

PerformCARE[®]		Policy and Procedure
Name of Policy:	Psychiatric Rehabilitation	
Policy Number:	CM-046	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	None	
Applies to:	Members and Providers	
Original Effective Date:	01/01/09	
Last Revision Date:	12/01/16	
Last Review Date:	12/01/16	
Next Review Date:	10/01/17	

Policy: To ensure documentation of Psychiatric Rehabilitation procedures for requesting authorization. This includes initial authorizations and exceptions.

Purpose: To establish guidelines for obtaining authorization for Psychiatric Rehabilitation Services.

Definitions: **Clubhouse:** A specific facility or community based service that is certified through Clubhouse International and adheres to the Clubhouse standards.

Licensed Practitioner of the Healing Arts (LPHA): An individual licensed by the Commonwealth to practice the healing arts. The term is limited to a physician, physician's assistant, certified registered nurse practitioner and psychologist.

Psychiatric Rehabilitation Service (PRS): A service that is provided either in a facility or in the community that assists persons 18 years or older with functional impairments resulting from mental illness to develop, enhance, and/or retain: skills and resources in the living, learning, working and socializing environments, so that they experience more success and satisfaction in the environments of their choice and can function as independently as possible.

Procedure: 1. Psychiatric Rehabilitation Services providers must be licensed by the Pennsylvania Department of Human Services (DHS) be enrolled in the Medical Assistance (MA) Program and

credentialed by PerformCare. Providers must also be approved to provide PRS as a supplemental service with the support of PerformCare and the county.

2. Initial PRS requests must include a written recommendation for PRS by an LPHA.
3. Initial requests for psychiatric rehabilitation services will be submitted within 10 days of the start of services using *Attachment 1 – PerformCare Psychiatric Rehabilitation Authorization Request*.
 - 3.1. Authorizations will be generated from the date received at PerformCare and will include the 10 days prior to the received date and will be valid for 1 year except when Member has open authorizations for Peer Support and Mobile Psych Nursing.
 - 3.2. Requests for individuals who do not meet the serious mental illness diagnosis requirement must be accompanied by a written recommendation from the LPHA that includes a diagnosis of mental illness as listed on ICD -10 or subsequent revisions; and a description of the functional impairment resulting from the mental illness.
 - 3.3. Requests that otherwise appear to not meet the medical necessity criteria will follow the established PerformCare denial process which includes review by a Physician Advisor.
4. Reauthorization requests for PRS will be submitted prior to the last covered day of the current authorization.
 - 4.1. Reauthorization requests must include a current Individual Rehabilitation Plan. Requests not including the Individual Rehabilitation Plan are incomplete requests and will be returned to the provider.
5. A PRS Discharge Summary should be submitted within 30 days of the last billable service.
 - 5.1. When the Psych Rehab service is a Clubhouse, the requirement for a Discharge Summary pertains to discharge from the HealthChoices funded portion of services. An individual retains the right to remain a Clubhouse Member for life.

Related Policies: *CM-013 Denial Notice Procedure*

Related Reports: None

Source Documents and References: *55 PA Code Chapter §5230 Psychiatric Rehabilitation Services
HealthChoices Behavioral Health Policy Clarification#:01-12
PRS –Transportation*

*HealthChoices Behavioral Health Policy Clarification#: 03-14-01
PRS – Billing Codes, Modifiers, and Rates*

**Superseded Policies
and/or Procedures:** None

Attachments: [Attachment 1 - PerformCare Psychiatric Rehabilitation
Authorization Request](#)

Approved by:

Primary Stakeholder 