Psychosocial Rehabilitation (PSR) H2017

Presented by the Clinical and Quality Teams
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After today’s training you will be able to:

• Determine Department of Medical Assistance (DMAS) Medical Necessity Criteria for this level of care and targeted member population for this level of care

• Demonstrate a better understanding of the DMAS Community Mental Health Rehabilitation manual for PSR

• Identify and Summarize regulations associated with this level of care, including documentation requirements

• Have adequate knowledge about the Service Authorization Request (SRA) submission requirements for PSR
What is Psychosocial Rehabilitation (PSR H2017)

Service definition from the Community Mental Health Rehabilitation Services Manual Chapter IV page 53:

• Therapeutic interventions provided in nonresidential group setting for two or more consecutive hours per day

• Provides education to teach the member about mental illness, substance abuse, and appropriate medication

• Promotes independent living, social and interpersonal skills, and relapse prevention
What is the target population for PSR?

• Adults who are experiencing emotional illness that results in functional impairments in major life activities
Medical Necessity: Diagnostic Criteria

A. Members must MEET TWO of the following criteria on a continuing or intermittent basis:

1. Difficulty in establishing or maintaining normal interpersonal relationships

2. Difficulties in activities of daily living
   • Maintaining personal hygiene
   • Preparing food
   • Maintaining adequate nutrition
   • Managing finances

3. Inappropriate behavior that repeated interventions, documented by mental health, social services or judicial system, have been necessary

4. Difficulty in cognitive ability such that they cannot recognize personal danger or significantly inappropriate behavior

*Refer to CMHRS Chapter IV pages 54
B. Members must MEET ONE of the following criteria:

1. Long-term or repeated psychiatric hospitalizations
2. Difficulties in activities of daily living and interpersonal skills
3. Limited or non-existent support system
4. Unable to function in the community without intensive intervention
5. Require long-term services to be maintained in the community

*Refer to CMHRS Chapter IV pages 54
Medical Necessity: Covered Services

• Face to face Service Specific Provider Intake (SSPI) that identifies treatment needs.

• Psycho-educational activities to teach about mental illness and appropriate medication to avoid complications and relapse.

• Social skills training, peer support, and community resource development to promote empowerment, recovery, and competency.

• Providing opportunities to learn and use independent living skills, and to enhance social and interpersonal skills.

• Field trips are acceptable as long as the goal is to provide training in an integrated setting and to increase a member’s understanding or ability to access community resources and it is tied to goals on the ISP.
Medical Necessity: Limitations

• Annual limit of 936 units:
  • One unit = 2 to 3.99 hours per day
  • Two units = 4 to 6.99 hours per day
  • Three units = 7 + hours per day

• Services excluded from payment include:
  • Vocational services
  • Prevocational services
  • Supported employment services
Required Activities – Service Specific Provider Intake (SSPI)

• Required at the onset of services

• Must be conducted by the LMHP, LMHP-supervisee, LMHP-resident or LMHP-RP

• SSPI must document the member’s diagnosis and how the service needs meet the specific medical necessity criteria
Required Activities: Re-evaluation of services

• If service continues more than six months, the services must be reviewed by an LMHP, LMHP-supervisee, LMHP-resident or LMHP-RP to determine if the individual continues to meet the medical necessity criteria.

• The results of the review must be kept in member’s record to receive approval of reimbursement for continued services.
Required Activities – The Individual Service Plan (ISP)

- ISP’s are required during the entire duration of services.

- ISP should be completed by either a LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP, QMHP-E, QMHP-A, or QMHP-C.

- It must be reviewed/approved by either an LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP within 30 calendar days of service initiation.
Who can provide the service?

Per Page 8 of Chapter II of the CMHRS manual: Psychosocial Rehab services can be provided by an LMHP, LMHP-resident, LMHP-supervisee, LMHP-RP, QMHP-A, QMHP-C, QMHP-E or a qualified paraprofessional under the supervision of a QMHP-A, a QMHP-C, a QMHP-E or an LMHP, LMHP-supervisee, LMHP-resident.
Documentation Requirements: Progress Notes

Progress notes must:

- Be completed monthly.
- Describe the activities chosen by the member.
- Describe the interventions made by the provider.
- Describe the member’s engagement in the service and their attainment of ISP goals.
Daily documentation must:

• Be completed daily.

• Describe the activities the member participated in and the impression of the member in the activity.

• Describe how the time billed is justified.

• Include a summary of the daily activities and group activities.

Examples include logs and sign in sheets.
When submitting an SRA, what should I include?

**Initial Request**
- Diagnosis
- Current, specific examples of how the member meets the medical necessity criteria

**Continued Stay Request**
- Diagnosis
- Current, specific examples of how the member meets the medical necessity criteria
- Progress toward ISP goals
Resources


• Magellan Provider Web Portal: https://www.magellanprovider.com/MagellanProvider/do/LoadHome

• Magellan of Virginia: http://magellanofvirginia.com/for-providers-va.aspx

• Contact us: 1-800-424-4046

  www.magellanofvirginia.com and go to “Contact Us”
Thank you!
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