

Healthy Blue Medicaid UM Guideline

Subject: Psychosocial Rehabilitation Services (PRS)
Status: Active

Current Effective Date: 07/01/2016
Last Review Date: 08/09/2023

Description

The purpose of this face-to-face service is to enhance, restore and/or strengthen the skills needed to promote and sustain independence and stability within the beneficiary's living, learning, social, and work environments. Psychosocial Rehabilitation Services (PRS) is a skill building service, not a form of psychotherapy or counseling. PRS is intended to be time limited. The intensity and frequency of services offered should reflect the scope of impairment. Services are generally more intensive and frequent at the beginning of treatment and are expected to decrease as the beneficiary's skills develop. Services are based on medical necessity, shall be directly related to the beneficiary's diagnostic and clinical needs and are expected to achieve the specific rehabilitative goals specified in the beneficiary's Individual Plan of Care (IPOC).

PRS include activities that are necessary to achieve goals in the IPOC in the following areas:

- Independent living skills development related to increasing the beneficiary's ability to manage his or her illness, to improve his or her quality of life, and to live as actively and independently in the community as possible
- Personal living skills development in the understanding and practice of daily and healthy living habits and self-care skills
- Interpersonal skills training that enhances the beneficiary's communication skills, ability to develop and maintain environmental supports, and ability to develop and maintain interpersonal relationships

PRS is designed to improve the quality of life for beneficiaries by helping them assume responsibility over their lives, strengthen living skills, and develop environmental supports necessary to enable them to function as actively and independently in the community as possible.

PRS must be provided in a supportive community environment. Each beneficiary should be provided PRS in a manner that is strengths-based and person centered.

PRS must provide opportunities for the beneficiary to acquire and improve skills needed to function as adaptively and independently as possible in the community and facilitate the beneficiary's community integration.

www.HealthyBlueSC.com

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South Carolina Medicaid UM Guideline

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Clinical Indications

Medically Necessary:

Criteria for Adults (age 22 and older)

Criteria A-G must be met to satisfy criteria for admission into PRS services.

- A. The beneficiary has received a mental health evaluation by an independent Licensed Practitioner of the Healing Arts (LPHA), and has been diagnosed with a serious and persistent mental illness (SPMI), which includes one of the following diagnoses: Bipolar Disorder, Major Depression, a diagnosis within the spectrum of psychotic disorders, and/or substance use disorder (SUD)
- B. The beneficiary has a serious and persistent mental illness (SPMI) and/or substance use disorder (SUD), and the symptom-related problems interfere with the individual's functioning and living, working, and learning environment.
- C. As a result of the SPMI or SUD, the beneficiary experiences moderate to severe functional impairment that interferes with two or more of the following: areas: daily living, personal relationships, school/work settings, or recreational setting
- D. Traditional mental health services (i.e., individual/family/group therapy, medication management, etc.) are not currently clinically appropriate to prevent the beneficiary from deteriorating or to reach identified goals. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- E. Beneficiary meets three or more of the following criteria as documented on the Diagnostic Assessment:
 - a. Is not functioning at a level that would be expected of typically developing individuals their age
 - b. Is at risk of psychiatric hospitalization, homelessness, and/or isolation from social supports due to the beneficiary's SPMI and/or SUD
 - c. Exhibits behaviors that require repeated interventions by the mental health, social services, and/or judicial system
 - d. Experiences impaired ability to recognize personal and/or environmental dangers and/or significantly inappropriate social behavior
- F. Beneficiary is expected to benefit from the intervention and identified needs would not be better met by any other formal or informal system or support.
- G. The service is recommended by a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of his/her professional licensure.

Continued Service Criteria for Adults

Criteria A-E must be met to satisfy criteria for continued PRS services.

- A. The member continues to meet the admission criteria.

South Carolina Medicaid UM Guideline

Subject: Psychosocial Rehabilitation Services (PRS) **Current Effective Date:** 07/01/2016
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- B. There is documentation from the provider that the beneficiary is receiving the scope and intensity of services required to meet the program goals stated in the service description.
- C. The beneficiary has shown improvement in functioning in at least two of the following areas: daily living, personal relationships, school/work settings, or recreational setting, and is expected to continue to benefit from PRS, which remains appropriate to meet the beneficiary's needs.
- D. The beneficiary and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan and are actively participating in treatment. The beneficiary's designated others and treatment team agrees on treatment goals, objectives, and interventions.
- E. The desired outcome or level of functioning has not been restored and/or sustained over the time frame outlined in the member's Individual Plan of Care (IPOC).

Admission Criteria for Children and Adolescents (ages 0-21)

Criteria A-I must be met to satisfy criteria for admission into PRS services.

- A. The beneficiary has received a diagnostic assessment by an independent LPHA, which includes a DSM diagnosis that requires and will respond to therapeutic interventions specific to the PRS service description.
- B. The beneficiary has a serious and persistent mental illness (SPMI), serious emotional disturbance (SED) and/or substance use disorder (SUD), and the symptom-related problems interfere with the individual's functioning and living, working, and learning environment. (*Note that children under the age of 7 may qualify for these services if they are diagnosed with an applicable Z-code, per the current DSM).
- C. As a result of the SED, SPMI or SUD, the beneficiary experiences moderate to severe functional impairment that interferes with two or more of the following: areas: daily living, personal relationships, school/work settings, or recreational setting.
- D. Traditional mental health services (i.e., individual/family/group therapy, medication management, etc.) are not currently clinically appropriate to prevent the beneficiary from deteriorating or to reach identified goals. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- E. Beneficiary meets three or more of the following criteria as documented on the diagnostic assessment:
 - a. Is not functioning at a level that would be expected of typically developing individuals their age;
 - b. Is deemed to be at risk of psychiatric hospitalization and/or out-of-home placement;
 - c. In the last 90 days exhibited behavior that resulted in at least one intervention by crisis response, social services, or law enforcement;
 - d. Experiences impaired ability to recognize personal or environmental dangers or significantly inappropriate social behavior.

South Carolina Medicaid UM Guideline

Subject: Psychosocial Rehabilitation Services (PRS) **Current Effective Date:** 07/01/2016
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- F. The family/caregiver/guardian agrees to be an active participant, which involves participating in interventions to better understand and care for the beneficiary for the purpose of maintaining progress during and after treatment.
- G. The service is recommended by a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of his/her professional licensure.
- H. H. Beneficiary is expected to benefit from the intervention and needs would not be better met by any other formal or informal system or support.
- I. The score on the age-appropriate assessment tool, completed by the LPHA, indicates need for PRS (Private Providers Only)
 - a. • For beneficiaries from birth until 1.5 years, has scored in the 81st percentile or above on the Parenting Stress Index (PSI)
 - b. For beneficiaries ages 1.5-5 years, has scored in the borderline to clinical range (minimum T score of 65) on at least one syndrome scale and one DSM-Oriented scale on The Child Behavior Check List (CBCL)
 - c. For beneficiaries 6-18 years, has been assigned a minimum CALOCUS-CASII composite score of 17

Continued Service Criteria for Children and Adolescents

Criteria A-E must be met to satisfy criteria for continued PRS services.

- A. The beneficiary continues to meet the admission criteria.
- B. There is documentation from the Provider that the beneficiary is receiving the scope and intensity of services required to meet the program goals stated in the service description.
- C. The beneficiary has shown improvement in functioning in at least two of the following areas: daily living, personal relationships, school/work settings, and/or recreational setting, and is expected to continue to benefit from PRS, which remains appropriate to meet the beneficiary’s needs.
- D. The family/caregiver/guardian, and others identified by the treatment plan process are actively participating in treatment. The beneficiary’s designated others and treatment team agrees on treatment goals, objectives and interventions.
- E. The desired outcome or level of functioning has not been restored or sustained over the time frame outlined in the beneficiary’s IPOC.

Not Medically Necessary:

When Service Criteria or Continued Services Criteria are not met.

Coding

Procedure / HCPC Code	Modifier	Service Definition
H2017	-	Psychosocial Rehabilitation

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Discussion/General Information

None

Definitions

Serious and Persistent Mental Illness (SPMI) “is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” nimh.nih.gov

Severe Emotional Disability (SED) is defined as “persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school or community activities.” *Collaborative for Children and Families.*

Substance Use Disorders (SUD)s: SUDs are a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol or medications which lead to significant impairment in the ability to function at home, school, and work. Nimh.nih.gov

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision
2. Anthony, W. A., & Farkas, M. D. (2009) Primer on the Psychiatric Rehabilitation Process. <https://cpr.bu.edu/wp-content/uploads/2011/11/Primer-on-the-Psychiatric-Rehabilitation-Process.pdf>.** Accessed on June 11, 2021
3. **Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII)****
4. Source: Healthy Connections Medicaid Provider Manual, “Rehabilitative Behavioral Health Services”, Updated July 1, 2023.
5. Rudyard & Propst. (1997) Stages in Realizing the International Diffusion of a Single Way of Working: The Clubhouse Model. <http://www.fountainhouse.org/sites/default/files/ftp/articles/stages-the-clubhouse-model.pdf>.** Accessed on June 11, 2021.
6. South Carolina Department of Health and Human Services (2023) Rehabilitative Behavioral Health Services Provider Manual

South Carolina Medicaid UM Guideline

Subject: Psychosocial Rehabilitation Services (PRS)
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Websites for Additional Information

South Carolina Department of Health and Human Services www.scdhhs.gov.**
 Accessed on August 9, 2023.

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History

Status	Date	Action
New		Creation
Updated	6/24/19	Medical Operations Committee (MOC)-Annual cycle review
Reviewed and Approved	06/25/2020	MOC Approval-no changes
Reviewed	06/11/2021	Reviewed-No changes
Approved	06/17/2021	MOC (Medical Operations Committee)
Reviewed	08/09/2023	Updated and aligned with SC DHHS standards