

Alternative or “in Lieu of” Service Description Template

1. Service Name and Description:

Service Name: Psychosocial Rehabilitation (PSR) During Disaster

Procedure Code: H2017 U5

Description: A Psychosocial Rehabilitation (PSR) service is designed to help adults with psychiatric disabilities increase their functioning to that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. PSR focuses on skill and resource development related to life in the community and to increasing the participant’s ability to live as independently as possible, to manage their illness and their lives with as little professional intervention as possible, and to participate in community opportunities related to functional, social, educational and vocational goals. During periods of declared state or national emergencies when in-person attendance will be limited or not allowed, this service allows provision of remote PSR services to members at community locations, through the use of a range of electronic and telecommunication approaches.

2. Information About Alliance Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
MH	18 years of age or older	Number served will depend upon type, severity, breadth and duration of disaster period	Individual with mental health diagnosis who meets service eligibility criteria as written in Clinical Coverage Policy 8-A

3. Treatment Program Philosophy, Goals and Objectives:

Treatment Program Philosophy:

This service adheres to the treatment program philosophy, goals and objectives contained in Clinical Coverage Policy 8-A, but with modification to address the needs of members during a declared state or national emergency. In situations such as natural disasters and pandemics that limit service access, this service definition allows increased flexibility to provide an array of individualized services through a combination of in-person and virtual communication approaches, to promote continued engagement in care. This service allows individualized and flexible approaches to service provision, including options such as:

- Contacting members to assess physical and behavioral health needs, health status and preferences for continued communication and participation in remote PSR activities
- Maintaining access to services through use of telephonic, and telehealth technology for individual, group and family services. Telehealth services are defined as those that include real-time, two-way audio and video communication between PSR staff and members.

- Providing evidence-based psychiatric rehabilitation services such as Wellness Management and Recovery (WMR), Wellness Recovery and Action Planning (WRAP), including preparation and distribution of written materials and homework and service provision through telephonic and telehealth modalities.
- Providing psychoeducational resources through any of multiple communication modalities including those listed above, e-mail, webinar, website or other forums. Content may include information about the specific disaster, community resources and preparedness plans, stress management and coping resources and other topics
- Providing case management and coordination of care, including communication with other behavioral health and primary care providers
- Evaluating social determinants of health and supporting members and families in addressing needs such as transportation, housing, access to food and medication, and other barriers
- Improving access to social supports, recovery capital, and natural supports that sustain recovery
- Providing crisis counseling and response as well as taking proactive efforts to prevent crisis
- Providing community-based outreach and supports when possible, including delivery of necessities and assistance with accessing communications technology (e.g., internet, mobile phones, etc.)
- Developing and implementing education, leisure, independent living skills and socialization opportunities

In general, this service definition allows increased flexibility to provide support to members and their families, assistance in obtaining necessary resources, and clinical treatment on a regular basis. These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual's ability to cope with and relate to others, promote recovery, and enhance the individual's capacity to be maintained in community-based services. Providers are expected to communicate with other behavioral health providers such as CST and outpatient treatment practitioners to avoid service duplication, ensure effective coordination of care, and adjust service frequency, duration and focus.

Given the potential limitations of telephonic and telehealth communication modalities for PSR groups, providers are encouraged to maintain regular individual communication with each member to ensure that member preferences and individual needs are being addressed. Providers are also required to adhere to all applicable telehealth, HIPAA, When possible, telehealth or telephonic group options should be expanded to allow smaller sizes and increased choice of service options.

Objectives and Goals:

- Retain service infrastructure during declared states of emergency or disasters and provide continuity of care by implementing current PSR requirements using face to face, virtual and telephonic methods.

- Utilize virtual/telehealth visits for communication and provide a flexible array of individualized services to promote continuity of services throughout the period of the disaster.
- Link members to community resources including assistance with health, safety and wellness supports, resolve barriers to accessing care, and assist individuals in accessing appropriate technology such as internet and mobile phone services.
- Maintain service programming to the greatest extent possible, including continuation of evidence-based treatment models, maintaining and revising crisis plans, assisting members in making progress on PCP goals, and providing program oversight and clinical supervision
- Daily contact or documentation of attempts to contact, is expected for each member receiving remote PSR services. Contacts include community/virtual/telephonic contact, case management duties, distribution of supplies, and psychoeducation of parent/caregiver.

4. Expected Outcomes:

The service includes interventions that address the functional problems associated with complex or complicated conditions related to mental illness. These interventions are strength-based and focused on promoting recovery, symptom stability, increased coping skills and achievement of the highest level of functioning in the community. The focus of interventions is the individualized goals related to addressing the beneficiary's daily living, financial management and personal development; developing strategies and supportive interventions that will maintain stability; assisting beneficiaries to increase social support skills that ameliorate life stresses resulting from the beneficiary's mental illness.

5. Utilization Management:

Authorization by the LME-MCO is required. The amount, duration, and frequency of services must be included in an individual's PCP and authorized on or before the day services are to be provided. Initial authorization for services should not exceed 90 days. Reauthorization should not exceed 180 days and shall be so documented in the service record. Reauthorization requirements may be waived during the period of the declared state or national emergency.

Utilization management must be performed by the LME-MCO.

PSR cannot be provided during the same authorization period with the following services: Partial Hospitalization and Assertive Community Treatment. The MCO may waive this exclusion during a period of state or national emergency if needed to support members during the period of crisis.

Entrance Criteria:

The beneficiary is eligible for this service when all of the following criteria are met:

- a. There is a mental health diagnosis present;
- b. Level of Care Criteria are met;
- c. The individual has impaired role functioning that adversely affects at least two of the following:
 1. employment,

2. management of financial affairs,
 3. ability to procure needed public support services,
 4. appropriateness of social behavior, or
 5. activities of daily living;
- d. The individual's level of functioning may indicate a need for psychosocial rehabilitation if the beneficiary has unmet needs related to recovery and regaining the skills and experience needed to maintain personal care, meal preparation, housing, or to access social, vocational and recreational opportunities in the community.

Continued Stay Criteria:

The beneficiary is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's PCP or the individual continues to be at risk for relapse based on history; or the tenuous nature of the functional gains, or any one of the following applies:

- a. beneficiary has achieved initial rehabilitation goals in the PCP goals and continued services are needed in order to achieve additional goals;
- b. beneficiary is making satisfactory progress toward meeting rehabilitation goals;
- c. beneficiary is making some progress, but the specific interventions need to be modified so that greater gains, which are consistent with his or her rehabilitation goals are possible or can be achieved;
- d. beneficiary is not making progress; the rehabilitation goals must be modified to identify more effective interventions; or
- e. beneficiary is regressing; the PCP must be modified to identify more effective interventions.

Discharge Criteria:

The beneficiary meets the criteria for discharge if any one of the following applies:

Beneficiary's level of functioning has improved with respect to the rehabilitation goals outlined in the PCP, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and ANY of the following applies:

- a. beneficiary has achieved rehabilitation goals, discharge to a lower level of care is indicated;
- b. beneficiary is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted;
- c. beneficiary requires a more intensive level of care or service.

Providers are encouraged to err on the side of caution related to any potential discharges during periods of recognized state or national disasters, recognizing that many community and social supports may not be readily available.

6. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

The program shall be under the direction of a person who meets the requirements specified for QP status according to 10A NCAC 27G .0104. The QP is responsible for supervision of other program staff, which may include APs and Paraprofessionals who meet the requirements according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required by the population and age to be served. During periods of state or national emergencies, program supervisors will ensure that all program staff are supervised at a minimum with the same frequency as is offered when on-site services are provided, through any of multiple approaches including in-person, telephonic and/or teleconferencing technology as PSR staff will provide service support in-person (in the member’s residence/community) or remotely from a safe location during the health crisis.

7. Unit of Service:

Services	rate	unit of service
Psychosocial Rehabilitation (PSR)	\$5.89	15 minutes

8. Anticipated Units of Service per Person: Up to 40 per week

9. Targeted Length of Service:

The service is provided while regular licensed facilities cannot be utilized safely due to a declared national, local or state disaster or emergency, the LME-MCO has decided to utilize a crisis alternative service definition, and the member meets medical necessity for the service.

10. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.

Individuals who are eligible for this service are at high risk of relapse or exacerbation of symptoms and often have co-occurring behavioral health and medical conditions that elevate risk of adverse outcomes. Many of those receiving this service have limited financial and social supports as well as barriers to receiving care associated with social factors such as housing instability, limited transportation and food insecurity. During community emergencies such as natural disasters, service access is disrupted during a time when its support is of paramount importance. Flexible service delivery options such as those described here will enable continued support for members, financial sustainability for providers, prevention and resolution of behavioral health crisis, and reduction in use of emergency healthcare resources that may already be in high demand during the disaster.

11. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.

The service is cost neutral. The weekly maximum is equivalent to the average cost of this service based on claims data.

Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Psychosocial Rehabilitation (PSR)	H2017	15-minute unit	100 per week	\$2.69

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Psychosocial Rehabilitation (PSR) During Disaster	H2017 22	15-minute unit	40 per week	\$5.89

Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)

Claims data will reflect fee for service billing. Data will be uploaded to DMA by the MCO.

Description of Monitoring Activities:

The MCO will monitor provision of care and outcomes periodically through review of documentation submitted for service authorization and reauthorization. The MCO may also establish additional monitoring and review processes during a disaster, including submission of reports, participation in meetings/teleconferences and other approaches developed for the specific disaster situation.

Documentation Requirements

At a minimum, a weekly full-service note is required for each member. This documentation shall include information about services provided, including date of service, communication modality (in-person, telehealth, telephone, etc.), recipient’s location, provider’s location, and whether others were present. Provider must also document consent for use of each means of communication and evidence that choice was provided for treatment and communication options. The weekly note must include specific documentation sufficient to justify the time spent per day delivering the service.