



Mental Health Rehabilitation Services—Community Psychiatric Support and Treatment and Psychosocial Rehabilitation Prior Authorization Request Guidelines

Community psychiatric support and treatment (CPST) and psychosocial rehabilitation (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.

Medicaid eligibility for mental health rehabilitation (MHR)—all of the following criteria must be met:

- Patient is a Humana Healthy Horizons® in Louisiana member.
- Member is receiving MHR services from one provider at a time unless:
 - Member is receiving tenancy support through the Permanent Supportive Housing program.
 - The behavioral health medical director deems it medically necessary and clinically appropriate to receive MHR services from more than one provider. This is a medical necessity for MHR.

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

- Services are recommended by a licensed mental health professional (LMHP) or provider to promote the maximum reduction of symptoms and/or restoration of an individual to the best age-appropriate functional level.
- Member presents with mental health symptoms that are consistent with a diagnosable mental disorder. (Adults with a diagnosis of 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.)
- Services are therapeutically appropriate and most beneficial to the member.
- Services are intended to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with the mental illness.
- Services are intended to assist the member with skill building, restoration, and rehabilitation.
- An adult member's mental disorder must interfere substantially with, or limit, one or more major life activities (e.g., basic daily living, instrumental living, and participating in a family, school, or workplace).

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Documentation requirement—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 Healthy Horizons website or requested by contacting Provider Services at **1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m.
- The following documents shall be completed in accordance with Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter 2 of the Medicaid Services Manual. Copies of these documents may be requested to support IPS requests as appropriate documentation of:
 - CPST or PSR recommended by an LMHP or provider to promote the maximum reduction of symptoms and/or restoration of an individual to the best age appropriate functional level
 - A diagnosable mental disorder or symptoms that are consistent with a diagnosable mental disorder.
 - An adult member’s mental disorder that interferes substantially with, or limits, one or more major life activities (e.g., basic daily living, instrumental living, and participating in a family, school or workplace)
 - Coordination with other child-serving systems, as needed, to achieve the treatment goals

Assessment

- Adults: Level of Care Utilization System (LOCUS) (19 years of age and older) with at least a level 3 performed within the last 180 days
- Child/adolescent: Child and Adolescent Level of Care Utilization System CALOCUS (6–18 years of age) performed within the last 180 days

Individualized treatment plans, developed by an LMHP or provider, including activities/services that are:

- Intended to achieve the identified goals or objectives outlined in the individualized treatment plan
- Intended to assist the member with skill building, restoration, and rehabilitation
- Most beneficial to the member
- Provided as face-to-face interventions with the individual present participating in a family, school, or workplace

Communicated and coordinated with the family and/or legal guardian, including any agency legally responsible for the care or custody of the child

Code	Description	Units	Time frame	Retrospective
H0036	CPST (individual office/ community)	Up to 120 units (150 minutes) for 6 months; not to exceed 180 days auth span	Within 5 calendar days of obtaining appropriate documentation	Within 30 calendar days of obtaining the results of any appropriate documentation that may be required
H2017	Rehabilitation services-PSR	Up to 208 units; not to exceed 180 days auth span	Within 5 calendar days of obtaining appropriate documentation	Within 30 calendar days of obtaining the results of any appropriate documentation that may be required