GEORGIA CPS project

This information is provided for quick reference for Certified Peer Specialists as part of their training and ongoing education. For billing codes and questions, please consult the most current "Provider Manual for Community Heatlh Provider for The Department of Behavioral Health and Developmental Disabilities," which is published and regularly updated by DHBDD.

Psychosocial Rehabilitation-Individual														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Psychosocial Rehabilitation	Practitioner Level 4, In-Clinic	H2017	HE	U4	U6		$20.30	Practitioner Level 4, Out-of-Clinic	H2017	HE	U4	U7		$24.36
	Practitioner Level 5, In-Clinic	H2017	HE	U5	U6		$15.13	Practitioner Level 5, Out-of-Clinic	H2017	HE	U5	U7		$18.15
	Practitioner Level 4, Via interactive audio and video telecommunication systems	H2017	GT	HE	U4	U6	$20.30	Practitioner Level 5, Via interactive audio and video telecommunication systems	H2017	GT	HE	U5	U6	$15.13

Psychosocial Rehabilitation-Individual			
Unit Value	15 minutes	Utilization Criteria	TBD
Service Definition	Psychosocial Rehabilitation-Individual (PSR-I) services consist of rehabilitative skills building, the personal development of environmental and recovery supports considered essential in improving a person's functioning, learning skills to promote the person's self-access to necessary services and in creating environments that promote recovery and support the emotional and functional improvement of the individual. The service activities of Psychosocial Rehabilitation-Individual include: 1. Providing skills support in the person's self-articulation of personal goals and objectives; 2. Assisting the person in the development of skills to self-manage or prevent crisis situations; 3. Individualized interventions in living, learning, working, other social environments, which shall have as objectives: a. Identification, with the person, of strengths which may aid him/her in achieving recovery, as well as barriers that impede the development of skills necessary for functioning in work, with peers, and with family/friends; b. Supporting skills development to build natural supports (including support/assistance with defining what wellness means to the person in order to assist them with recovery-based goal setting and attainment); c. Assistance in the development of interpersonal, community coping and functional skills (which may include adaptation to home, adaptation to work, adaptation to healthy social environments, learning/practicing skills such as personal financial management, medication self-monitoring, symptom self-monitoring, etc.); d. Assistance in the acquisition of skills for the person to self-recognize emotional triggers and to self-manage behaviors related to the behavioral health issue; e. Assistance with personal development, work performance, and functioning in social and family environments through teaching skills/strategies to ameliorate the effect of behavioral health symptoms; f. Assistance in enhancing social and coping skills that ameliorate life stresses resulting from the person's mental illness/addiction; g. Assist the person in his/her skills in gaining access to necessary rehabilitative, medical, social and other services and supports; h. Assistance to the person and other supporting natural resources with illness understanding and self-management (including medication self-monitoring); and i. Identification, with the individual and named natural supporters, of risk indicators related to substance related disorder relapse, and the development of skills and strategies to prevent relapse. This service is provided in order to promote stability and build towards functioning in the person's daily environment. Stability is measured by a decreased number of hospitalizations, by decreased frequency and duration of crisis episodes and by increased and/or stable participation in community/work activities. Supports based on the person's needs are used to promote recovery while understanding the effects of the mental illness and/or substance use/abuse and to promote functioning.		
Admission Criteria	1. Individuals with one of the following: Mental Health (MH) Diagnosis, Substance-Related Disorder, Co-Occurring Substance-Related Disorder and MH Diagnosis, Co-Occurring MH Diagnosis and Developmental Disabilities (DD), or Co-Occurring Substance-Related Disorder and DD **and one or more of the following:** 2. Individual may need assistance with developing, maintaining, or enhancing social supports or other community coping skills; **or** 3. Individual may need assistance with daily living skills including coordination to gain access to necessary rehabilitative and medical services.		
Continuing Stay Criteria	1. Individual continues to meet admission criteria; **and** 2. Individual demonstrates documented progress or maintenance of community skills relative to goals identified in the Individualized Recovery Plan.		
Discharge Criteria	1. An adequate continuing care plan has been established; **and one or more of the following:** 2. Goals of the Individualized Recovery Plan have been substantially met; **or** 3. Individual requests discharge and the individual is not in imminent danger of harm to self or others; **or** 4. Transfer to another service/level of care is warranted by change in individual's condition; **or** 5. Individual requires more intensive services.		
Clinical Exclusions	1. There is a significant lack of community coping skills such that a more intensive service is needed. 2. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a co-occurring Behavioral Health condition: Developmental Disability, Autism, Organic Mental Disorder, Traumatic Brain Injury.		

Psychosocial Rehabilitation-Individual	
Required Components	1. Psychosocial Rehabilitation-Individual services must include a variety of interventions in order to assist the individual in developing: a. Symptom self-monitoring and self-management of symptoms. b. Strategies and supportive interventions for avoiding out-of-community treatment for adults and building stronger knowledge of the adult's strengths and limitations. c. Relapse prevention strategies and plans. 2. Psychosocial Rehabilitation-Individual services focus on building and maintaining a therapeutic relationship with the individual and facilitating treatment and recovery goals. 3. Contact must be made with the individual receiving PSR-I services a minimum of twice each month. 4. In the absence of the required monthly face-to-face contact **and** if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month. 5. There may be instances where a person has an order and authorization to receive PSR-Group in addition to PSR-I. When the person is in attendance at the PSR-Group program and a staff provides support to the served individual on a one-to-one basis, the PSR Specialty provider may bill this PSR-I code. In this specific circumstance, the PSR group program shall not count for that time within in its hourly claims submission. There must be a PSR-I note which is individualized and indicates the one-to-one nature of the intervention. 6. When the primary focus of PSR-I is for medication maintenance, the following allowances apply: a. These individuals are not counted in the offsite service requirement or the individual-to-staff ratio; and b. These individuals are not counted in the monthly face-to-face contact requirement; however, face-to-face contact is required every 3 months and monthly calls are an allowed billable service.
Staffing Requirements	PSR-I practitioners may have the recommended individual-to-staff ratio of 30 individuals per staff member and must maintain a maximum ratio of 50 individuals per staff member. Individuals who receive only medication maintenance are not counted in the staff ratio calculation.
Clinical Operations	1. The organization must have a Psychosocial Rehabilitation-Individual Organizational Plan that addresses the following: a. Description of the particular rehabilitation, recovery and natural support development models utilized, types of intervention practiced, and typical daily schedule for staff; b. Description of the staffing pattern and how staff are deployed to assure that the required staff-to-individual ratios are maintained, including how unplanned staff absences, illnesses, or emergencies are accommodated, case mix, access, etc.; c. Description of the hours of operations as related to access and availability to the individuals served; d. Description of how the plan for services is modified or adjusted to meet the needs specified in every Individualized Recovery Plan; and e. If the service is offered through an agency which provides PSR-Group, then there is a description of how the agency has protocols and accountability procedures to assure that there is no duplication of billing when the person is being supported through the group model. 2. Utilization (frequency and intensity) of PSR-I should be directly related to the ANSA and to other functional elements in the assessment. In addition, when clinical/functional needs are great, there should be complementary therapeutic services by licensed/credential professionals paired with the provision of PSR-I (individual, group, family, etc.).
Service Accessibility	1. There must be documented evidence that service hours of operation include evening, weekend, and holiday hours. 2. "Medication Maintenance Track," individuals who require more than 4 contacts per quarter for two consecutive quarters (as based upon need) are expected to be re-evaluated with ANSA for enhanced access to PSR-I. The designation of PSR-I "medication maintenance track" should be lifted and exceptions stated above are no longer allowed. 3. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language (one-to-one via Telemedicine versus use of interpreters). Telemedicine may not be used for any other intervention.
Billing & Reporting Requirements	1. Unsuccessful attempts to make contact with the individual are not billable. 2. When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission.