

Psychosocial Rehabilitation: Community Support Services

**Definition:**
Psychosocial Rehabilitation is a community-based program that promotes recovery, community integration, and improved quality of life for members who have been diagnosed with a behavioral health condition that significantly impairs their ability to lead meaningful lives. The goal of Psychosocial Rehabilitation is to support individuals as active and productive members of their communities through interventions developed with a behavioral health professional or certified peer recovery specialist, in a non-residential setting. These interventions are aimed at actively engaging the member in services, and forming individualized service plan goals that will result in measurable outcomes in the areas of educational, vocational, recreational and social support, as well as developing structure and skills training related to activities of daily living. Such interventions are collaborative, person-centered, individualized, and ultimately results in the member’s wellness and recovery being sustainable within the community without requiring the support of Psychosocial Rehabilitation.

Psychosocial Rehabilitation must meet medical necessity criteria and may be provided in conjunction with routine outpatient services.

Psychosocial Rehabilitation services vary in intensity, frequency, and duration in order to resolve the member’s ability to manage functional difficulties.

All PSR Providers will ensure that all SH/ESH providers, including subcontracted providers, are trained and supervised in accordance with the service standards established by the Tennessee Department of Mental Health and Substance Abuse Services.

**Admission Criteria**

**Any ONE of the following criteria must be met:**

1. The member has a severe and persistent mental health condition that meets diagnostic criteria, and has significant difficulty consistently and independently managing and utilizing activities of daily living or obtaining community resources, and requires assistance in areas related to the following:
   a. Personal finance;
   b. Healthcare and personal hygiene;
   c. Nutrition and meal preparation;
   d. Home maintenance;
   e. Employment or education;
   f. Childcare;
   g. Legal, housing, transportation, and other community service needs

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2. The member has a severe and persistent mental health condition, and has significant difficulty developing and maintaining social and/or family relationships.

And all of the following:

a. The member is not in imminent or current risk of harm to self/others and/or property.
b. The member is actively participating in treatment in an ambulatory setting, or it is reasonable to expect that the member will participate in treatment with support from the psychosocial rehabilitation program’s staff in a reasonable amount of time.

Program Service Expectations

1. An individualized rehabilitation plan shall be developed with the member, within 30 days of care, and, with the member’s documented consent, his/her family/natural supports. It will include a well-documented clinical rationale explaining why the member would benefit from PSR services, the amount, type, frequency and duration of treatment, factors leading to admission, a description of the individual’s strengths and recovery goals including specific measurable short- and long-term goals, specific approaches and interventions that will allow the member to meet his/her recovery goals, and will focus on the following:

   a. Utilization and enhancement of strengths;
   b. Illness management;
   c. Activities of daily living;
   d. Daily structure including supported employment- and/or education-related activities;
   e. Family and social relationships and how they will participate in treatment as clinically indicated;
   f. Referrals to community-based services and peer support services, as appropriate, and how treatment will be coordinated with other providers
   g. Addressing barriers to recovery

2. Within 48 hours of admission the following occurs:

   a. Providers who were involved with the member’s treatment prior to admission are contacted to obtain information about the member’s condition and response to treatment, with the member’s documented consent;
   b. Agencies and programs, such as the school or court system, with which the member has been involved, are contacted, with the member’s documented consent, to coordinate services when appropriate.

3. At a minimum the provider and the member collaborate to formally review the rehabilitation plan every three months, and updated as necessary. These reviews should include but are not limited to well documented clinical rational for continuation of services, updated goals and progress made in treatment, and demonstration of members motivation and participation in treatment. However, revisions to the
rehabilitation plan should be made at any time whenever there are significant changes in the member’s condition, diagnosis, preferences, and/or needs.

4. A discharge plan is developed when any of the following occur:

   a. The provider and the member agree that the member has achieved his/her short- and long-term goals;
   b. The member is going to move outside of the geographic area served by the rehabilitation program;
      i. In the event of relocation or premature discharge, the provider will work with the member to gain access to other appropriate services.
      ii. The provider will maintain contact with the member until the member has accessed other services.
   c. The member requests discharge despite the provider’s recommendation that services be continued.
      i. Recommendations as to what the member should do in the event of a crisis should be included.
   d. In absence of discharge criteria (a) to (c) above, the member continues to demonstrate no progress is being made/benefit from service.

**Continued Stay Criteria** includes all of the following: 1-4 and 5 or 6 are present:

1. The member continues to meet admission criteria; **AND**
2. Documentation of member's participation and engagement in services; **AND**
3. Functional impairment of at least moderate degree as evidenced by documentation of at least one domain is still present related to the DSM/ICD diagnosis listed and likely to improve with continued intervention; **AND**
4. Skills have not been acquired where sustained improvement is not likely, and the purpose of continued training is to prevent relapse or maintain previous achieved progress; **AND**
5. Progress towards goals is documented as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the specific goals being implemented; **OR**
6. If progress is **NOT** documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or PSR and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

**Exclusion Criteria**

Psychosocial Rehabilitation Services (PSR) are considered not medically necessary when the Continued Stay criteria are not met.