

**OPC ADULT MENTAL HEALTH IPRS SERVICE BENEFIT PLAN**  
**ENHANCED/HIGH COST SERVICES “LEVEL II”**

*July 1, 2010*

If the consumer falls into the AMI target pop, OPC will only authorize these higher level (Level II) services for consumers with the following ICD-9 Diagnoses Ranges: **295 – 295.99, 296 – 296.99, 298.9**

For a list of these diagnoses and codes, go to the “**Level II Diagnoses**” spreadsheet on the OPC website – <http://www.opcareaprogram.com/>

**Prior Approval is required for the following services.**

**Contract limits supersede authorizations.**

CS Team	H2015HT	15 min	TAR plus other documents	<p><u>AMI Target Pop Only:</u> This service is limited to <b>six months</b></p> <p>Must meet OPC’s criteria for this service. Criteria is outline on the OPC “CS Team Request Form” found on OPC’s website.</p> <ul style="list-style-type: none"> <li>• 48 <i>units</i> per month for the first month</li> <li>• Submit PCP prior to end of first month</li> <li>• 48 <i>units</i> per month for up to 90 days</li> </ul> <p><u>Required Documentation:</u> (Must be submitted with initial TAR)</p> <ul style="list-style-type: none"> <li>• <b>OPC “CS Team Request Form”</b></li> <li>• <b>Psychiatric Evaluation</b></li> <li>• <b>PCP must be submitted prior to end of initial authorization period</b></li> </ul> <p>See pg 2 for information on reauthorization *</p> <p>Exclusion: Cannot be authorized in conjunction with ACTT. WARNING: This service is limited and consumers may have to be put on a “Registry of Unmet Needs”. High risk/high need consumers will receive priority. Do not start service prior to receiving authorization.</p>
ACTT	H0040	Event	TAR plus other documents required	<p><u>AMI Target Pop Only:</u></p> <ul style="list-style-type: none"> <li>• 4 <i>events</i> per month</li> </ul> <p>Must be reauthorized every 6 months*- see page 2</p> <p><u>Exclusion:</u> <i>Not to be authorized if consumer is receiving PSR.</i></p> <p><u>Required Documentation:</u></p> <ul style="list-style-type: none"> <li>• <b>Psychiatric Evaluation</b></li> <li>• <b>Detailed history of prior treatment</b></li> <li>• <b>PCP must be submitted prior to end of initial authorization period</b></li> </ul> <p>WARNING: This service is limited and consumers may have to be put on a “Registry of Unmet Needs”. High risk/high need consumers will receive priority. Do not start service prior to receiving authorization.</p>
Group Living Mod.	YP770	Day	TAR plus	<p><u>AMI Target Pop Only:</u> Up to 31 days in 1 month Must be pre-authorized by <b>OPC’s Resident Selection Team.</b> Must be reauthorized every 6 months * - see page 2 Submit PCP with every TAR.</p>
Group Living High	YP780	Day	TAR plus	<p><u>AMI Target Pop Only:</u> Up to 31 days in 1 month Must be pre-authorized by <b>OPC’s Resident Selection Team.</b> Must be reauthorized every 6 months* - see page 2 Submit PCP with every TAR.</p>

**IMPORTANT IPRS Rules and Guidelines are continued on page 2.**

\* **Reauthorization Requests on TAR:**

Please include the following information on “Comments” page of TAR:

1. List each goal on the PCP or Treatment Plan.
2. Document progress toward each goal or if no progress, what you will be doing differently.
3. Document what crisis services have been used since last authorization.
4. Document how the consumer continues to be at risk for hospitalization or decompensation.

Further documentation including service notes may be requested by Authorizer and can be copied and pasted into the “Comments” page of the TAR.

## **IPRS Rules and Guidelines**

- IPRS funds are limited and IPRS coverage is not an entitlement.
- Authorizations do not guarantee payment. Contract limits supersede authorization.
- This Benefit Plan may be adjusted at any time in response to utilization of service. Please be sure to regularly check the OPC website for updates:  
<http://www.opcareaprogram.com/>
- Requests for quantities that exceed maximums will result in the consumer receiving a denial letter.
- A Psychiatric Evaluation must be submitted prior to initial authorization of these high cost services. Do not start service prior to authorization.
- For Group Living, the consumer must be pre-authorized by **OPC’s Resident Selection Team**
- For CST, you must submit a recent Psychiatric Evaluation and the OPC “CS Team Request Form” with initial TAR.