

CHILD MENTAL HEALTH - BASIC BENEFIT

Non-Target	Questionable Target-CMAO	Target-LOC --A CMSED, CMECD	Target-LOC-C CMSED, CMECD	Target-LOC-D CMSED, CMECD
<p>STR-referral to community resources-no authorization</p>	<p>Initial Authorization: ONE 90801/4 units of H0031/H0001</p> <p>If assessed by provider as non-target-refer to community resources- no authorization.</p> <p>Mobile Crisis: H2011- 32 unit increments for maximum of 96 units per 24 Hours for all levels of care.</p>	<p>Initial Authorization: ONE 90801/4 units of H0031/H0001</p> <p>Mobile Crisis: H2011- 32 unit increments for maximum of 96 units per 24 Hours for all levels of care.</p> <p>Outpatient (annual) (2) 90801 90862/99213-up to 12 AND 90853/H0004HQ-12/48 AND 90847/H0004HR- up to 12/48 OR 90806/H0004-up to 12/48</p> <p>Residential II – S5145/H2020 30 day maximum</p> <p>Day Treatment: 30 day lifetime maximum *must utilize established procedure for accessing IPRS funds for this service</p>	<p>Initial Authorization: Same as previous level of care</p> <p>Same as previous level of care</p> <p>Outpatient (annual) Same as previous level</p> <p>Residential II and III S5145/H2020/H0019 Same as previous level of care</p> <p>Day Treatment: As in previous level</p>	<p>Initial Authorization: Same as previous level of care</p> <p>Same as previous level of care</p> <p>Outpatient (annual) Same as previous level</p> <p>Residential II, III and IV Same as previous level of care</p> <p>Day Treatment: As in previous level</p>

			<p>RESPITE: YA125-96 Hours OR YP730- 12 Days annually</p> <p>Intensive In-Home- H2022: 32 contacts for 4 months for a maximum of one episode per year.</p> <p>Inpatient 12 days initial authorization with reauthorization as needed for state hospital. 3 days initial for local hospitals.</p>	<p>RESPITE: same as previous level of care</p> <p>Intensive In-Home: Same as previous level of care</p> <p>Inpatient Same as previous level</p>
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CHILD SUBSTANCE ABUSE BENEFIT PLAN- STANDARD BENEFIT PLAN

Non/Questionable Target: CSAO	ASAM I CSMAJ and CSSAD	ASAM II CSMAJ and CSSAD	ASAM III CSMAJ and CSSAD	ASAM IV CSMAJ and CSSAD
<p>Authorize H0001/H0031 or refer to community resources if non-target.</p> <p>Mobile Crisis: H2011- 32 unit increments for maximum of 96 units per 24 Hours for all levels of care.</p>	<p>Initial Authorization: SA Assessment- {1} 90801/H0001: 4units</p> <p>Same</p> <p>Out Patient Services All or Combination on Annual Basis: (2) 90801 90862/99213- Up to12 AND 90847/H0004HR- Up to12/48 OR 90806/H0004 Up to 12/48 AND 90853/H0004HQ-Up to 12/48</p>	<p>Initial Authorization: Same as previous level</p> <p>Same</p> <p>All or Combination on Annual Basis: Same as previous level</p>	<p>Initial Authorization: Same as previous level</p> <p>Same</p> <p>All or Combination on Annual Basis: Same as previous level</p> <p>Residential II-III: 30 day life time maximum OR</p> <p>Day Treatment-H2012-HA: 30 day lifetime maximum OR</p> <p>Intensive In-Home- H2022: 32 contacts for 4 months for a maximum of one episode per year.</p>	<p>Initial Authorization: Same as previous level</p> <p>Same</p> <p>All or Combination on Annual Basis: Same as previous level</p> <p>Residential II, III, IV 30 day life time maximum OR</p> <p>Day Treatment- Same as previous level OR</p> <p>Intensive In-Home-H2022: Same as previous level.</p>

ADULT MENTAL HEALTH—STANDARD BENEFIT PLAN

Non-Target	Questionable Target AMAO	Target-Mild GAF 61-70 AMSRE/AMI	Target-Moderate GAF 51-60 AMSRE/AMI	Target-Serious GAF 41-50 AMSRE/AMI	Target-Severe GAF 40 and below AMSRE/AMI
<p>STR refer to community resources, no authorization.</p>	<p>Authorize H0001/H0031—4 units/{1} 90801. If assessed by provider to be non-target, refer to community resources.</p> <p>Mobile Crisis-H2011: 32 units increments for maximum of 96 units per 24 hours for all level of care</p>	<p>{1} 90801OR 4 units of H0031</p> <p>Mobile Crisis Same as previous level</p> <p>Outpatient All or Combination on Annual Basis: {2} 90801 99211- up to 26 and 90862/99213- up to 8 90806/H0004-8/32 90853/H0004HQ-12/48</p> <p>PSR-H2017: Authorize 20 Hours per week for 6 months and reauthorize for same.</p>	<p>Same as previous level</p> <p>Mobile Crisis Same as previous level</p> <p>Outpatient All or Combination on Annual Basis: Same as previous Level</p> <p>PSR-H2017: Same as previous level of care.</p>	<p>Same as previous level</p> <p>Mobile Crisis Same as previous level</p> <p>Community Support Team- Up to 4 hours weekly</p> <p>Outpatient All or Combination on Annual Basis: {2} 90801 99211-up to 26 90782 –up to 26 90862/99213-up to 8 90806/H0004 – Up to 12/48 for short term therapy or transition to group 90853/H0004HQ-24/96</p> <p>PSR-H2017: Same as previous level of care.</p> <p>ACTT-H0040: Per Service Definition</p>	<p>Same as previous level</p> <p>Mobile Crisis Same as previous level</p> <p>Community Support Team- Same as previous level</p> <p>Outpatient All or Combination on Annual Basis: Same as previous level of care.</p> <p>PSR-H2017: Same as previous level of care.</p> <p>ACTT-H0040-Per Service Definition.</p>

		<p>Inpatient Services: Authorize 7 days for state hospital admission OR 3 days for local hospital admission</p>	<p>Inpatient Services: Authorize 7 days for state hospital admission OR 3 days for local hospital admission</p>	<p>Inpatient Services: Authorize 7 days for state hospital admission OR 3 days for local hospital admission</p>	<p>Inpatient Services: Authorize 7 days for state hospital admission OR 3 days for local hospital admission</p> <p>Partial Hospitalization Initial authorization for 5 days with re-authorization up to a maximum of 10 days per episode</p>
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ADULT SUBSTANCE ABUSE-STANDARD BENEFIT PLAN

Questionable Target ASAO	ASAM I ASCJO, ASDSS, ASWOM, ASTER	ASAM II ASCJO, ASDSS, ASWOM, ASCDR, ASTER	ASAM III ASCJO, ASDSS, ASWOM, ASCDR, ASTER	ASAM IV ASCJO, ASDSS, ASWOM, ASCDR, ASTER
<p>STR referral to community resources with no authorization or if questionable, authorize H0001 {4 units}/{1} 90801.</p>	<p>{1} 90801 OR 4 units of H0001</p> <p>Outpatient –Annual All or a combination (2)90801 or 99202-99205 90862/99214- Up to 8 AND 90847/H0004HR-6/24 OR up to { 6 }90806 AND 99211- Up to 26 AND 90853/H0004HQ/H0005-24/96 AND 99872- Up to 26</p> <p>Opioid Maintenance: (bundled package authorized quarterly) H0020-Methadone Dosing-daily 90801-Intake w/licensed clinician-1 Event at initiation of service 99203 (New Patient) or 99214 (Established Patient)- 1 Event Yearly, MD Evaluation 90862 (Medication Check)- 1 monthly 99211 (Med Counseling-RN)- 1 monthly 90806-Individual Therapy- 1 monthly</p>	<p>{1} 90801 OR 4 units of H0001.</p> <p>Outpatient: Annual same intensity as previous level of care.</p> <p>Opioid Maintenance: Same as previous level</p>	<p>{1} 90801/4UNITS OF H0001</p> <p>Outpatient: Annual same intensity as previous level of care. Plus: 90853/H0004HQ-36/144</p> <p>Opioid Maintenance: Same as previous level</p>	<p>{1} 90801/4UNITS OF H0001</p> <p>Outpatient: Annual same intensity as previous level of care.</p> <p>Opioid Maintenance: Same as previous level</p>

	<p>Ambulatory Detox-H0014: 3-day authorization with maximum of 5 days.</p>	<p>Ambulatory Detox- H0014: Same as previous level of care.</p> <p>SACOT-H2035: 12 Hours up to a maximum of 20 Hours per week with a goal to transition to SAIOP OR to fewer days a week.</p> <p style="text-align: center;">OR</p> <p>SAIOP: H0015- 9 hours a week for 4 weeks with a reauthorization in 4 weeks for a maximum of 108 hours.</p>	<p>Ambulatory Detox-H0014: Same as previous level of care.</p> <p>SACOT-H2035: same as previous level of care.</p> <p style="text-align: center;">OR</p> <p>SAIOP-H0015: 9 hours a week for 4 weeks with reauthorizations every 4 weeks for a maximum of 144 hours</p> <p>Facility Based Crisis Detox YP485- Authorize 3 days initially. After clinical review may reauthorize up to a maximum of 7 days.</p> <p>SA Group Living High (ARCA) - YP780: authorize a max of 14 days per episode with a max of 1 episode per annum.</p> <p>SA Group Living Low (RTSA) – YP760: Authorize 14 days initially. May reauthorize up to a total of 30 days. Max of 1 episode per annum.</p> <p>Substance Abuse Halfway House (REMMSCO) (YP760 Group Living Low) Initial authorization up to 90 days. Maximum authorization within a 3 year period is 180 days.</p>	<p>Ambulatory Detox-H0014: Same as previous level of care.</p> <p>SACOT-H2035: same as previous level of care.</p> <p style="text-align: center;">OR</p> <p>SAIOP-H0015: same as previous level of care.</p> <p>Facility Based Crisis Detox YP485- Authorize 3 days initially. After clinical review may reauthorize up to a maximum of 7 days.</p> <p>SA Group Living High (ARCA) - YP780: authorize a max of 14 days per episode with a max of 1 episode per annum.</p> <p>SA Group Living Low (RTSA) – YP760: Authorize 14 days initially. May reauthorize up to a total of 30 days. Max of 1 episode per annum.</p> <p>Substance Abuse Halfway House (REMMSCO) (YP760 Group Living Low) Initial authorization up to 90 days. Maximum authorization within a 3 year period is 180 days.</p>
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CHILD/ADULT DEVELOPMENTAL DISABILITY BENEFIT PACKAGE

Level I	Level II	Level III	Level IV
SNAP Index Score of 24-44 CDSN, ADSN	SNAP Index Score of 45-79 CDSN, ADSN	SNAP INDEX Score of 80-92 CDSN, ADSN	SNAP Index Score of 93-230 CDSN, ADSN
<p>Targeted Case Management-T1017HI: Child: Initial authorization of 5 hours in 30 days to assess needs and develop PCP. Then 12 hours every 90 days. Adult: Initial authorization of 5 hours in 30 days to assess needs and develop PCP. Then 10.5 hours every 90 days.</p> <p>ADVP-YP620: 6 hours/5 days per week if actively training individual in skills to obtain employment (community based). 5 hours/5 days per week if programming indicates need for ongoing support in sheltered setting.</p> <p>Community Respite YP730: Up to 5 days per calendar year for relief to primary caregiver.</p> <p align="center">OR</p> <p>Hourly Respite YP010: 48 hours per calendar year for relief to primary caregiver.</p> <p>Physician Services: {one} 90801-new; 90862/ 99213 for established consumers. Annual-12 units.</p> <p>Personal Assistance-YP020: Up to 60 hours per 90 days.</p>	<p>Targeted Case Management-T1017HI: Same as previous level of care.</p> <p>ADVP-YP620: same as previous level of care.</p> <p>Community Respite-YP730: See previous level of care.</p> <p>Hourly Respite-YP010: See previous level of care.</p> <p>Physician Services: See previous level of care.</p> <p>Personal Assistance-YP020: Up to 90 hours per 90 days.</p>	<p>Targeted Case Management-T1017HI: Same as previous level of care.</p> <p>ADVP-YP620: same as previous level of care.</p> <p>Community Respite-YP730: Up to 8 days per calendar year for relief to primary caregiver.</p> <p align="center">OR</p> <p>Hourly Respite-YP010: 60 hours per calendar year for relief to primary caregiver.</p> <p>Physician Services: See previous level of care.</p> <p>Personal Assistance-YP020: Up to 144 hours per 90 days.</p>	<p>Targeted Case Management-T1017HI: Same as previous level of care</p> <p>ADVP-YP620: same as previous level of care.</p> <p>Community Respite-YP730: See previous level of care.</p> <p>Hourly Respite-YP010: See previous level of care.</p> <p>Physician Services: See previous level of care.</p> <p>Personal Assistance-YP020: Up to 180 hours per 90 days.</p>

<p>Developmental Therapy-H2014: Up to 144 hours per 90 days. **</p> <p>Supervised Living YM 812, 813, 814: Authorize q 12 weeks</p> <p>Group Living Low*- daily must demonstrate at minimum 3 hours/day of individualized support</p>	<p>Developmental Therapy-H2014: Up to 180 hours per 90 days. **</p> <p>Supervised Living YM 812, 813, 814: Authorize q 12 weeks</p> <p>Group Living Moderate*- daily must demonstrate at minimum 4 hours/day of individualized support</p>	<p>Developmental Therapy-H2014: Up to 216 hours per 90 days. **</p> <p>Supervised Living YM 812, 813, 814: Authorize q 12 weeks</p> <p>Group Living Moderate*- daily must demonstrate at minimum 4 hours/day of individualized support</p>	<p>Developmental Therapy-H2014: Up to 240 hours per 90 days. **</p> <p>Supervised Living YM 812, 813, 814: Authorize q 12 weeks</p> <p>Group Living High- daily must demonstrate a minimum of 6+ hours/day of support and be reviewed and approved by DD Coordinator</p>
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- ** All recipients of Developmental Therapy must have had an authorization for CBS services prior to 3/20/06. If the recipient has had a lapse in the authorization of DT for longer than 180 days (not due to hospitalization), future authorizations will be crosswalked to Personal Assistance.**
- ** Developmental Therapy is a service intended to teach new skills. If no progress is indicated toward goals after authorization for 180 days, recipient will be cross walked to Personal Assistance.**
- ** Whenever possible, Developmental Therapy should be blended with Personal Assistance to maximize service benefit at most reasonable cost.**