

OPC CHILD MENTAL HEALTH IPRS SERVICE BENEFIT PLAN

Effective July 1, 2010

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. |
| Intensive In-Home | H2022 | Per Diem | TAR | Must be At Risk of Imminent Out of Home Placement* (see page 2) <ul style="list-style-type: none"> • 16 events per month for first two months • 12 events per months for final 3 months This service is limited to 5 months. See page 3 of Benefit Plan—for info on reauthorization** Required Documentation: <ul style="list-style-type: none"> • Detailed history of prior treatment • Psychiatric Evaluation • PCP must be submitted prior to end of initial authorization period 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. |

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| <p>CSS Individual (Case Management Component)</p> | <p>H0036HA</p> | <p>15 min</p> | <p>TAR</p> | <p>In “Comment” section of TAR, list how child meets criteria for this service. (See “At Risk” criteria* on page 3 of Benefit Plan)</p> <ul style="list-style-type: none"> • 16 units for first month <p>Then, PCP and Comprehensive Clinical Assessment must be submitted and approved prior to the second authorization.</p> <ul style="list-style-type: none"> • 16 units per month – to be reauthorized every 3 months <p>Exclusion: Cannot be authorized at the same time as Day TX, Intensive In-home, MST, SAIOP.</p> |
| <p>Day Treatment</p> | <p>H2012-HA</p> | <p>Hourly</p> | <p>TAR</p> | <p>Up to 80 hours per month. (80 / month)</p> <p>Restriction:</p> <ul style="list-style-type: none"> • Cannot be authorized at same time as CSS, MST or Intensive In-Home <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> <p>See page 3 for information on reauthorization**</p> |
| <p>MST</p> | <p>H2033</p> | <p>15 min</p> | <p>TAR</p> | <p>Must be At Risk of Imminent Out of Home Placement *(See below):</p> <p>Required Documentation for Initial Authorization:</p> <ul style="list-style-type: none"> • Detailed history of prior treatment • Psychiatric Evaluation <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> <p>See page 3 for information on reauthorization**</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> |
| <p>Community Respite</p> | <p>YA213</p> | <p>Per Diem</p> | | <p>Funds are currently not available for this service.</p> |

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*** 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 Services
- Current involvement with DJJ and details of involvement
- 3 or more crisis contacts within past 3 months and types of crisis services accessed
- Dates of suspensions or expulsions from 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 (for enhanced services).

Further documentation including service notes may be requested by Authorizer. 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.