

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management		Policy and Procedure No:	
Policy and Procedure Title: Mental Health Rehabilitation Services - Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR)			
Process Cycle: Annually		Responsible Departments: Clinical	
Approved By: Patricia Jones, RN		Issue Date: 1/1/23	Revised:

PURPOSE: The purpose of this policy is to define Mental Health Rehabilitation (MHR) Services, including Community Psychiatric Support and Treatment (CPST) services and Psychosocial Rehabilitation (PSR), and the criteria for medical necessity for Humana Healthy Horizons in Louisiana.

POLICY:

CPST and PSR are rehabilitation services provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children, adolescents and adults with significant functional impairments resulting from an identified mental health disorder diagnosis.

CPST is a goal-directed support and solution focused intervention, which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports, and achieving identified person-centered goals or objectives as set forth in the individualized treatment plan. CPST services are rehabilitative services associated with assisting individuals with significant functional impairments as a result of their mental health diagnosis to promote reduction of symptoms, to restore stability, support functional gains and adapt to community living.

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. 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.

The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health professional (LMHP) or physician to promote the maximum reduction of symptoms and restoration to his/her best age-appropriate functional level.

CPST and PSR are requested and billed:

- **per visit**

CRITERIA:

Medicaid Eligibility for MHR – CPST and PSR

ALL the following criteria must be met:

- **Person is a Humana Healthy Horizons in Louisiana member; and**
- **Member receiving MHR services from one (1) provider at a time unless:**
 - **Member receiving tenancy supports through Permanent Supportive Housing program;**
 - or**

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- The Behavioral Health Medical Director deems it medically necessary and clinically appropriate to receive MHR services from more than one (1) provider.

Medical Necessity for MHR – CPST and PSR

CPST and PSR are considered medically necessary when ALL the following criteria are met:

- Services recommended by LMHP or physician to promote the 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 that are 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 shall not meet the criteria for adult mental health rehabilitation services); and
- Services are therapeutically appropriate and most beneficial to the member; and
- Services intended to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness; and
- Services intended to assist the member with skill-building, restoration, and rehabilitation; and
- Adult's member's mental disorder must substantially interfere with, or limit, 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.
- Adult members only:
 - Member meets the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of, serious mental illness (SMI) as evidenced by a rating of three or greater on the functional status domain on the Level of Care Utilization System (LOCUS) 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 LOCUS scores, but who now meets a level of care of two or lower on the LOCUS and needs subsequent medically necessary services for stabilization and maintenance at a lower intensity, may continue to receive CPST services and/or PSR, 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.

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

Documentation Requirements: Initial and Subsequent Prior Authorization Requests

ALL initial and subsequent prior authorization requests for MHR – CPST and PSR shall be made through submission of an electronic or faxed request form accessed on Humana’s healthy Horizon’s website or requested by contacting HHH provider services department. The following documents shall be completed in accordance with Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter two of the Medicaid Services Manual and copies of such documents may be requested to support IPS requests as appropriate Documentation of:

- CPST or PSR recommended by LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level; and
- A diagnosable mental disorder or symptoms that are consistent with a diagnosable mental disorder; and
- Adult’s 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; and
- Coordination with other child-serving systems, as needed, to achieve the treatment goals.
- Assessment
 - Adults: LOCUS (19 years of age and older) with at least a level of care of three (3) performed within the last 180 days
 - Child/Adolescent: CALOCUS (6-18 years of age) performed within the last 180 days
- Individualized Treatment Plan, developed by LMHP 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 individual present

ADDITIONAL RESOURCES:

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Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter two of the Medicaid Services Manual. Accessed October 30, 2022 and January 27, 2023.

VERSION CONTROL:

Version.Review.Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses

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policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).