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Revision Date:

Intensive Psychiatric Rehabilitation Treatment (IPRT)

Services for Serious Mental Illness¹

Intensive Psychiatric Rehabilitation Treatment services are designed to increase the skills and functioning of members with psychiatric disabilities so that they are able to develop successful living, working, learning and social roles in the member's chosen community environment(s). IPRT promotes recovery, full community integration, and improved quality of life by providing services that are collaborative, person directed, individualized, and evidence-based.²

IPRT services are provided both at a program site and in off-site community settings and may include:

- **Psychiatric rehabilitation readiness determination – Helps to assess the member's readiness based on the member's perceived needs, motivation, and awareness of the process involved in making change in his or her life.**
- **Psychiatric rehabilitation goal setting – Assists the member in selecting a specific environment in which he/she intends to live, work, learn, and/or socialize.**
- **Psychiatric rehabilitation functional and resource assessment – Assists the member in understanding his or her skills and deficits, and the social and environmental resources that may help the member achieve psychiatric rehabilitation goals.**
- **Psychiatric rehabilitation skills and resource development – Assists the member improve his or her use of skills and the adaptation of social and environmental resources to achieve psychiatric rehabilitation goals.**
- **Psychiatric rehabilitation support services – Enhances the capacity of collaterals to serve as a resource in assisting the member to achieve or maintain his or her psychiatric rehabilitation goals.**

¹ SMI includes a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, major depression or other serious mental health conditions that cause significant impairment in daily functioning.

² Boston University Center for Psychiatric Rehabilitation, A Primer on the Psychiatric Rehabilitation Process, definition of Psychiatric Rehabilitation, 2009.

INSTRUCTIONS FOR USE

This Level of Care Guideline provides assistance in interpreting behavioral health benefits managed by UnitedHealthcare Plan of the River Valley, Inc., and is used to make coverage determinations in accordance with the terms of the member's benefits.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the member's benefits prior to use of this guideline.

UnitedHealthcare Plan of the River Valley, Inc. reserves the right, in its sole discretion, to modify its Level of Care Guidelines and other clinical guidelines as necessary.

While this Level of Care Guideline does reflect UnitedHealthcare Plan of the River Valley, Inc.'s understanding of generally accepted standards of clinical practice, it does not constitute medical advice.

Admission Criteria

1. (See Common Criteria for all Levels of Care)
AND
2. The member is 21 years of age or older;
AND
3. The member has been diagnosed with a mental health condition that seriously impairs his or her ability to function in two or more of the following areas:
 - 3.1. Housing (accessing or maintaining),
 - 3.2. Employment/education,
 - 3.3. Financial management,
 - 3.4. Ability to obtain needed support services,
 - 3.5. Social relationships/supports,
 - 3.6. Basic living skills,
 - 3.7. Health/medical managementAND
4. The member is not in imminent or current risk of harm to self or others and/or property;
AND
5. Co-occurring behavioral health or physical conditions can be safely managed.

Continued Service Criteria

1. (See Common Criteria for all Levels of Care)

Discharge Criteria

1. (See Common Criteria for all Levels of Care)

Clinical Best Practice

1. Psychiatric Rehabilitation Readiness Determination

- 1.1. The provider completes a readiness evaluation of the member's willingness to participate in rehabilitation activities focused on impacting their role functioning based on the following dimensions:
 - 1.1.1. Need for change—evidenced by a lack of success or satisfaction in a particular living, learning, working, or social environment;
 - 1.1.2. Commitment to change—evidenced by a belief that change is personally desirable and possible;
 - 1.1.3. Personal closeness—evidenced by a personal relationship with someone who supports rehabilitation;
 - 1.1.4. Self-awareness—evidenced by an awareness of one's values and interests relevant to a particular environment; and
 - 1.1.5. Environmental awareness—evidenced by an awareness of different characteristics and kinds of living, learning, working, and/or social environments in which the person may want to improve success and satisfaction.
 - 1.1.6. If individuals determine in the readiness assessment process that they do not feel ready, readiness development activities may be identified to help them increase the knowledge and hopefulness about the possibilities psychiatric rehabilitation holds for them.

2. Psychiatric Rehabilitation Service Plan

- 2.1. Service planning is an ongoing assessment process carried out by the provider in cooperation with the recipient and his or her family and/or other collaterals, as appropriate, which results in a rehabilitation service plan. The service plan shall be updated or revised as necessary to document changes in the member's condition or needs and the services and services provided.
- 2.2. Psychiatric rehabilitation service planning is based on an assessment of the member's psychiatric, physical, social, and/or psychiatric rehabilitation needs which result in the identification of the following:
 - 2.2.1. Statement of the member's rehabilitation aspirations;
 - 2.2.2. Statement of the service goals and objectives;
 - 2.2.3. Identification of planned interventions;
 - 2.2.4. Proposed time periods.
- 2.3. The Psychiatric rehabilitation service plan includes:
 - 2.3.1. Input of all staff involved in the treatment of the member;
 - 2.3.2. The input of the member, his or her family and/or other collaterals as appropriate;
 - 2.3.3. Assessment of the process of the member in regard to mutually agreed upon goals in the psychiatric rehabilitation service plan; and

- 2.3.4. Adjustment of goals, time periods for achievement, intervention strategies or initiation of discharge planning as appropriate.
- 2.4. If the review indicates that the mutually agreed upon goals have not been met, the staff working directly with the member, and others involved in service planning should adjust the goals and time periods for achievement of such goals, adjust intervention strategies or initiate discharge or referral.
- 3. Discharge Planning
 - 3.1. During admission/initiation of treatment, the provider and, whenever possible, the member update the initial discharge plan in response to changes in the member's needs ensuring that:
 - 3.1.1. An appropriate discharge plan is in place prior to discharge;
 - 3.1.2. The discharge plan is designed to mitigate the risk that the factors which precipitated admission will reoccur; and
 - 3.1.3. The member agrees with the discharge plan.
 - 3.1.4. The discharge plan includes:
 - 3.1.5. The date services will end;
 - 3.1.6. Recommended self-help and community support services;
 - 3.1.7. Information about what the member should do in the event of a crisis, or to resume services.
 - 3.2. The provider shares the discharge plan and all pertinent clinical information with the provider(s) at the next level of care prior to discharge.
 - 3.3. The provider shares the discharge plan with the Care Advocate to ensure coverage and that necessary prior authorizations or notifications are completed prior to discharge.
 - 3.4. Notification of the Care Advocate that the member is discontinuing services also serves to trigger outreach and assistance to the member.
 - 3.5. The provider coordinates discharge with agencies and programs such as the school or court system with which the member has been involved as appropriate
 - 3.6. If the member refuses further services or repeatedly does not adhere with recommendations despite attempts to enhance the member's engagement, the provider explains the risk of discontinuing services to the member.

References

1. Anthony, W, Farkas, M. (2009). *A primer on the psychiatric rehabilitation process*. Retrieved from <http://cpr.bu.edu/wp-content/uploads/2011/11/Primer-on-the-Psychiatric-Rehabilitation-Process.pdf>.
2. Commission on Accreditation of Rehabilitation Facilities. (2015). *Behavioral health standards manual*. Tucson, AZ: CARF International.

3. Lyman, D.R., Kurtz, M.M., Farkas, M., et al. (2014). Skill building: Assessing the evidence. *Psychiatric Services*, 65(6), 727-738.
4. McGuire, A.B., Kukla, M., Green, A., et al. (2014). Illness management and recovery: A review of the literature. *Psychiatric Services*, 65(2), 171-179.
5. Psychiatric Rehabilitation Association. (2007). Defining psychiatric rehabilitation. Retrieved from: <http://www.uspra.org/about-pra>.
6. Substance Abuse and Mental Health Services Administration. (2009). *Illness management and recovery: Practitioner guides and handouts*. Retrieved from: <http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>.

History

Revision Date	Name	Revision Notes
2/2016	L. Urban	Version 1-Final