APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.
DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

BACKGROUND

Psychosocial rehab (PSR) encompasses community-based or clinic-based but community-focused services designed to assist adults in strengthening or regaining skills designed to help them achieve their self-determined rehabilitation goals in living, working, educational or social environments and the development of environmental supports necessary to thrive in the community with the least amount of professional intervention possible.

For the Florida Market Only: Staywell expects that all PSR services will meet the basic requirements of the Florida Community Mental Health Handbook and the additional principles below.

Delivery of Psychosocial Rehabilitation

Guidelines have established the following basic principles to guide the delivery of PSR services:

- Adults who participate in psychosocial rehabilitation have chosen to do so and have been assessed to be ready to participate and set self-determined rehabilitation goals.
- The PSR plan is individualized and tailored to the specific adult’s goals, barriers, and strengths.
- All PSR activities are designed to show progressive steps towards the targeted goals.
- Motivational interviewing techniques may be used to establish ‘connection’ between the PSR treating provider and the adult.
- All PSR is based on the development and maintenance of specific skills and supports to meet the specific self-determined rehab goals.
- All PSR skills training meets the definition of a ‘skill’ and is done using a progressive skills training plan.
- Only specifically needed skills are taught (i.e. not everyone needs to make a menu, read labels, and cook to live independently).
- PSR is done in groups when the individual can clearly benefit from the skill set included in the class and the shared learning experience the class offers.
- PSR is done approximating or using ‘real life’ conditions where possible.
- PSR services are broken into achievable actions to facilitate success and successive improvement.

POSITION STATEMENT

Applicable To:

☑ Medicaid – Florida
☑ Medicaid – Hawaii

Psychosocial Rehabilitation is a covered benefit when the following criteria are met:

1. Member is exhibiting psychiatric, behavioral or cognitive symptoms, addictive behavior, or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, pre-vocational and educational functioning regardless of diagnosis;

AND,
2. Member meets at least one of the following thresholds for functional impairment:
   - CAFAS score >100; OR,
   - CALOCUS score >16 and score of 4 or 5 on Dimension II (Functional Status); OR,
   - GAF < 50

NOTE: There is no correlation between diagnosis or the presence/absence of symptomatology and the outcome of rehabilitation initiatives.

Provider Qualifications

Regulations state that for members with mental health diagnoses, service must be provided, at a minimum, by a:
- Certified Behavioral Health Technician under the supervision of a bachelor’s level practitioner, or
- Bachelor’s level practitioner under the supervision of a master’s level practitioner

Additional Delivery Considerations

- PSR is not an appropriate service for emergent situations.
- PSR is appropriate for restoring functioning that has not been achieved as expected through age-related child development due to significant mental illness. Therefore PSR may be used to treat children if this standard is met.
- PSR services require specific documentation including:
  - A daily service note that describes what specific activities the rehabilitation counselor did to specifically enhance/support the adult’s skills related to their specific rehabilitation needs and goals, and
  - A monthly progress note that reflects how the PSR services are linked to the specific self-determined rehabilitation goals and objectives of the treatment plan; and describes the progress relative to the treatment plan

Florida Market Only

- Staywell will adopt the Florida Medicaid restriction that PSR services cannot be billed on the same day as behavioral health services.
- Staywell will adopt the Florida Medicaid restriction and allow PSR groups of up to 12 members if each person in the group has self-determined rehab goals, functional deficits, rehab barriers, and skills training needs that are conducive with group interventions.

Admission Service Components

The following criteria must met:

- The member has a covered diagnosis; AND,
- The member has demonstrated readiness to set a self-determined rehabilitation goal; AND,
- PSR services are referenced in the treatment plan with specificity on the action steps and how the services and actions will support the overall achievement of the member’s goals.

Continued Stay Criteria

Members must meet ALL of the following criteria to qualify for continued stay:

- The goals, objectives and action steps continue to show congruence with the member’s needs, desires, and strengths; AND,
- The documentation of PSR services demonstrate progressive steps towards achieving individualized, self-determined goals; AND,
- The documentation of PSR services demonstrate improvement but the goal is not yet attained.

Discharge Criteria

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Original Effective Date: 8/7/2014 - Revised: 7/11/2015
Discharge criteria is met when the member:

- Wants to stop PSR services; **AND**,
- Has achieved their self-determined rehabilitation goal; **AND**,  
- Is ready to seek skills building and support from normalized community and family sources.

**Exclusion Criteria**

Services are not a covered benefit when the member is not:

- Ready to set an individualized, self-determined rehabilitation goal; OR,
- Willing to participate in PSR services.

**CODING**

**NOTE:** Category could fall into any approved behavioral health diagnosis code.

The Health Plan shall provide the following services as described in the Mental Health Targeted Case Management Coverage & Limitations Handbook and the Community Behavioral Health Services Coverage & Limitations Handbook (the Handbooks). The Health Plan shall not alter the amount, duration and scope of such services from that specified in the Handbooks. The Health Plan shall not establish service limitations that are lower than, or inconsistent with, the Handbooks.

1. **Inpatient hospital services for psychiatric conditions** (ICD-9-CM codes 290 through 290.43, 290.8, 290.9, 293.0 through 298.9, 300 through 301.9, 302.7, 306.51 through 312.4 and 312.81 through 314.9, and 315.9);

2. **Outpatient hospital services for psychiatric conditions** (ICD-9-CM codes 290 through 290.43, 290.8, 290.9, 293 through 298.9, 300 through 301.9, 302.7, 306.51 through 312.4 and 312.81 through 314.9, 315.3, 315.31, 315.5, 315.8, and 315.9);

3. **Psychiatric physician services** (for psychiatric specialty codes 42, 43, 44 and ICD-9-CM codes 290 through 290.43, 290.8, 290.9, 293 through 298.9, 300 through 301.9, 302.7, 306.51 through 312.4 and 312.81 through 314.9, and 315.9 and for the procedure code T1015GT);

4. **Community mental health services** (ICD-9-CM codes 290 through 290.43, 290.8, 290.9, 293.0 through 298.9, 300 through 301.9, 302.7, 306.51 through 312.4 and 312.81 through 314.9, 315.3, 315.31, 315.5, 315.8, and 315.9); and for these procedure codes H0031; H0031HO; H0031HN; H0031TS; H0032; H0032TS; H0046; H0047; H2010HF; H2010HE; T1015; T1015HT; T1015HE; T1015TG; or T1023HE;

5. **Community substance abuse services** when the appropriate ICD-9 CM diagnosis code (290 through 290.43, 290.8 through 298.9, 300 through 301.9, 302.7, 306.51 through 312.4 and 312.81 through 314.9, and 315.9) has been documented: H0001; H0001HN; H0001HO; H0001TS; H0047; H2010HF; H2012HF; T1007; T1007TS; T1015FH or T1023HF.


**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<td>7/11/2015</td>
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<tr>
<td>8/7/2014</td>
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