**PSYCHOSOCIAL REHABILITATIONS SERVICE (PSR) PRIOR AUTHORIZATIONS**

When requesting initial or continued Psychosocial Rehabilitation Services (PSR), providers must submit the items listed below. Initial and continued PSR *approved* requests will be authorized for a period of 90 days.

**Note:** Member’s must meet all eligibility requirements for this service as indicated in the “Florida Medicaid: Behavioral Health Community Support Services Coverage Policy,” located on the Agency for Health Care Administration—Adopted Rules web page: <https://ahca.myflorida.com/medicaid/review/specific_policy.shtml>

* **INITIAL PSR AUTHORIZATIONS:**

Providers must submit all of the following to MMM when requesting initial PSR services**:**

* **A completed BH Prior Authorization request**. Providers must submit a BH Prior Authorization request through InnovaMD or via fax. The BH Prior authorization request form is located on MMM’s website.

The prior authorization request must specify the service being requested, HCPCS code(s), number of units and frequency being requested, and the date services are to start and to end.

* + - * + HCPCS code: H2017
        + Maximum number of units that will be authorized: 480 units\*
        + Authorization period: 90 days

\*Note: 15 minutes equals one unit of service

* **Clinical Information:**
* **Initial Assessment (to include):**
  + All current Medical and BH diagnoses
  + Risk of harm status
  + Functional Status (Describe current symptoms and behaviors and the impact they have on current functioning)
  + Member’s current and potential strengths
  + Describe current support system available
  + Environmental Stressors
  + MH/SA treatment history
  + Describe members self-determination/motivation to participate in treatment
  + List Current Medications

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* + **Initial Treatment Plan, to include:**
  + Measurable treatment goals with expected target dates of completion.
* **Clinical** **notes**: documentation supporting the medical necessity for the intensity and frequency of services being requested.

* **Continued PSR Service Requests**

Providers must submit **all** the following to MMM when requesting additional PSR services:

* **A completed BH Prior Authorization request**. Providers must submit a BH Prior Authorization request through InnovaMD or via fax at least 14 days prior to member’s current authorization of service expiring. Prior authorization request form is located on MMM’s website.

The prior authorization request must specify the service being requested, HCPCS code(s), number of units and frequency being requested, and the date services are to start and to end.

* + - * + HCPCS code: H2017
        + Maximum number of units that will be authorized: 480 units\*
        + Authorization period: 90 days

\*Note: 15 minutes equals one unit of service

* **Clinical Information:**
* **Recent Assessment completed within past 6 months (to include):**
  + All current Medical and BH diagnoses
  + Risk of harm status
  + Functional Status (Describe current symptoms and behaviors and the impact they have on current functioning)
  + Member’s current and potential strengths
  + Describe current support system available
  + Environmental Stressors
  + MH/SA treatment history
  + Describe members self-determination/motivation to participate in treatment
  + List Current Medications

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* + **Copy of Current Treatment Plan, to include:**
  + Measurable treatment goals with expected target dates of completion.
  + **Clinical Summary:** Upon each request for continued PSR services, providers must submit a summary of:
    - Member goals that have been met during the previous authorization period,
    - Member’s progress towards achieving unmet targeted goals,
    - All identified barriers to member’s progress in meeting targeted goals
    - Other information that will support the medical necessity for continued PSR services being requested
  + **Clinical notes**: Provider must submit Copies of daily progress notes for PSR services provided under last PSR authorization received.