activities reported on the daily log or in daily notes to the stated interventions on the individualized recovery plan, and documents progress toward goals. The progress note may be written by any practitioner who provided services over the course of that week.

4. If a log format is utilized, the Program Supervisor should sign the daily log. The Supervisor's signature is an attestation that the activities documented did indeed occur. The consumer should also sign the log (if the consumer refuses, this would be indicated in the weekly summary).
5. When this service is used in conjunction with Crisis Stabilization Programs, Peer Supports, and ACT (on a limited basis), documentation must demonstrate careful planning to maximize the effectiveness of this service as well as appropriate reduction in service amounts of PSR. Utilization of psychosocial rehabilitation in conjunction with these services is subject to additional review by the External Review Organization.