



# 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 promote recovery from behavioral health disorders or cognitive symptoms by improving the ability of recipients to strengthen or regain skills necessary to function successfully.

### 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 1.3) 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) Web site 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 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.

#### 1.4.4 Medically Necessary/Medical Necessity

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

#### 1.4.5 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.

#### 1.4.6 Recipient

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

**1.4.7 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 requiring medically necessary behavioral health community support services that have a mental health diagnosis and exhibit one of the following symptoms:

- Psychiatric
- Behavioral or cognitive
- Addictive behavior
- Clinical conditions severe enough to cause significant impairment in day-to-day functioning

**2.3 Coinsurance and Copayments**

Recipients are responsible for a \$2.00 copayment 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. 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 providers that deliver behavioral health support and rehabilitative services must be either employed or contracted with a community behavioral health agency. Psychosocial rehabilitation and clubhouse services must be rendered by one of the following:

- 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
- Practitioners licensed in accordance with Chapters 490 or 491, F.S. and working within their scope of practice.
- Substance abuse technicians
  - Substance abuse technicians can only deliver psychosocial rehabilitation services

**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 up to 1,920 units per recipient, per fiscal year of behavioral health community support services.

The combined totals of units for both services per recipient, per fiscal year cannot exceed 1,920. Units of psychosocial rehabilitation services count against units of clubhouse services and vice versa.

##### **4.2.1 Psychosocial Rehabilitation Services**

Psychosocial rehabilitation services restore a recipient's skills and abilities necessary for independent living through the following activities:

- Development and maintenance of necessary daily living skills
- Food planning and preparation
- Money management
- Maintenance of the living environment
- Training in appropriate use of community services

Psychosocial rehabilitation services combines daily medication use, independent living and social skills training, housing services, pre-vocational and transitional employment rehabilitation training, social support, and network enhancement to recipients and their families.

Psychosocial rehabilitation services must assist the recipient with the following:

- Eliminating or compensating for functional deficits and interpersonal and environmental barriers
- Restoring social skills for independent living and life management

Psychosocial rehabilitation services can include the following to facilitate cognitive and socialization skills necessary for functioning in a work environment and maintaining independence:

- Work readiness assessments
- Job development on behalf of the recipient
- Job matching
- On-the-job training and support

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

Psychosocial rehabilitation services can be delivered to groups that do not exceed 12.

##### **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 utilized 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. They must be delivered in a group setting that cannot exceed 12.

Florida Medicaid recipients must be at least 16 years old to receive Clubhouse services.

#### **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 child care 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
- Transportation
- Travel time

### **6.0 Documentation**

#### **6.1 General Criteria**

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

### **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.

**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 Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.