

**CENTERPOINT HUMAN SERVICES
CLIENT TARGET POPULATION / BENEFIT PLAN ENROLLMENT**

CLIENT'S NAME _____

Note: This section of form should only be filled out for a client.

1= Admission (due at time of admission)

2= Update/Reactivate (due when client's eligibility changes)

Client Record Number _____

Admission Date _____

Client Date of Birth _____

Provider Agency _____

Staff Name _____

Disabilities: _____

Provider must complete and maintain all supporting documentation used to determine the consumer's appropriate target population(s). Full descriptions and requirements for each designation are available under "Target Populations" at www.dhhs.state.nc.us/mhddsas/iprsmenu.

IPRS Benefit Plan for Admitted Client (check only one):

Developmental Disabilities		Substance Abuse	
<input type="checkbox"/>	CDSN- Child from 3 until 18. Developmentally Disabled Assessment based on NC SNAP 1-5. Diagnosis = Any valid ICD-9 code.	<input type="checkbox"/>	CSMAJ - Child or adolescent, under the age of 18, who is in need of treatment for a primary alcohol or drug abuse disorder, with a Primary ICD-9 Substance-related disorder AND is enrolled in the MAJORS Substance Abuse/Juvenile Justice Program. Diagnosis = 291-29299, 303-30599.
<input type="checkbox"/>	ADSN- Adults, ages 18 and over. Developmentally Disabled Assessment based on NC SNAP 1-5. Diagnosis = Any valid ICD-9.	<input type="checkbox"/>	CSSAD – Child from age 3 until 18 who is in need of treatment for a primary alcohol or drug abuse disorder. Diagnosis = 291-29299 or 303-30599.
		<input type="checkbox"/>	ASCDR – Adult, ages 18 and over, IV Drug User or HIV/TB risk, Hepatitis and/or those enrolled in Opioid Treatment Programs, meet specified CDR criteria. Diagnosis = 291-29299, 303-30599.
	Mental Health	<input type="checkbox"/>	ASCJO – Adult, ages 18 and over, who are involved in the criminal justice system and authorized by TASC Case Mgr./ SA Diagnosis. Diagnosis = 291-29299, 303-30599.
<input type="checkbox"/>	CMECD - Child from 3 until 6 years of age who demonstrates significantly atypical behavioral, socio-emotional, motor or sensory development. Diagnosis = 291-2989, 299-2999, 300-3019, 3027, 303-3124, 31281-3149, 3153, 31531, 3158, 3159.	<input type="checkbox"/>	ASDSS - DSS involved adult parents and are substance abusers who have legal custody of a child under 18 yrs. and meet the specified DSS criteria. Diagnosis = 291-29299, 303-30599
<input type="checkbox"/>	CMSED – Child from 3 until 18 with atypical development (up to age 5) or Serious Emotional Disturbance (SED), functional impairment with family, school, or community, are assessed as deaf, or who is homeless. Consolidates benefit pops CMSED, CMMED, CMDEF, and CMPAT. Diagnosis = 293-29799, 2988-2989, 300-30099, 30113, 302-3026, 3028-3029, 306-30999, 3101, 311-31499, 9955-99559, 9958-99589, V158-V1589, V61-V619, V623-V629, V652, V7102.	<input type="checkbox"/>	ASTER - Adults who are ages 18 and over with a primary alcohol or drug abuse disorder and not already eligible for services through Medicaid. Consolidates benefit pops ASHMT, ASDWI, ASDHH, and ASHOM. SA Diagnosis = 291-29299. 303-30599.
<input type="checkbox"/>	AMI – Adult, ages 18 and over, who as a result of a Mental Illness exhibits functioning which is so impaired as to interfere with his/her capacity to remain in the community, who is deaf, or is homeless. Consolidates benefit pops AMSPM, AMSMI, AMDEF, and AMPAT. Diagnosis = 2900-2909, 2930, 2931, 29381-29384, 29389-2939, 2940, 29410-29411, 2948, 295-29599, 296-29699, 297-29799, 2988, 2989, 30000-3009, 3010-3019, 3020-3029, 3070-3079, 3080-3089, 3090-3099, 3101, 311, 31200-31213, 31220-31223, 31230, 31232-3124, 31281-31283, 31289-3129, 7999, 99580-99586, 99589.	<input type="checkbox"/>	ASWOM - Adult - Pregnant or dependent children or seeking custody SA Dx. Diagnosis = 291-29299, 303-30599.
<input type="checkbox"/>	AMSRE – Adult, ages 18 and over, who are stable in their recovery. Diagnosis = 2900-2909, 29383, 29411, 295-29599, 296-29699, 297-29799, 2989, 30001, 30014, 30021, 3003, 30120, 30183, 3022, 3024, 3071, 30751, 30981, 31230, 31233, 31234.		

Staff Signature _____

Effective Date of Plan _____

Effective Revision 1/1/2009

Please see back page for Crisis/Assessment Pops

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CLIENT'S NAME: _____

Client Record Number

(Date Seen)

Note: An Individual who is eligible for Medicaid is not eligible for the Crisis Services target population, nor is an individual who is eligible for both Medicaid and IPRS Services. The Crisis Services target population is limited to only those individuals who either:

- a) have no IPRS target population eligibility, or
- b) have only IPRS target population eligibility, but not Medicaid eligibility.

- CSCS Child seeking SA Crisis Services – In need of crisis or emergency services who is not eligible for Medicaid
- ASCS Adult seeking SA Crisis Services – In need of crisis or emergency services who is not eligible for Medicaid
- CDCS Child seeking DD Crisis Services – In need of crisis or emergency services who is not eligible for Medicaid
- ADCS Adult seeking DD Crisis Services – In need of crisis or emergency services who is not eligible for Medicaid
- CMCS Child seeking MH Crisis Services – In need of crisis or emergency services who is not eligible for Medicaid
- AMCS Adult seeking MH Crisis Services – In need of crisis or emergency services who is not eligible for Medicaid

IPRS Benefit Plan for a Non-Client:

The purpose of the Assessment Only Target Population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid Services. Pending record requirements in APSM 45-2 apply.

- CSAO Child seeking SA Services – Assertive Outreach
- ASAO Adult seeking SA Services – Assertive Outreach
- CDAO Child seeking DD Services – Assessment & Outreach
- ADAO Adult seeking DD Services – Assessment & Outreach
- CMAO Child seeking MH Services – Assessment & Outreach
- AMAO Adult seeking MH Services – Assessment & Outreach

Staff Signature

Date Form Completed