



Florida Medicaid

Behavioral Health Community Support Services Coverage Policy

Agency for Health Care Administration



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1.0 Introduction

Florida Medicaid provides behavioral health community support services to assist recipients experiencing a behavioral health crisis and to promote recovery from behavioral health disorders or cognitive symptoms by improving the ability of recipients to strengthen or regain skills necessary to function successfully. These services consist of mobile crisis intervention services, psychosocial rehabilitation services, and clubhouse services.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render behavioral health community support services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.4) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

1.3 Legal Authority

Florida Medicaid behavioral health community support services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.130
- Section 409.906, Florida Statutes (F.S.)

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.1 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.4.2 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.4.3 Designated Receiving Facility

As defined in section 394.455, F.S.

1.4.4 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.4.5 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.4.6 Mobile Response Team (MRT)

A community-based team of professionals and paraprofessionals that provides crisis intervention services at the recipient's location. MRTs are subject to legislative requirements as described in section 394.495, F.S.

1.4.7 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.8 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.4.9 Treating Practitioner

A licensed practitioner who directs the course of treatment for recipients.

2.0 Eligible Recipient

2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive

Florida Medicaid recipients eligible to receive medically necessary psychosocial rehabilitation or clubhouse services must be diagnosed with a mental illness or substance use disorder condition, and exhibit at least one of the following symptoms with enough severity to cause significant impairment in their day-to-day functioning:

- Psychiatric
- Behavioral or cognitive
- Addictive behavior

Recipients must be 16 years of age or older to receive clubhouse services.

Florida Medicaid recipients eligible to receive medically necessary behavioral health mobile crisis intervention services must meet one of the following:

- Have an emotional disturbance
- Be experiencing an acute mental or emotional crisis
- Be experiencing escalating emotional or behavioral reactions and symptoms that impact their ability to function within the family, living situation, or community environment
- Be served by the child welfare system and experiencing, or at high-risk of, placement instability

2.3 Coinsurance and Copayments

Recipients are responsible for a \$2.00 copayment for psychosocial rehabilitation or clubhouse services in accordance with section 409.9081, F.S., unless the recipient is exempt from copayment requirements or the copayment is waived by the Florida Medicaid managed care plan in which the recipient is enrolled.

Mobile crisis intervention services are exempt from the copayment requirement. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid behavioral health community support services.

3.2 Who Can Provide

All practitioners that deliver behavioral health community support services must be either employed or contracted with a community behavioral health agency.

Providers that deliver community support services must have documented procedures for referral to community-based organizations including supported housing, supported employment, and organizations supporting child welfare and veteran populations.

Providers that furnish psychosocial rehabilitation services must have staff who are trained in delivering housing and vocational support services.

Psychosocial rehabilitation and clubhouse services must be rendered by:

- Practitioners licensed in accordance with Chapters 490 or 491, F.S. and working within the scope of their practice
- One of the following, under the supervision of a practitioner licensed in accordance with Chapters 490 or 491, F.S. and working within the scope of their practice:
 - Bachelor's level practitioners
 - Certified addictions professionals
 - Certified behavioral health technicians
 - Certified psychiatric rehabilitation practitioners
 - Certified recovery peer specialists
 - Certified recovery support specialists
 - Master's level certified addictions professionals
 - Substance abuse technicians (may only deliver psychosocial rehabilitation services)

Mobile crisis intervention services must be rendered by a MRT, as described in section 394.495, F.S., that has a current MRT contract with the Florida Department of Children and Families (DCF).

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers the following services in accordance with the Healthcare Common Procedure Coding System (HCPCS) and the applicable Florida Medicaid fee schedule, or as specified in this policy.

All recipients receiving community support services must be assessed and monitored regarding their housing and employment status. Providers must prioritize and coordinate these essential services so that a recipient would be in the best possible situation to accept treatment and recovery.

4.2.1 Psychosocial Rehabilitation Services

Psychosocial rehabilitation services restore skills and abilities necessary for independent living to recipients through evidence-based practices. This is achieved through continual provider interaction, direction, and training to develop the following:

- Daily living skills
- Food planning, shopping, and preparation
- Money management
- Medication management and use
- Maintenance of one's living environment
- Access and use of community services

Psychosocial rehabilitation services shall strive to enhance a recipient's social skills and interpersonal functioning by:

- Identifying opportunities to enhance one's social support and network
- Teaching strategies to eliminate or compensate for functional deficits and interpersonal and environmental barriers
- Teaching social skills necessary for independent living and life management

Psychosocial rehabilitation services must include the following services, trainings, and activities to facilitate work or education opportunities and maintain independence through supportive housing when necessary:

- Housing services
- Pre-vocational and transitional employment rehabilitation training using:
 - Work readiness assessments
 - Job matching and development

Psychosocial rehabilitation services must concentrate on the amelioration of symptoms and restoring functional capabilities. They may be provided in a facility, home, or community setting.

Psychosocial rehabilitation services may be delivered to groups that do not exceed 12 participants. Services delivered in a group setting require continual provider engagement.

Florida Medicaid does not cover psychosocial rehabilitation services delivered via telemedicine.

4.2.2 Clubhouse Services

Clubhouse services provide structured, community-based services delivered in a group setting that utilize behavioral, cognitive, or supportive interventions to improve a recipient's potential for establishing and maintaining social relationships and obtaining occupational or educational achievements.

Clubhouse services consist of social, educational, pre-vocational and transitional employment rehabilitation strategies to assist the recipient with the following:

- Eliminating functional, interpersonal, and environmental barriers
- Restoring social skills for independent living and effective life management
- Facilitating cognitive and socialization skills necessary for functioning in a work environment

Clubhouse services are rehabilitative and utilize a wellness model to restore independent living skills. The services must be delivered in a group setting of up to 12 participants. Services delivered in a group setting require continual provider engagement.

Florida Medicaid does not cover clubhouse services delivered via telemedicine.

4.2.3 Mobile Crisis Services

Mobile crisis services must be available 24 hours a day, 7 days a week. Core mobile crisis services include:

- Conducting an initial clinical assessment
- Based on a clinical assessment, determining the need for further examination at a Designated Receiving Facility or licensed substance use provider
- Assessing the individual for risk of suicidal and homicidal thoughts or behaviors
- Assessing the individual for mood disturbances such as depression, anxiety, delusional thoughts, or hallucinations that may contribute to and exacerbate the crisis
- Identifying family or peer conflicts and other disruptive behaviors that are or may contribute to escalating the crisis

During the course of the crisis intervention, MRTs may implement an array of strategies to ensure recipient safety and the safety of others, including:

- Evaluation and assessment
- Development of safety or crisis plans
- Providing or facilitating stabilization services
- Supportive crisis counseling
- Education
- Development of coping skills
- Linkage to appropriate resources
- Connecting individuals who need more intensive mental health and substance use services to the needed level of care

Florida Medicaid covers mobile crisis services delivered via telemedicine in accordance with Rule 59G-1.057, F.A.C.

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Babysitting or childcare services

- Case management
- Services provided to a recipient on the day of admission into the Statewide Inpatient Psychiatric Program
- Services rendered to individuals residing in an institution for mental diseases
- Services rendered to institutionalized individuals, as defined in 42 CFR 435.1009
- Recipient transportation
- Travel time, except for mobile crisis services when the MRT travels to the recipient's community location

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

6.2 Specific Criteria

Providers must maintain the following in the recipient's file:

- Record of a mental health diagnosis from a licensed practitioner
- Daily progress notes that list each service and activity provided including referrals to community resources
- Housing and employment status

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

7.2 Specific Criteria

There are no service specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Claim Type

Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

Providers must include the group modifier indicated on the Community Behavioral Health Fee Schedule for reimbursement of psychosocial rehabilitation services provided in a group setting.

8.4 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 Rate

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.