DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2025
Policy Number: *420*	**Subject:** Community Based Psychiatric Rehabilitation Support Services (CBPRS)

Definition

CBPRS is intensive behavior management and stabilization services in home, workplace, or community settings, for a specified period, in which the problem or issue impeding recovery or full functioning is defined and treated. The purpose of CBPRS is to reduce disability and restore functioning, and help individuals return to natural settings and activities that are part of a socially integrated life. Through CBPRS, a behavioral health aide supports the member by augmenting life, behavioral, and social skills training needed to reach the member's identified treatment goals and restore member functioning in the community. During skills training, the behavioral health aide clearly describes the skill and expectations of the member's behavior, models the skill, and engages the member in practice of the skill, and provides feedback on skill performance. Restoring these skills helps prevent relapse and strengthens goal attainment. These behavioral health aides may consult with family members or other key individuals who are part of a member's treatment team to determine how to help the member be more successful in meeting treatment goals.

Medical Necessity Criteria

The member must meet the Severe and Disabling Mental Illness (SDMI) criteria as described in this manual and is receiving other adult mental health services.

Provider Requirements

CBPRS must be provided by a licensed MHC.

Service Requirements

(1) CBPRS services are not a bundled service.

(2) CBPRS services may be provided to an individual or in a group setting.

(3) Medically necessary services that are billed must be documented in the individualized treatment plan in the member's file.

(4) CBPRS may be reimbursed up to maximum of 2 hours of group CBPRS services and 2 hours of individual CBPRS services in a 24-hour period, unless granted an exception by the department.

(5) Group CBPRS may include up to 8 adults in the group per one staff.

(6) Face-to-face service delivery of CBPRS services is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Documentation must include reason(s) for telehealth delivery of CBPRS services including attempts to identify local supports if reason(s) for telehealth provision of services is related to access issues.

Utilization Management

(1) Prior authorization is not required.

(2) Continued stay reviews are not required.

(3) The provider must document in the file of the member that the member meets the medical necessity criteria.