

Pathways
Integrated Payment and
Reporting System (IPRS)
Benefit Plan

Updated 02/08/2012

Pathways Integrated Payment and Reporting System (IPRS) Benefit Plan

The Pathways IPRS Benefit plan consists of the Introduction section, the IPRS Grids section which contains benefit grids for Adult MH, Child System of Care (SOC), Intellectual and Developmental Disabilities, and Substance Abuse populations, and the IPRS Service Descriptions Section.

INTRODUCTION

The purpose of this document is to present and organize information for providers and consumers, regarding Pathways IPRS Benefit Plan. The Benefit Plan provides information about services, funded through IPRS dollars, which are available to consumers. The intended use of this Benefit Plan is to provide clear limitations for services that are available, based on current IPRS funding. Pathways will review the IPRS Benefit Plan and make adjustments as needed. Providers will be notified of Benefit Plan changes.

The IPRS Benefit Plan identifies service arrays for the following populations:

- Adult Consumers with Mental Illness;
- Adult Consumers with Substance Abuse;
- Adults and Children with Intellectual and/or Developmental Disabilities;
- System of Care (Children and Adolescents with MH/SA Needs).

Each population identified above has its own “IPRS Benefit Plan Grid,” which identifies eligibility levels, services found within those levels, units per month for each service, and the duration of authorization that is allowed.

Services within “IPRS Benefit Plan Grids” for Adult Consumers with Mental Illness, Adults and Children with Intellectual and/or Developmental Disabilities, and System of Care (Children and Adolescents with MH/SA Needs), have also been categorized into either a Periodic Services or Day/Residential Services category.

In order to receive IPRS services, consumers must meet “medical necessity” for both an eligibility level as well as for the services contained within that level. The Benefit Plan includes the maximum amount of service that can be authorized for each service. Please note that it is possible for a lesser amount of service, than the maximum amount allowed, to be authorized as “medically necessary.” In this instance, Pathways will notify consumers by mail of their appeal options.

A current Person-Centered Plan (PCP) along with the Pathways Authorization Request Form, must be submitted at the time that an authorization for service is requested. Justification for service should be detailed and should clinically demonstrate the need for service. Authorizations are to be submitted prior to service delivery and services will not be authorized retroactively. Pathways may adjust the time frame/duration and/or unit amount of a service authorization. Authorization requests for continuing services should be submitted 10 days in advance of the current authorization expiration.

A document titled “Service Descriptions” can be found at the end of the IPRS Benefit Plan document, to describe each service and to further clarify “medical necessity” for that service. The NC Enhanced

Medicaid Service Definitions can also be referenced for further information and clarification, regarding service definitions: <http://www.dhhs.state.nc.us/MHDDSAS/servicedefinitions/index.htm> .

Services within the “IPRS Benefit Plan Grids” for Adult Consumers with Substance Abuse have been organized following the NC Medicaid Enhanced Service Definitions as outlined in Clinical Coverage Policy 8a from the Department of Medicaid Assistance (DMA), as well as from ASAM (American Society of Addiction Medicine) criteria: <http://www.asam.org/>.

Please note that a current NCTOPPS must be completed for all consumers that require an NC TOPPS and will be reviewed prior to authorization of any “clinical home” service. Clinical home services will not be authorized without a completed NC TOPPS. Therefore, NCTOPPS must be current prior to submitting an authorization. Please refer to the “Access Flow Chart” located at the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Services website: <http://www.dhhs.state.nc.us/MHDDSAS/training/access-care/index.htm> for clarification on those services which have been identified as “Clinical Home Providers.”

Please note that the PCP Consumer Admission Form/Discharge Form (PCP CAF/DF) is also required to be completed for all consumers enrolled within Pathways LME who are receiving IPRS services.

Questions regarding the IPRS Benefits Plan should be directed to Maria Ballard (mballard@pathmhdds.org).

All consumers are entitled to screening, triage, and referral services (STR) as well as crisis/emergency services. STR is available twenty-four hours a day, seven days a week. To contact STR, please call 1-800-898-5898.

Our Mission

Pathways will develop, manage and coordinate mental health, developmental disabilities and substance abuse services through collaborative efforts with consumers, providers and the community. Pathways will facilitate a service system that promotes independence and wellness, encourages personal responsibility, advocates for community integration and influences public policy.



Pathways IPRS GRID FOR ADULTS WITH MENTAL ILLNESS

Page 1 - Adults with Mental Illness SERVICE CODE	Eligibility 1 GAF 40 Plus			ELIGIBILITY 2 GAF 39 or Less		
	UNITS	FREQUENCY	DURATION	UNITS	FREQUENCY	DURATION
<u>Periodic Services</u>						
MH/SA Targeted Case Management- H0032	14, then 9	3 mths, 2 mths	within a rolling 12 mth period, 5 month max	14, then 9	3 mths, 2 mths	within a rolling 12 mth period, 5 month max
ACTT - H0040	NOT ELIGIBLE			4	per mth	up to 6 mths
Community Support Team - H2015HT	NOT ELIGIBLE			60	per mth	3 mths, then additional 3 mths
Supported Employment Long Term - YM645	8	per mth	up to 6 mths	16	per mth	up to 6 mths
Packaged Physician Services- DRNEW	2(2 event)	per year	one year	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year	4(event)	per year	one year
Licensed Basic Evaluation - 90801	2(2 event)	per year	one year	2(2 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	up to 8 units (8 hours)	per year	one year	up to 8 units (8 hours)	per year	one year
Unlicensed Behavioral Health Assessment - H0001	8 per provider	per year	one year	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year	8 per provider	per year	one year
Medication Admin. - 96372	24 (24 events)	per year	one year	24 (24 events)		one year
MEDCK	12 (12 events)	per year	one year	12 (12 events)		one year
Licensed Therapy - PKG6425, FAMCPT	4	per mth	one year	4	per mth	one year
Unlicensed Therapy - H0004, FAMH004	16	per mth	one year	16	per mth	one year
Packaged Physician Therapy Services- PKG 6335	12	per year	one year	12	per year	one year
Licensed Group Therapy - 90853	8	per mth	one year	8	per mth	one year
Unlicensed Group Therapy - H0004HQ	32	per mth	one year	32	per mth	one year
<u>Day/Residential Services</u>						
Prof Treat Service in Facility Crisis S9484	7 days (112 Units)		7 days	7 days (112 Units)		7 days

Pathways IPRS GRID FOR ADULTS WITH MENTAL ILLNESS

Page 2 - Adults with Mental Illness continued

SERVICE CODE	Eligibility 1 GAF 40 Plus			ELIGIBILITY 2 GAF 39 or Less		
	UNITS	FREQUENCY	DURATION	UNITS	FREQUENCY	DURATION
Family Living - YP740,YP750	31 (31 days)	per mth	up to 6 mths	31 (31 days)	per mth	up to 6 mths
Group Living Low - YP760	31 (31 days)	per mth	up to 6 mths	31 (31 days)	per mth	up to 6 mths
Group Living Moderate - YP770	NOT ELIGIBLE			31 (31 days)	per mth	up to 6 mths
Group Living High - YP780	NOT ELIGIBLE			31 (31 days)	per mth	up to 6 mths <i>additional auth requires clinical justification</i>
Partial Hospitalization - H0035BIL	NOT ELIGIBLE			22 (20 hrs wk)	per mth	up to 1 mth
Psychosocial Rehabilitation - H2017	516 (30 hrs wk)	per mth	up to 6 mths	516 (30 hrs wk)	per mth	up to 6 mths
Supervised Living Low - YP710	31 (31 days)	per mth	up to 6 mths	31 (31 days)	per mth	up to 6 mths
Supervised Living Moderate - YP720	NOT ELIGIBLE			31 (31 days)	per mth	up to 6 mths

Pathways IPRS GRID FOR CHILDREN SYSTEM OF CARE

Page 1 - Children System of Care	Eligibility 1 GAF 40 Plus			ELIGIBILITY 2 GAF 39 or Less		
SERVICE CODE	UNITS	FREQUENCY	DURATION	UNITS	FREQUENCY	DURATION
Periodic Services						
MH/SA Targeted Case Management- H0032	14, then 9	3 mths, 2 mths	within a rolling 12 mth period 5 month max	14, then 9	3 mths, 2 mths	within a rolling 12 mth period 5 month max
Intensive In-Home - H2022	12, 6, 6, 4, 4	per mth	up to 5 mths	12,6,6,4,4	per mth	up to 5 months
	Months 1-5)			(Months 1-5)		
Multisystemic Therapy - H2033	160,160,160,80,40	per mth	up to 5 mths	160,160,160,80,40	per mth	up to 5 months
	Months 1-5)			(Months 1-5)		
Packaged Physician Services- DRNEW	2(2 event)	per year	one year	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year	4(event)	per year	one year
Licensed Basic Evaluation - 90801	2(2 event)	per year	one year	2(2 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	up to 8 units (8 hours)	per year	one year	up to 8 units (8 hours)	per year	one year
Unlicensed Behavioral Health Assessment - H0001	8 per provider	per year	one year	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year	8 per provider	per year	one year
Medication Admin. - 96372	24 (24 events)	per year	one year	24 (24 events)		one year
MEDCK	12 (12 events)	per year	one year	12 (12 events)		one year
Licensed Therapy - PKG6425, FAMCPT	4	per mth	one year	4	per mth	one year
Unlicensed Therapy - H0004, FAMH004	16	per mth	one year	16	per mth	one year
Packaged Physician Therapy Services- PKG 6335	12	per year	one year	12	per year	one year
Licensed Group Therapy - 90853	8	per mth	one year	8	per mth	one year
Unlicensed Group Therapy - H0004HQ	32	per mth	one year	32	per mth	one year
Y-Code Non-Licensed SA Professional Services						
Alcohol and Drug Assessment - YP830	up to 2 units (2 hours)	per year	one year	up to 2 units (2 hours)	per year	one year
Behavioral Health Counseling- YP831	16	per mth	one year	16	per mth	one year
Behavioral Health Counseling Group Therapy - YP832	32	per mth	one year	32	per mth	one year
Alcohol and/or Drug Group Counseling - H0005	16	per mth	one year	16	per mth	one year
Day/Residential Service						
Day Treatment - H2012HA	129 (30 hrs/wk)	per mth	up to 6 mths	129 (30 hrs/wk)	per mth	up to 6 mths
Partial Hospitalization - H0035BIL	NOT ELIGIBLE			22 (20 hrs/wk)	per mth	up to 1 mth

Pathways IPRS GRID FOR INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

Page 1 - Intellectual and/or Developmental Disabilities
SERVICE CODE
Periodic Services
Packaged Physician Services- DRNEW
Packaged Physician Services- DRPKGEST
Licensed Basic Evaluation - 90801
Licensed Diagnostic Evaluation - T1023
Licensed Psychological Testing - 96101
Unlicensed Behavioral Health Assessment - H0001
Unlicensed Mental Health Assessment - H0031
Medication Admin. - 96372
MEDCK
Developmental Therapy Para Child and Adult - H2014HM <i>See Pathways IPRS Service Descriptions for service limitations and exclusions</i>
Developmental Therapy Pro Child and Adult - H2014 <i>See Pathways IPRS Service Descriptions for service limitations and exclusions</i>
Personal Assistance - YP020 Adults Only <i>See Pathways IPRS Service Descriptions for service limitations and exclusions</i>
Supported Employment - YP630
Supported Employ-Long Term - YM645
IDD Targeted Case Management - T1017HE
Community Respite - YP730
Day/Residential Service
ADVP - YP620
Day Activity - YP660
Developmental Day - YP610

Eligibility 1 SNAP INDEX 11-44		
UNITS	FREQUENCY	DURATION
2(2 event)	per year	one year
4(event)	per year	one year
2(2 event)	per year	one year
1(1 event)	per year	one year
up to 8 units (8 hours)	per year	one year
8 per provider	per year	one year
8 per provider	per year	one year
24 (24 events)	per year	one year
12 (12 events)	per year	one year
104 (6hr wk)	per mth	up to 6 mths
104 (6hr wk)	per mth	up to 6 mths
138 (8hr wk)	per mth	up to 6 mths
258	per mth	up to 6 mths
12	per mth	up to 6 mths
	6 mths	6 mths
15 days (events)	per year	<i>additional days with justification</i>
258	per mth	up to 6 months
up to 516	per mth	up to 6 mths
NOT ELIGIBLE		

ELIGIBILITY 2 SNAP INDEX 45 Plus		
UNITS	FREQUENCY	DURATION
2(2 event)	per year	one year
4(event)	per year	one year
2(2 event)	per year	one year
1(1 event)	per year	one year
up to 8 units (8 hours)	per year	one year
8 per provider	per year	one year
8 per provider	per year	one year
24 (24 events)		one year
12 (12 events)		one year
104 (6hr wk)	per mth	up to 6 mths
104 (6hr wk)	per mth	up to 6 mths
138 (8hr wk)	per mth	up to 6 mths
172	per mth	up to 6 mths
24	per mth	up to 6 mths
	6 mths	6 mths
15 days (events)	per year	<i>additional days with justification</i>
516	per mth	up to 6 mths
up to 516	per mth	up to 6 mths
516	per mth	up to 6 mths

Pathways IPRS GRID FOR INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

SERVICE CODE

Day/Residential Service

Prof Tx Service in Facility Based Crisis - S9484

Family Living Low - YP740

Family Living Moderate - YP750

Group Living Low - YP760

Group Living Moderate - YP770

Group Living High - YP780

Sheltered Workshop - YP650

Supervised Living Low - YP710

Supervised Living Moderate - YP720

**Eligibility 1
SNAP INDEX 11-44**

UNITS FREQUENCY DURATION

NOT ELIGIBLE

31 (31 days) per mth up to 6 mths

NOT ELIGIBLE

31 (31 days) per mth up to 6 mths

NOT ELIGIBLE

NOT ELIGIBLE

516 per mth up to 6 mths

31 (31 days) per mth up to 6 mths

NOT ELIGIBLE

**ELIGIBILITY 2
SNAP INDEX 45 Plus**

UNITS FREQUENCY DURATION

7 days (112 Units) 7 days

31 (31 days) per mth up to 6 mths

31 (31 days) per mth 6 months

31 (31 days) per mth up to 6 mths

31 (31 days) per mth up to 6 mths

31 (31 days) per mth up to 6 mths

516 per mth up to 6 mths

31 (31 days) per mth up to 6 mths

31 (31 days) per mth up to 6 mths

Pathways IPRS GRID FOR SUBSTANCE ABUSE - 0.5 Early Intervention

Page 1 - Early Intervention
SERVICE
<u>Periodic Services</u>
Licensed Basic Evaluation - 90801
Licensed Diagnostic Evaluation - T1023
Licensed Psychological Testing - 96101
Unlicensed Behavioral Health Assessment - H0001
Unlicensed Mental Health Assessment - H0031
Alcohol and Drug Assessment - YP830
Referral to Community NA/AA

0.5 Early Intervention		
Not at risk of withdrawal. Stable medically and emotionally. Willing to explore how SA affects personal goals. Needs understanding of skills to change SA. Risk increased by circle of family/friends.		
Units	Frequency	Duration
2(2 event)	per year	one year
1(1 event)	per year	one year
up to 8 units (8 hours)	per year	one year
8 per provider	per year	one year
8 per provider	per year	one year
up to 2 units (2 hours)	per year	one year
No Authorization Required		

Pathways IPRS GRID FOR SUBSTANCE ABUSE - Opioid Maintenance Therapy

Page 2 - Opioid Maintenance Therapy
SERVICE
Periodic Services
Packaged Physician Services- DRNEW
Packaged Physician Services- DRPKGEST
Licensed Basic Evaluation - 90801
Licensed Diagnostic Evaluation - T1023
Licensed Psychological Testing - 96101
Unlicensed Behavioral Health Assessment - H0001
Unlicensed Mental Health Assessment - H0031
Referral to Community NA/AA
MH/SA Targeted Case Management- H0032
Medication Admin. - 96372
MEDCK
SAIOP - H0015
Licensed Therapy - PKG6425, FAMCPT
Unlicensed Therapy - H0004, FAMH004
Packaged Physican Therapy Services- PKG 6335
Y-Code Non-Licensed SA Professional Services
Alcohol and Drug Assessment - YP830
Behavioal Health Counseling- YP831
Behavioal Health Counseling Group Therapy - YP832
Alcohol and/or Drug Group Counseling - H0005

Opioid Maintenance Therapy		
Physically dependent on opiates. Needs services to prevent withdrawal. Medical and emotional conditions stable. Ready to change opiate use but cannot abstain. High risk of relapse. Has skills to cope and a support system.		
Units	Frequency	Duration
2(2 event)	per year	one year
4(event)	per year	one year
2(2 event)	per year	one year
1(1 event)	per year	one year
up to 8 units (8 hours)	per year	one year
8 per provider	per year	one year
8 per provider	per year	one year
No Authorization Required		
14, then 9	3 mths, 2 mths	within a rolling 12 mth period- 5 month max
24 (24 events)	per year	one year
12 (12 events)	per year	one year
22 (5 days wk)	per mth	up to 3 mths- <i>(additional auth requires clinical justification)</i>
4	per mth	one year
16	per mth	one year
12	per year	one year
up to 2 units (2 hours)	per year	one year
16	per mth	one year
32	per mth	one year
16	per mth	one year

Pathways IPRS GRID FOR SUBSTANCE ABUSE - Opioid Maintenance Therapy - Continued

Page 3 - Opioid Maintenance Therapy Continued	Opioid Maint. Therapy Physically dependent on opiates. Needs services to prevent withdrawal. Medical and emotional conditions stable. Ready to change opiate use but cannot abstain. High risk of relapse. Has skills to cope and a support system.		
SERVICE	Units	Frequency	Duration
Licensed Group Therapy - 90853	8	per mth	one year
Unlicensed Group Therapy - H0004HQ	32	per mth	one year
<u>Day/Residential Services</u>			
Day Treatment/ H2012HA	129 (30hr/wk)	per mth	up to 6 mths

Pathways IPRS GRID FOR SUBSTANCE ABUSE - I.0 Outpatient Treatment

Page 4 - Outpatient Treatment	I.0 Outpatient Treatment		
SERVICE	Units	Frequency	Duration
Periodic Services			
Packaged Physician Services- DRNEW	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year
Licensed Basic Evaluation - 90801	2(2 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	up to 8 units (8 hours)	per year	one year
Unlicensed Behavioral Health Assessment - H0001	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year
Referral to Community NA/AA	No Authorization Required		
MH/SA Targeted Case Managment- H0032	14, then 9	3 mths, 2 mths	within a rolling 12 mth period- 5 month max
Medication Admin. - 96372	24 (24 events)	per year	one year
MEDCK	12 (12 events)	per year	one year
SAIOP - H0015	NOT ELIGIBLE		
Licensed Therapy - PKG6425, FAMCPT	4	per mth	one year
Unlicensed Therapy - H0004, FAMH004	16	per mth	one year
Packaged Physican Therapy Services- PKG 6335	12	per year	one year
Licensed Group Therapy - 90853	8	per mth	one year
Unlicensed Group Therapy - H0004HQ	32	per mth	one year
Y-Code Non-Licensed SA Professional Services			
Alcohol and Drug Assessment - YP830	up to 2 units (2 hours)	per year	one year
Behaviroal Health Counseling- YP831	16	per mth	one year
Behaviroal Health Counseling Group Therapy - YP832	32	per mth	one year
Alcohol and/or Drug Group Counseling - H0005	16	per mth	one year
Day/Residential Services			
Day Treatment/ H2012HA	NOT ELIGIBLE		

Pathways IPRS GRID FOR SUBSTANCE ABUSE - II.I Intensive Outpatient

Page 5 - II.I Intensive Outpatient	II.I Intensive Outpatient Minimal risk of severe withdrawal. Biomedical and emotional, behavioral, cognitive problems are mild and may require monitoring. Client shows ambivalence or lack of awareness of significance of problem. Recovery environment not supportive. High likelihood of relapse without frequent support.		
SERVICE	Units	Frequency	Duration
Periodic Services			
Packaged Physician Services- DRNEW	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year
Licensed Basic Evaluation - 90801	2(2 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	up to 8 units (8 hours)	per year	one year
Unlicensed Behavioral Health Assessment - H001	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year
Referral to Community NA/AA	No Authorization Required		
MH/SA Targeted Case Managment- H0032	NOT ELIGIBLE		
Medication Admin. - 96372	24 (24 events)	per year	one year
MEDCK	12 (12 events)	per year	one year
SA COT - H2035	NOT ELIGIBLE		
SA IOP -H0015	13 (3 days week)	per mth	up to 3 mths, 1 additional month with clinical justification
Y-Code Non-Licensed SA Professional Services			
Alcohol and Drug Assessment - YP830	up to 2 units (2 hours)	per year	one year
Day/Residential Services			
Ambulatory Detoxification - H0014	7(7 days)	daily	7 days
Day Treatment/ H2012HA	NOT ELIGIBLE		
Group Living Low- III.I - YP760	NOT ELIGIBLE		
Group Living Moderate-III.3 - YP770	NOT ELIGIBLE		
Group Living High-III.5 - YP780	NOT ELIGIBLE		
Prof Treat Serv in Facility Crisis S9484	NOT ELIGIBLE		

Pathways IPRS GRID FOR SUBSTANCE ABUSE - II.5 Partial Hospitalization

Page 6 - II.5 Partial Hospitalization
SERVICE
<u>Periodic Services</u>
Packaged Physician Services- DRNEW
Packaged Physician Services- DRPKGEST
Licensed Basic Evaluation - 90801
Licensed Diagnostic Evaluation - T1023
Licensed Psychological Testing - 96101
Unlicensed Behavioral Health Assessment - H001
Unlicensed Mental Health Assessment - H0031
Referral to Community NA/AA
MH/SA Targeted Case Managment- H0032
Medication Admin. - 96372
MEDCK
SA COT - H2035
SA IOP -H0015
<u>Day/Residential Services</u>
Ambulatory Detoxification - H0014
Day Treatment/ H2012HA
Group Living Low- III.1 - YP760
Group Living Moderate-III.3 - YP770
Group Living High-III.5 - YP780
Prof Treat Serv in Facility Crisis S9484

II.5 Partial Hospitalization		
Moderate risk of severe withdrawal. Biomedical conditions manageable at this level. Mild to moderate behavioral, emotional or cognitive disorder. Poor engagement & has failed at lower LOC. Recovery environment poor & relief from home environment needed. Likelihood of relapse w/o daily support.		
Units	Frequency	Duration
2(2 event)	per year	one year
4(event)	per year	one year
1(1 event)	per year	one year
1(1 event)	per year	one year
1(1 event)	per year	one year
8 per provider	per year	one year
8 per provider	per year	one year
No Authorization Required		
NOT ELIGIBLE		
24 (24 events)	per year	one year
12 (12 events)	per year	one year
129	per mth	up to 1 month
NOT ELIGIBLE		
7(7 days)	daily	7 days
129(30hr/wk)	per month	up to 6 mths
NOT ELIGIBLE		
NOT ELIGIBLE		
NOT ELIGIBLE		
NOT ELIGIBLE		

Pathways IPRS GRID FOR SUBSTANCE ABUSE - III.1, III.3, III.5 - Clinical Residential

Page 7 - III.1, III.3, III.5 - Clinical Residential	III.1,III.3,III.5-Clinical Residential Client is low to slightly moderate risk of severe withdrawal. Client is medically stable, but has moderate to severe emotional, behav., or cognitive symptoms requiring a 24-hour setting. The recovery environment is not supportive and/or dangerous. Client needs rigorous support to maintain treatment gains & avoid unsafe behavioral consequences.		
SERVICE	Units	Frequency	Duration
<u>Periodic Services</u>			
Packaged Physician Services- DRNEW	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year
Licensed Basic Evaluation - 90801	1(1 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	1(1 event)	per year	one year
Unlicensed Behavioral Health Assessment - H001	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year
MH/SA Targeted Case Managment- H0032	NOT ELIGIBLE		
Medication Admin. - 96372	24 (24 events)	per year	up to 1 year
MEDCK	12 (12 events)	per year	one year
Referral to Community NA/AA	No Authorization Required		
SA COT - H2035	NOT ELIGIBLE		
SA IOP -H0015	13 (3 days week)	per mth	up to 3 mths, 1 additonal month with clincal justification
<u>Day/Residential Services</u>			
Ambulatory Detoxification - H0014	NOT ELIGIBLE		
Day Treatment/ H2012HA	129(30hr/wk)	per mth	up to 6 mths
Group Living Low- III.1 - YP760	31(31 days)	per mth	up to 3 mths
Group Living Moderate-III.3 - YP770	31(31 days)	per mth	up to 4 mths
Group Living High-III.5 - YP780	15(15 days)	daily	15 days
Prof Treat Serv in Facility Crisis S9484	7 days (112 Units)	7 days	

Pathways IPRS GRID FOR SUBSTANCE ABUSE - III.7 Medically Monitored-Intensive Inpatient

Page 8 - III.7 Medically Monitored-Intensive Inpatient	III.7 Medically Monitored-Intensive Inpatient		
SERVICE	Units	Frequency	Duration
<u>Periodic Services</u>			
Packaged Physician Services- DRNEW	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year
Licensed Basic Evaluation - 90801	1(1 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	1(1 event)	per year	one year
Unlicensed Behavioral Health Assessment - H001	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year
MH/SA Targeted Case Managment- H0032	14, then 9	3 mths, 2 mths	within a rolling 12 mth period- 5 month max
Referral to Community NA/AA	No Authorization Required		
<u>Day/Residential Services</u>			
ADATC	NOT ELIGIBLE		
Inpatient	NOT ELIGIBLE		
Non-Hospital Medical Detox - H0010	5 units (5 days)	as medically necessary	up to 1 mth

Pathways IPRS GRID FOR SUBSTANCE ABUSE - III.9 Medically Supervised Detox/Crisis Stabilization

Page 9 - III.9 Medically Supervised Detox/Crisis Stabilization	III.9 Medically Supervised Detoxification/Crisis Stabilization		
SERVICE	Units	Frequency	Duration
<u>Periodic Services</u>			
Packaged Physician Services- DRNEW	2(2 event)	per year	one year
Packaged Physician Services- DRPKGEST	4(event)	per year	one year
Licensed Basic Evaluation - 90801	1(1 event)	per year	one year
Licensed Diagnostic Evaluation - T1023	1(1 event)	per year	one year
Licensed Psychological Testing - 96101	1(1 event)	per year	one year
Unlicensed Behavioral Health Assessment - H001	8 per provider	per year	one year
Unlicensed Mental Health Assessment - H0031	8 per provider	per year	one year
MH/SA Targeted Case Managment- H0032	14, then 9	3 mths, 2 mths	within a rolling 12 mth period- 5 month max
Referral to Community NA/AA	No Authorization Required		
<u>Day/Residential Services</u>			
ADATC	Contact Pathways Access		
Inpatient	NOT ELIGIBLE		
Non-Hospital Medical Detox - H0010	NOT ELIGIBLE		

Pathways IPRS GRID FOR SUBSTANCE ABUSE - IV Medically Managed Intensive Inpatient

Page 10 - IV Medically Managed Intensive Inpatient
SERVICE
<u>Periodic Services</u>
Packaged Physician Services- DRNEW
Packaged Physician Services- DRPKGEST
Licensed Basic Evaluation - 90801
Licensed Diagnostic Evaluation - T1023
Licensed Psychological Testing - 96101
Unlicensed Behavioral Health Assessment - H001
Unlicensed Mental Health Assessment - H0031
MH/SA Targeted Case Management- H0032
Referral to Community NA/AA
<u>Day/Residential Services</u>
ADATC
Inpatient
Non-Hospital Medical Detox - H0010

IV Medically Managed Intensive Inpatient		
Client is high risk of withdrawal & requires full resources of the hospital including 24/7 medical care		
Units	Frequency	Duration
2(2 event)	per year	one year
4(event)	per year	one year
1(1 event)	per year	one year
1(1 event)	per year	one year
1(1 event)	per year	one year
8 per provider	per year	one year
8 per provider	per year	one year
14, then 9	3 mths, 2 mths	within a rolling 12 mth period- 5 month max
No Authorization Required		
NOT ELIGIBLE		
Contact Pathways Access		
NOT ELIGIBLE		

PATHWAYS IPRS SERVICE DESCRIPTIONS

Assessments

Comprehensive Assessments (authorization codes):

H0031 – Mental Health Assessment

H0001 – Behavioral Health Assessment

T1023 – Diagnostic Assessment

These services provide intensive clinical and functional face-to-face evaluations to produce a diagnosis and treatment recommendations. Initial authorization of an assessment/evaluation will not require justification. However additional authorization requests for assessments within a six month period will require justification. Assessments can be requested and authorized for a one year time period.

Evaluations

Evaluation (Evaluation & Management codes):

DR NEW

DRPKGEST

Licensed Basic Evaluation - 90801

Licensed Diagnostic Evaluation – T1023

Licensed Psychological Testing – 96101

Unlicensed Behavioral Health Assessment – H0001

Unlicensed Mental Health Assessment – H0031

Evaluation is for the purposes of diagnosis and determination of the disability of the client, their level of eligibility, and the most appropriate plan for services. Initial authorization of an assessment/evaluation will not require justification. Additional authorization requests for evaluations beyond grid allowances will require justification. Evaluations can be requested and authorized for a one year time period.

Medication Administration (Authorization code 96372): Medication Administration is authorized for 24 events (24 units) a year. Medication Administration can be requested and authorized for a one year time period.

Medication Checks (Authorization code MEDCK): Authorized for one event per month, 12 events (12 units) a year. Medication Checks can be requested and authorized for a one year time period.

Therapy

Licensed Therapy – PKG6425, FAMCPT

Unlicensed Therapy – H0004, FAMH004

Packaged Physician Therapy Services – PKG6335

Licensed Group Therapy – 90853

Unlicensed Group Therapy – H0004HQ

Y Code Non-Licensed SA Professional Services:

Alcohol and Drug Assessment – YP830

Behavioral Health Counseling – YP830

Behavioral Health Counseling Group Therapy – YP832

Alcohol and/or Drug Group Counseling – H0005

Scheduled face-to-face provided to an individual, families, or groups. Includes: mental health therapy, medication administration and monitoring, behavioral and substance abuse issues. Designed to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan & improve level of functioning, increasing coping abilities or skills. Authorize up to 4 sessions per month for licensed and unlicensed individual therapy and up to 8 sessions a month for licensed and unlicensed group therapy. Please note that there are different service codes for licensed and unlicensed therapy and the unit calculation differs for each. Unlicensed therapy is **billed** 1 unit = 15 minutes. Licensed therapy is **billed** 1 unit = 1 session. Reauthorization requires evidence of active progress toward goals. Therapy services may be requested and authorized for a one year time period.

Periodic and Day/Residential Services

Adult Day Vocational Program (Authorization code YP620): A vocational training program provided for up to 15 hours per week (258 units per month) for Eligibility 1 and 30 hours per week (516 units per month) for Eligibility 2. For continued authorization at this level there must be evidence that client is making progress toward employment goals. Service may be authorized for up to 6 months. Personal Assistance cannot be provided at an ADVP site, or during the same time a day as ADVP. See Service Definitions for additional limitations and exclusions.

Ambulatory Detoxification (Authorization code H0014): Initial authorization for 7 days. In special circumstances an additional 3 days may be authorized.

Assertive Community Treatment Team (Authorization code H0040): This service is provided by an interdisciplinary team that ensures service availability 24 hours a day 7 days per week. Team is prepared to carry out a full range of treatment functions whenever and wherever needed. Activities include Evaluation, Outpatient Treatment, Case Management, Community-Based Services, Emergency/Crisis Services, active attempts to obtain benefits, medication drops, and frequent assertive outreach. There must be evidence of attempts to obtain entitlement benefits. In order to bill this service there must be a minimum of four face-to-face contacts per month, per consumer. Service may be authorized for up to 6 months.

Community Support Team (authorization code H2015HT): Team providing MH and SA treatment to facilitate recovery and rehabilitation. Interventions include therapy, consultation/education of natural supports and care coordination. Authorize 15 hours (60 units) per month for three months, then an additional 15 hours (60 units) per month for three months. Must meet Medical Necessity Criteria in order to continue to be approved.

Consumers *will not* be eligible to receive Community Support Team while they are receiving any of the following services:

- Outpatient therapy
- Assertive Community Treatment (ACTT)
- SA Intensive Outpatient Program (SAIOP)

- SA Comprehensive Outpatient Treatment Program (SACOT)
- Partial Hospitalization

Community Respite

Community Respite is a planned respite service, for individuals with a primary diagnosis of Mental Retardation or Intellectual/Developmental Disability, to provide the family/caregiver with temporary relief of care giving responsibilities. Community Respite should not be used as an emergent or “crisis” service to address behavioral needs of consumers or to provide emergency placement for a consumer who has lost his/her residential placement, but should only be used to provide relief to the caregiver. If respite is an emergent need to address behavioral and/or clinical needs of an adult consumer, please contact the Western Region NC Start Team (1-800-848-0180) for assistance.

Community Respite will be authorized for up to 15 days (events) within a rolling 12 month period. Once funding is exhausted for the fiscal year, authorization requests will no longer be processed.

Authorization requests for consumers within Pathways catchment area should be submitted by the respite provider through the standard IPRS authorization request process. Request for authorization for consumers outside of Pathway catchment area should be submitted by the respite provider using the identified authorization request process for out of area consumers.

Day Activity (authorization code YP660): Organized program of bundled services for a substantial portion of the day. Authorize up to 6 hours per day, 5 days per week (516 units per month). Personal Assistance cannot be provided at a Day Activity site, or during the same time of day as Day Activity. This service may not occur during same period as other day/evening programs. Service may be authorized for up to 6 months. See IPRS Day Activity Service Definition for additional service exclusions and limitations.

Developmental Day (Authorization code YP610): A day/night service which provides individual habilitation for children with mental retardation, with or at risk for developmental disabilities, or atypical development in special licensed child care centers. It is designed to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate functioning in a less restrictive environment. This service may be provided during the day to preschool aged children; before and after school to children; or during summer months. Authorize up to 6 hours per day 5 days per week (516 units per month). Service may be authorized for up to 6 months. Reauthorization requires review of care and IEP.

Developmental Therapy:

Developmental Therapy is a developmental disability service that includes individually designed instruction, training or functional developmental intervention activities based on the assessment of, and unique strengths and needs of the individual adult. It is designed to support the individual in the acquisition of skills that the recipient has not gained during the developmental stages of life, and is not likely to develop without additional training and supports.

For adults, DT may include training in activities to strengthen appropriate developmental functioning in areas such as self care, mobility, socialization, independent living, and self advocacy and rights.

For children, DT should focus on strengthening skills in the major developmental domains and may include training and activities in areas such as self-help, language and cognitive development, and psychosocial skills.

DT Paraprofessional Child and Adult:

Recipients of DT Paraprofessional are not eligible to receive Personal Assistance except in cases where an individual receives DT at an ADVP or day program site. See DT Service Definition (Implementation Update #5) for additional service exclusions and limitations.

DT Paraprofessional is available to recipients 3 years of age or older.

Parent/guardian participation is required for child recipients of DT Paraprofessional. Parent/guardian participation should be documented in the PCP, service goals, and justification section of the authorization request.

Individuals residing in a rest home, family care home, assisted living facility, or nursing home are not eligible for DT Paraprofessional.

This service cannot be provided in the school.

This service cannot be provided at a Day Activity site.

For adults and children authorize up to 6 hours per week (104 units per month) for Eligibility Level 1 and for Eligibility Level 2 for 6 months. Continued authorization can be requested but will be reviewed to ensure the requested service continues to meet medical necessity.

DT Professional Child and Adult:

Child or adult recipients of DT Professional must have the following diagnoses:

- Autism
- Asperger's
- TBI

Recipients of DT Professional are not eligible to receive Personal Assistance except in cases where an individual receives DT at an ADVP or day program site. See DT Service Definition (Implementation Update #5) for additional service exclusions and limitations.

DT Professional is available to recipients 3 years of age or older.

Parent/guardian participation is required for child recipients of DT Professional. Parent/guardian participation should be documented in the PCP, service goals, and justification section of the authorization request.

Individuals residing in a rest home, family care home, assisted living facility, or nursing home are not be eligible for DT Professional.

This service cannot be provided in the school.

This service cannot be provided at a Day Activity site.

For adults and children authorize up to 6 hours per week (104 units per month) for Eligibility Level 1 and for Eligibility Level 2 for 6 months. Continued authorization can be requested but will be reviewed to ensure the requested service continues to meet medical necessity.

Day Treatment (Authorization code H2012HA): Provided in a setting separate from the consumer's residence with behavioral interventions & management, social and other skill development, adaptive skill training, enhancement of communication and problem-solving skills, anger management, family support, monitoring of psychiatric symptoms, psycho-educational activities, and positive reinforcement. Service is billed as 1 unit= 1 hour. Initial Authorization is for 6 hours a day (129 units per month) for up to 6 months. Reauthorization requires evidence of increasing symptom control, increasing reliance on natural & community supports. See Service Definitions for exclusions and limitations. For SA this service can only be provided to consumers who meet ASAM Levels III.1 and III.3 criteria only.

Family Living Low (Authorization code YP740): Living with a family who acts as the provider of supportive services, present during times when the consumer's needs are most significant or not involved in other structured activities. Must be medically stable. Room and Board. This service is under Eligibility Levels 1 and 2. This service is billed 1 unit=1 day. Service may be authorized for up to 6 months. Continued Authorization requires evidence that consumer cannot live independently without supervision and that attempts to acquire other housing options have been made.

Family Living Moderate (Authorization code YP750): Living with a family who acts as the provider of supportive services, present during times when the consumer's needs are most significant or not involved in other structured activities. More intensive corrective relationship. in which therapeutic interactions are dominant. Includes assisting the client in improving relationships at school, work and/or community settings. Must be Medically stable. This service is under Eligibility Level 2. This service is billed 1 unit=1 day. Service may be authorized for up to 6 months. Continued authorization requires evidence that consumer cannot live independently without supervision and that attempts to acquire other housing options have been made.

Group Living Low (Authorization code YP760): See Service Definition. This service is home-like to >5 clients. It includes room & board, home living skills & leisure activity. This service may not be provided with any other overnight care. There needs to be evidence of natural community supports and movement toward independent or supported independent living when utilizing this service. This service is under Eligibility Levels 1 and 2. This service is billed 1 unit=1 day. Service may be authorized for up to 6 months.

Group Living Moderate (Authorization code YP770): Home-like to >5 clients. The service must include home living, skills & leisure activity. There also needs to be greater supervision & therapeutic intervention. The service may not be provided with any other overnight care. There needs to be evidence of natural community supports and movement toward independent or supported independent living when utilizing this service. This service is under

Eligibility Levels 1 and 2. This service is billed 1 unit=1 day. Service may be authorized for up to 6 months.

Group Living High (Authorization code YP780): See service definition. This service is under Eligibility Level 2. This service is billed 1 unit=1 day. Service may be authorized for up to 6 months. See IPRS Group Living High Service Definition for additional service exclusions and limitations.

Inpatient Hospital (Authorization code YP820): Refer to Access for bed day authorization: 1-800-898-5898.

Intensive In-Home Services (Authorization code H2022): Time limited intensive family preservation intervention to stabilize the living environment, prevent out-of-home placement, or facilitate return to the home environment. Active team oriented service. Authorize 12 contacts in the first month. Reauthorization required every 2 months. Authorize 6 contacts in months 2 and 3. If determined to still require service, authorize 4 contacts in months 4 and 5.

Consumers will not be eligible to receive Intensive In-Home Services while receiving any of the following services:

- Outpatient therapy
- SA Intensive Outpatient Program (SAIOP)
- Day Treatment
- Multi-systemic Therapy
- Rapid Response Services

Medically Supervised Detoxification/Crisis Stabilization (ADATC) (Authorization code H2036): Refer to Pathways Access services for bed day authorization: 1-800-898-5898.

Multi-systemic Therapy (Authorization code H2033): Designed for youth who have antisocial, aggressive/violent behaviors, and/or adjudicated youth placed out of home due to legal involvement or returning home from legal placement (detention). This service is billed 1 unit=15 minutes. Authorize 120 hours (480 units – 160 per month) for initial 3 months period. If determined to still require service in month 4 and 5, authorize up to 20 hours a month (80 units) for month 4 and 10 hours (40) for month 5. See Service Definitions for exclusions and limitations.

Non-Hospital Medical Detoxification (Authorization code H0010): Medically Monitored Detoxification is an organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility affiliated with a hospital or in a freestanding facility of 16 beds or less. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols. A service order for Medically Monitored Detoxification must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided. Authorize up to 7-5 days. Authorize additional time based on medical necessity for duration of no more than 1 month. This service is billed 1 unit=1 day.

Partial Hospitalization (Authorization code H0035BIL): Short-term intensive structured treatment to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility. Includes medication monitoring, support for remaining in the community. Initial authorization for up to 30 days. Reauthorization requires that client continues to be at risk for relapse based on tenuous nature of the functional gains. Reauthorization should be rare and conducted on a weekly basis. This service is billed as 1 unit = 1 hour, for 20 hours a week.

Personal Assistance Individual (Authorization code YP020):

Support service which provides aid to a client so that the client can engage in activities and interactions from which the client would otherwise be limited or excluded because of his/her disability or disabilities. The assistance includes: (1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or (3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.

This service is only available for adults (18 years of age or older).

Documentation to support that an individual has been placed on a waitlist and/or does not qualify for the following services must be documented at the time of an authorization request: CAP-DA, home health services, medical/Medicaid personal assistance and private duty nursing.

Personal Assistance cannot be provided at Day Activity, ADVP, Supported Employment, Supported Employment Long term, or Sheltered workshop site, or during the same time of day as any of these services.

Recipients of Personal Assistance are not eligible to receive Developmental Therapy Paraprofessional, Developmental Therapy Professional, except in cases where an individual receives DT at an ADVP or day program site. See IPRS Personal Assistance Service Definition for additional service exclusions and limitations.

Individuals residing in a rest home, family care home, assisted living facility, nursing home will not be eligible for Personal Assistance.

Personal Assistance for individuals in a residential IRPS setting will only be available for those previously approved for this combination of service.

See IPRS Personal Assistance Service Definition for additional service exclusions and limitations.

May authorize up to 8 hours a week (138 units a month) for Eligibility Level 1 and 2. Service is billed 1 unit = 15 minutes. Service can be authorized up to 6 months. Continued authorization requires evidence of attempts to increase natural and community supports.

Psychosocial Rehabilitation (Authorization code H2017): Behavioral interventions and management, social and other skill development, adaptive skill training, enhancement of communication and problem-solving skills, anger management, family support, monitoring of changes in psychiatric symptoms and/or functioning, medication monitoring, psycho

educational activities, and positive reinforcement to address impaired role functioning that adversely affects employment, management of financial affairs, ability to procure needed public support services, appropriateness of social behavior, or activities of daily living. There must be evidence of attempts to obtain entitlement benefits. There also needs to be progress and active participation in work or independent living skills evident. Authorize up to 30 hours per week (120 units a week). Service is billed 1 unit=15 minutes. Service may be authorized up to 6 months. See Service Definitions for exclusions and limitations.

Professional Treatment Services in Facility Based Crisis Program (Authorization code S9485): This service provides an alternative to hospitalization for adults who have a mental illness or substance abuse disorder. This is a 24-hour residential facility with 16 beds or less that provides support and crisis services in a community setting. This can be provided in a non-hospital setting for recipients in crisis who need short-term intensive evaluation, treatment intervention or behavioral management to stabilize acute or crisis situations. Service can be authorized for 7 days. Service is billed as 1 unit=1 day. Discharge plan required at extension. Psychiatric symptoms dictate stay and not the lack of available housing. This service may be provided as a step down from inpatient care.

Sheltered Workshop (Authorization code YP650): Work oriented services including evaluation, skills training vocational adjustment and employment at deviated wages. Client must have potential for gainful employment. Authorize up to 30 hours per week (120 units a week). Continued Authorization requires evidence of movement toward job placement in the community. Client should move to supported employment services as necessary. Services may be authorized every 6 months. Personal Assistance cannot be provided at a Sheltered Workshop site, or during the same time of day as Sheltered Workshop.

Substance Abuse Comprehensive Outpatient Treatment (SACOT) (Authorization code H2035): Time limited treatment for adults who require structure and support to achieve and sustain recovery. Services must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled service per day, with availability at least 5 days a week, with no more than 2 consecutive days without services available. Services may not be recommended to occur less frequently than the structured program's requirements set forth in the service description. This service is billed in hourly increments (1 unit=1 hour) for a minimum of 4 hours a day. Initial authorization is for up to 30 days. Clinical justification should demonstrate "medical necessity" for continued authorization.

Service Limitations: Cannot be billed during the same authorization as SA Intensive Outpatient Program, all detoxification services levels (with the exception of Ambulatory Detoxification) or Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

Substance Abuse Intensive Outpatient Program (SAIOP) (Authorization code H0015): Structured individual and group addiction activities and services provided in an outpatient program, designed to assist adults and adolescents. Program must be offered at least 3 hours per day and at least three days a week, with no more than two consecutive days between offered services. This service is billed by day (1 unit = 1 day) and recipient must be in attendance for a minimum of 3 hours per day to bill this service. This service distinguishes between those individuals needing no more than 19 hours per week of structured services per week (ASAM Level II.1) Initial authorization is for up to 3 months (12 weeks maximum).

Service may be authorized for an additional month beyond the initial authorization. Clinical justification should demonstrate “medical necessity” for continued authorization.

Service Limitations: Cannot be billed during the same authorization as SA Comprehensive Outpatient Treatment, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

Supervised Living (1-6) (ADMRI only): See service definition
Must have LME prior approved cost summary and rate. For Supervised Living 1 placements, communication and prior approval must be obtained before arrangement of placement. Service is billed as 1 unit = 1 day. Service may be authorized up to 6 months.

Supervised Living Low (Authorization code YP710): Provided in individual apartments with periodic support and care. This service may not be provided at the same time as: Developmental Therapy, other residential living. This service is under Eligibility Category Levels 1 and 2. Service is billed as 1 unit = 1 day. Service may be authorized for up to 6 months. Continued authorization requires evidence of increasing community and natural supports.

Supervised Living Moderate (Authorization code YP720): Provided in individual apartments with on call and more frequent Personal Assistance for several hours at a time. This service may not be provided at the same time as Developmental Therapy or other residential programs. This service is under Eligibility Category Levels 1 and 2. Service is billed as 1 unit = 1 day. Service may be authorized for up to 6 months. Continued authorization requires evidence of increasing natural and community supports.

Supported Employment Group/Individual (Authorization code YP630): Job search, job training and placement with coaching. This service may be authorized up to 15 hours per week (60 units a week). Evidence must be provided that coaching is decreasing and natural employment supports are being integrated. This service may not be provided at the same time as ADVP, or Community Rehabilitation or Developmental Therapy. Personal Assistance cannot be provided at a Supported Employment site, or during the same time of day as Supported Employment. Service may be authorized for up to 6 months. See IPRS Supported Employment Service Definitions for additional service exclusions and limitations.

Supported Employment Long Term Follow-up (Authorization code YM645): Ongoing support and monitoring for an individual in a successful SE Placement. Placement after job coaching ends. This service is also called Long Term Vocational Supports. This service may not be provided at the same time as Developmental Therapy, Community Rehabilitation, or ADVP. Personal Assistance cannot be provided at a Supported Employment Long Term Follow up site, or during the same time of day as Supported Employment Long Term Follow up. Authorize up to 2 hours in a month (8 units a month). Service may be authorized for up to 6 months. Continued authorization requires evidence of increased natural supports and involvement with the work force. See IPRS Supported Employment Long Term Follow-Up Service Definition for additional service exclusions and limitations.

Targeted Case Management for Individuals with Intellectual and/or Developmental Disabilities (I/DD) (Authorization code T1017HI): This service includes Planning, Linking & Monitoring. Authorize a maximum of 1unit a week for 6 months (27 units).–Continued

authorization will be based on medical necessity. Authorization request must document efforts to obtain entitlements, increasing community supports and progress for service to be continued. PCP must document at least three unmet needs (i.e., vocational, obtaining entitlements, medical) from at least two different agencies (VR, DSS, Physician Services). It is allowable for one agency to be identified to assist with multiple needs.

Targeted Case Management for Individuals with Mental Health and/or Substance Abuse (MH/SA TCM) (Authorization code T1017HI): This service includes planning linking and monitoring of services for individuals with MH/SA diagnoses. Authorize 1 unit a week for 90 days (14 units) and then, if medically necessary 60 days (9 units) for a total of five months authorization maximum within a rolling 12 month period. Authorization Request must document efforts to obtain entitlements, increasing community supports and progress for service to be continued. PCP must document at least three unmet needs (i.e., vocational, obtaining entitlements, medical) from at least two different agencies (VR, DSS, Physician Services). It is allowable for one agency to be identified to assist with multiple needs.