

OPC CHILD MENTAL HEALTH IPRS SERVICE BENEFIT PLAN

JANUARY 1, 2011 (REV. 1/12/11)

IPRS funds are limited. IPRS is not an entitlement. Authorizations do not guarantee payment.
Contract limits supersede authorizations. Please refer to your agency's contract.

SERVICE	CODE	UNIT	To TAR or not to TAR	COMMENTS
Clinical Assessment <i>Or</i> Mental Health Assessment	90801 <i>Or</i> H0031	Event Unit	Unmanaged	<ul style="list-style-type: none"> • 1 event of 90801 per year for Intake Assessment <i>OR</i> <ul style="list-style-type: none"> • Up to 6 units of H0031 per year
Psychiatric Eval	90801	Event	Unmanaged	<ul style="list-style-type: none"> • 1 <i>event</i> per year as a Psychiatric Evaluation
Med Check	90862	Event	Unmanaged	<ul style="list-style-type: none"> • Up to 12 <i>events</i> of 90862 per year TAR is required for additional sessions** - see page 3
Therapy – Ind/Family <i>OR</i> Beh. Health Couns.- Ind/family	90804/ 6 90846/ 7 <i>OR</i> H0004 HR,HS	Event 15 min	Unmanaged	<ul style="list-style-type: none"> • 26 sessions per year of any combination of the following services: 90804, 90806, 90846, 90847, H0004, H0004-HR and/or H0004-HS A session = <u>4 units</u> of the above H codes. A session = <u>1 event</u> of a CPT-code service. TAR is required for additional sessions** - see page 3
Group Therapy <i>OR</i> Beh. Health Couns., Group	90853 H0004HQ	Event 15 min	Unmanaged	<ul style="list-style-type: none"> • 52 sessions per year of 90853, 90849 and/or H0004HQ A session = <u>6 units</u> of H0004HQ. A session = <u>1 event</u> of 90853 or 90849 TAR is required for additional sessions** - see page 3.
Day Treatment	H2012 -HA	Hourly	TAR	Required Documentation for Initial Authorization: <ul style="list-style-type: none"> • Referral from school documenting need for service PCP • Comprehensive Clinical Assessment <ul style="list-style-type: none"> • Up to 80 hours per month for no more than 60 days • This service is limited to 5 months • See page 3 for information on reauthorization** Exclusion: Cannot be authorized at same time as Individual, Group or Family therapy, MH/SATCM, MST, Intensive In-Home, SAIOP, Child Residential Treatment services–Levels II (Program Type) through IV;

Mental Health S/A Targeted Case Management	H0032	Event (Weekly)	TAR	<ul style="list-style-type: none"> In “Comment” section of TAR, list how child meets criteria for being at risk of out of home placement* PCP and Comprehensive Clinical Assessment must be submitted and approved prior to the second authorization. Reauthorization every 60 days. <p>Medicaid service definition requirements & limitations apply.</p> <p>Exclusion: Cannot be authorized at the same time as Day TX, Intensive In-home, MST, SAIOP or CSS</p>
Intensive In-Home	H2022	Per Diem	TAR	<p>In “Comment” section of TAR, list how child meets criteria for being at risk of imminent out of home placement*</p> <ul style="list-style-type: none"> 16 events per month for first two months 12 events per months for final 3 months <p>This service is limited to 5 months.</p> <p>See page 3 of Benefit Plan—for info on reauthorization**</p> <p>Required Documentation:</p> <ul style="list-style-type: none"> Detailed history of prior treatment Psychiatric Evaluation PCP must be submitted prior to end of initial authorization period <p>Exclusions: cannot be provided during the same authorization period as the following services: MH/SA TCM, MST; Day Tx; individual, group and family therapy; SAIOP, child residential treatment, services Level II Program Type through Level IV; PRTF; or SA residential services.</p>
MST	H2033	15 min	TAR	<p>Required Documentation for Initial Authorization:</p> <ul style="list-style-type: none"> PCP Detailed history of prior treatment Psychiatric Evaluation Details of how child meets criteria for at risk of imminent out of home placement* <ul style="list-style-type: none"> 120 units per month for first two months <p>Re-Auths: TAR to be submitted every 30 days with PCP</p> <ul style="list-style-type: none"> 80 units per month for final three months This service cannot exceed 480 units over 5 months <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>
Community Respite	YA213	Per Diem		Funds are currently not available for this service.

***At Risk of Imminent Out of Home Placement:**

Please include pertinent information on TAR related to any of the following that apply:
The authorizer will assess for risk based on data submitted.

- Dates of recent hospitalizations (within past 6 months) and Names of Hospitals
- Current involvement with DSS Child Protective Service
- Current involvement with DHH and details of involvement
- 3 or more crisis contacts within past 3 months and types of crisis services accessed
- Dates of suspensions or expulsions for school within past 3 months

Reauthorizations and/or Requests for Additional Sessions 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 or if in Day Treatment, document how consumer continues to be unable to tolerate mainstream school setting.
5. Submit TAR prior to expiration of current authorization. OPC may take up to 14 days to review TAR.
6. Further documentation including service notes may be requested by Authorizer.
7. Documents may be copied and pasted into Comments page of the TAR.

Rules & Guidelines Pertaining to IPRS:

- Youth must be under the age of 18 to qualify for Child Mental Health IPRS funds
- OPC screens (STR) all consumers requesting services funded by IPRS.
- Additional units of individual and group therapy may be requested with a TAR, but will require the submission of additional documents
- IPRS funds are limited and IPRS is not insurance nor an entitlement.
- **Authorizations do not guarantee payment. Contract limits supersede authorizations.** Please refer to your agency’s contract for details.
- 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/>

ROOM & BOARD:

- Child must be Medicaid eligible, not in DSS custody, family’s gross income is below 200% of federal poverty level and SSI has been denied. **Please submit “Letter Requesting Room & Board” This form letter can be found on the OPC website.**
- Please submit copies of consumer’s “Care Review Action Plan” and the Value Options Notice of Authorization for Residential Care with initial OPC TAR and every three months thereafter or as requested by authorizer.

BILLING LIMITS: Please refer to the “Billing Limits for Unmanaged Services” on OPC website for Daily, Weekly, Monthly, and Yearly limits for billing. For example the maximum billing limits for 90806 are one per day, two per week, 9 per month and 26 per year. Claims for services exceeding the billing limits will be denied.