



Provider Bulletin

for the Adult Mental Health Division

March 15, 2012

Bio-Psychosocial Rehabilitation (BPSR) Services and Medicaid Rehabilitation Option (MRO) Requirements for BPSR

To All Community Based Case Management (CBCM) Providers:

As part of the new Adult Mental Health Division Community Based Case Management Recovery Services (CBCM-RS) contract, there is the option for providers to implement Bio-Psychosocial Rehabilitation (BPSR) Services.

Below is an overview of BPSR Services to help you develop and implement this service, as part of your overall CBCM-RS services. Again this service is optional for you to provide within your CBCM-RS program and as a reminder, this service is counted as part of the authorized units per consumer.

If you have any questions regarding this service please contact Edward Suarez, PhD. at 808-453-6941 or email to edward.suarez@doh.hawaii.gov.

Bio-Psychosocial Rehabilitation (BPSR) Services and Medicaid Rehabilitation Option (MRO) Requirements for BPSR

Overview of BPSR Services

MRO Definition of BPSR

BPSR is a therapeutic day rehabilitative social-skill building service which allows individuals with serious mental illness to gain the social and communication skills necessary to allow them to remain in or return to naturally occurring community programs. Services include group skill building activities that focus on the development of problem-solving techniques, social skills, medication education and symptom management. **All services provided must be part of the individual's plan of care.** The therapeutic value of the specific activities must be clearly

described and justified in the plan of care. At a minimum the plan of care must define the goals/objectives for the individual, and the services must educate the individual about his/her mental illness, how to avoid complications and relapse, and provide opportunities for him/her to learn basic living skills and improve interpersonal skills. Services are provided by qualified mental health professionals (QMHP) or staff that is under the supervision of a QMHP. Provider qualifications are ensured by compliance with requirements and standards of a national accreditation organization (JCAHO, CARF, COA).

The practice of psychiatric rehabilitation is comprised of three strategies:

- (1) Helping individuals identify goals;
- (2) Helping individuals plan strategies and acquire necessary skills to reach and maintain desired goals; and
- (3) Helping individuals develop necessary supports to maintain those goals.

Psychiatric rehabilitation activities/techniques are designed to provide the individual with the opportunity to:

- (1) Become informed about their illness;
- (2) Assess what is needed to recover;
- (3) Choose rehabilitation goal(s); and
- (4) Plan for and obtain the experiences needed to develop the skills to achieve recovery.

Psychosocial Rehabilitation (PSR) modalities include but are not limited to:

- (1) Group psycho-educational skill building activities;
- (2) Opportunities to learn and practice basic life skills;
- (3) Social skills development and enhancement;
- (4) Illness management and self-directed recovery activities;
- (5) Therapeutic recreational activities;
- (6) Cognitive-Behavioral interventions such as:
 - i. Motivational Interviewing,
 - ii. Behavioral Tailoring,
 - iii. Contingency Management;
- (7) Peer support/recovery activities; and
- (8) Family participation in planning and psycho-education.

Staffing/Supervision

Services are provided by a QMHP or staff that is under the supervision of a QMHP.

Required Documentation

Intake Evaluation, Assessment and Treatment Planning:

1. The intake evaluation for each individual being considered for entry into the program is a written assessment that evaluates the individual's mental condition and based on the individual's diagnosis, determines whether treatment in the program would be appropriate.
2. A functional- or goal-based individualized assessment includes the completion of an evaluation of social and environmental supports and an evaluation of strengths and unmet needs in areas of psychosocial functioning as they relate to the individual's goals and priorities consistent with the individual's culture.
3. Treatment Planning consists of a written, Individualized Service Plan (ISP) designed to improve the individual's condition to the point where the individual's continued participation in the program (beyond occasional maintenance visits) is no longer necessary. The plan contains a written description of the treatment objectives for the individual. The plan also describes:
 - a. Treatment regimen – the specific remedial services, therapies, and activities that will be used to meet the treatment objectives;
 - b. A projected schedule for service delivery – this includes the expected frequency and duration of each type of planned therapeutic session or encounter;
 - c. The type of personnel that will be furnishing the services; and
 - d. A projected schedule for completing reevaluations of the individual's condition and updating the plan.
4. Planning includes developing an individual-specific rehabilitation plan which establishes goals and objectives and plans for skill and support development. The plan development process involves both staff and individual (if he/she chooses) involvement using methods appropriate to the psychiatric rehabilitation program model. The plan and updates must include:
 - a. Progress reviews that demonstrate shared staff and individual responsibility for evaluating progress in goal areas; and
 - b. Progress notes that should be signed by the individual and the staff. If the individual's signature is not present, the reason must be documented.

Appropriate Services

The following are examples of appropriate services which should be addressed; consistent with the individual's identified needs and culture.

1. Psychoeducation: Mental health education regarding self-management of symptoms, medication and side effects.
2. Health education: Education regarding optimal physical health.

3. Assessing rehabilitation preferences: Determining with the individual his or her personal perspectives and preferences regarding participation in the psychiatric rehabilitation process.
4. Setting rehabilitation goals: The process by which the individual chooses desired rehabilitation goal(s).
5. Functional Assessment: Determining with the individual the specific skills and supports or resources that he or she needs and prefers in order to develop, achieve and maintain rehabilitation goal(s).
6. Skills teaching and development: Providing the individual with needed and desired skills to develop, achieve and maintain rehabilitation goals. Examples of areas for skill teaching/development include:
 - a. Solving personal/interpersonal problems:
 - i. Personal adjustment abilities (e.g., develop and enhance personal abilities in handling every day experiences and crisis, such as stress management, leisure time management, coping with symptoms of mental illness). The goal is to reduce dependency on professional care givers and to enhance independence.
 - b. Maintaining the living environment:
 - i. Community living competencies such as self-care, cooking, money management, personal grooming, maintenance of living environment.
 - c. Identifying and managing community supports and resources:
 - i. Public entitlements and disability benefits work incentives,
 - ii. Using public transportation,
 - iii. Planning menus, shopping and preparing food, and
 - iv. Developing personal supports/resources such as families, employers, and friends, for addressing personal needs.
 - d. Skills for illness management and self-care:
 - i. Symptom identification and care. For example:
 1. Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of psychological relapses.
 2. Gaining competence regarding how to respond to a psychiatric emergency.
 3. Gaining competence in understanding the role psychotropic medication plays in the stabilization of the individual's well-being.
 - e. Interpersonal skills for communication and socializing:
 - i. Social and interpersonal abilities, such as conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships.
 - f. Cognitive and adult role competency, such as task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning including increased attention, improved concentration, better memory, enhancing the ability to learn and establishing the ability to develop empathy.
 - g. Pre-vocational and vocational supports.

Progress Notes

At a minimum, progress notes should address the following:

1. The specific service provided (including the appropriate HCPCS Procedure Code);
2. The date & actual time of service (including start and stop time);
3. The identity of the individual who provided the service (including legible written name and signature with credentials). If the service provider does not have QMHP credentials, then signature of QMHP-level supervisor is required.
4. Setting in which the service was provided;
5. Amount of time it took to provide the service;
6. Relationship of the service to the rehabilitation regimen described in the individual's ISP;
7. Updates describing progress; and
8. Documentation that the individual was given the opportunity to participate in writing and/or signing his/her own progress note.