

## IPRS UM Guidelines FY 2013

MH/SA Child and Adolescent

**The maximum limit is for the benefit year (July 2012-June 2013). Authorization is individualized and based on severity and chronicity of need at the time of request**

**Any exception to authorize beyond the maximum benefit will be based on medical necessity at the time of review**

**This is not an exhaustive list but does cover the most commonly used service codes. Please contact UM staff if there are questions about additional codes.**

**IPRS funds may be used for child/adolescent services through age 17.**

(A) Does not count toward the 16 unmanaged outpatient visits.

(B) Authorization not required up to maximum benefit limit.

(C) Any combination of these services apply toward the unmanaged visits.

| Service                                | Service Code                      | Auth Submission Requirements                                                               | Authorization Parameters                                                          | Clinical Guidelines | CALOCUS Level |   |   |   |   |   |
|----------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|---------------|---|---|---|---|---|
|                                        |                                   |                                                                                            |                                                                                   |                     | 1             | 2 | 3 | 4 | 5 | 6 |
| Clinical Assessment                    | 90791, 90792, H0001               | (A) (B) Prior authorization if maximum reached.                                            | 1 per day, 1 per week, 2 per month, 4 per calendar (1 per provider)               | 8C<br>E & M Codes   | X             | X | X | X | X |   |
|                                        | H0031                             |                                                                                            | 1 per day, 1 per week, 1 per month, 2 per calendar year                           |                     |               |   |   |   |   |   |
| Interactive Complexity Add-On          | 90785+                            | (B)                                                                                        | as per limits of primary code.                                                    |                     | X             | X | X | X | X |   |
| Psychological Testing                  | 96101, 96111                      | Prior authorization required. SAR and service order when requesting beyond maximum visits. | 4 units per day, 6 per week, 6 per month, 6 per FY                                | 8C                  |               |   | X | X | X |   |
|                                        | 96110                             |                                                                                            | 1 per day, 1 per week, 1 per month, 1 per FY                                      |                     |               |   |   |   |   |   |
| Evaluation and Management (outpatient) | 99201-99205 (new patient)         | (A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.          | 1 per day, 1 per week, 2 per month, 2 per calendar year (1 per year per provider) | E & M Codes         | X             | X | X | X | X |   |
|                                        | 99211-99215 (established patient) |                                                                                            | 1 per day, 2 per week, 4 per month, 12 per calendar year                          |                     | X             | X | X | X | X |   |

|                                            |                                                |                                                                                                          |                                                                                  |    |   |   |   |   |   |  |
|--------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----|---|---|---|---|---|--|
| <b>Add on therapy codes for physicians</b> | 90833+, 90836+, 90838+                         | (B) (C) SAR and service plan when requesting beyond unmanaged or maximum visits                          | see descriptor for therapy codes below                                           |    | X | X | X | X | X |  |
| <b>Individual Therapy</b>                  | 90832, 90834, 90837, H0004, YP831, YP835       | (B) ( C ) SAR, service plan, service order when requesting beyond unmanaged or maximum visits.           | 1 per day, 2 per week, 6 per month, 16 per calendar year                         | 8C | X | X | X | X | X |  |
| <b>*Crisis</b>                             | 90839                                          | (B)                                                                                                      | 1 per day, 1 per week, 2 per month, 2 per year                                   |    | X | X | X | X |   |  |
| <b>*Crisis</b>                             | 90840+                                         | (B)                                                                                                      | 2 per day, 2 per week, 4 per month, 4 per year                                   |    | X | X | X | X |   |  |
| <b>Family Therapy</b>                      | 90846, 90847, H0004 HR, H0004 HS, YP833, YP834 | (B) ( C ) SAR, service plan, service order when requesting beyond unmanaged or maximum visits.           | 1 per day, 1 per week, 4 per month, 12 per FY                                    | 8C | X | X | X | X | X |  |
| <b>Group Therapy</b>                       | 90849, 90853, H0004 HQ, H0005, YP832, YP835    | (A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.                        | 1 per day, 1 per week, 4 per month, 12 per FY                                    | 8C | X | X | X | X | X |  |
| <b>Intensive In-Home</b>                   | H2022                                          | Prior Authorization Required: Clinical Assessment, SAR, PCP including Service order, Supporting clinical | 1 per day, 7 per week, 15 per month, 32 per FY. Eligible for one episode per FY. | 8A |   |   | X | X |   |  |

|                              |                                |                                                                                                                                                  |                                                                                                                                            |                                    |   |   |   |   |   |   |
|------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|---|---|---|---|
| <b>Multisystemic Therapy</b> | H2033                          | Prior Authorization Required: Clinical Assessment, SAR, PCP including Service order, Supporting clinical                                         | 8 units per day, 20 units per week, 40 units per month 160 units per FY. Not to exceed 5 months duration. Eligible for one episode per FY. | 8A                                 |   |   | X | X |   |   |
| <b>Respite</b>               | Planned: YA213(CMSD) and YP730 | Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan                                                                       | 1 per day, 7 per week, 12 per month, 12 per FY                                                                                             | Service Definitons-2003            | X | X | X | X | X |   |
|                              | Emergent: YP730                | Prior Authorization Required via telephone call 24/7. Continued stay request required after 3 days: SAR, Initial assessment, PCP or Service Plan | 1 per day, 7 per week, 12 per month, 12 per FY                                                                                             | Service Definitons-2003            | X | X | X | X | X |   |
|                              | YP010, YP011, YA125(CMSD)      | Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan                                                                       | 8 per day, 56 per week, 96 per month, 96 per FY                                                                                            | Service Definitons-2003            | X | X | X | X | X |   |
| <b>Mobile Crisis</b>         | H2011                          | (B) Prior authorization if maximum reached.                                                                                                      | 32 units per day, 96 units per week, 96 units per month, 128 per FY                                                                        | 8A                                 |   |   |   |   |   |   |
| <b>Assertive Engagement</b>  | YA323                          | Each new episode requires prior authorization: SAR (expedited)                                                                                   | 12 units per day, 12 per week, 12 per month, 96 per FY                                                                                     | CPHS alternative service definiton |   |   |   | X | X | X |
| <b>Hospitalization</b>       | YP820, YP821                   | Prior Authorization Required via telephone call 24/7. Continued stay requests via telephone to assigned UM staff.                                | 1 per day, 7 per week, 31 per month, 31 per FY for local hospital. State Hospital days are unlimited but do require prior authorization.   | 8B                                 |   |   |   |   |   | X |

|                                                                                               |                                  |                                                                                                                                                                                      |                                                          |             |  |  |  |  |  |   |   |
|-----------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------|--|--|--|--|--|---|---|
| <b>Evaluation and Management</b><br>(inpatient - only for facility where rate is not bundled) | 99221, 99222 (initial)           | Authorization not required up to maximum limit if inpatient prior authorization has occurred. Authorization beyond maximum require telephone review with assigned UM staff           | 1 per day, 3 per week, 5 per month, 12 per calendar year | E & M Codes |  |  |  |  |  |   | X |
|                                                                                               | 99223 (initial)                  |                                                                                                                                                                                      | 1 per day, 1 per week, 2 per month, 12 per calendar year |             |  |  |  |  |  |   | X |
|                                                                                               | 99231, 99232, 99233 (subsequent) |                                                                                                                                                                                      | 1 per day, 7 per week, 31 per month, 45 per year         |             |  |  |  |  |  |   | X |
|                                                                                               | 99239 (discharge)                |                                                                                                                                                                                      | 1 per day 2 per week, 2 per month, 4 per calendar year   |             |  |  |  |  |  |   | X |
| <b>Level III-5 beds or More</b>                                                               | H0019                            | Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation | 1 per day, 7 per week, 31 per month, 45 per FY           | 8D-2        |  |  |  |  |  | X |   |
| <b>Level III- 4 Beds or Less</b>                                                              | H0019                            | Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation | 1 per day, 7 per week, 31 per month, 45 per FY           | 8D-2        |  |  |  |  |  | X |   |

|                      |       |                                                                                                                                                                                      |                                                |      |  |  |  |  |   |  |
|----------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------|--|--|--|--|---|--|
| Level II-Family Type | S5145 | Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation | 1 per day, 7 per week, 31 per month, 45 per FY | 8D-2 |  |  |  |  | X |  |
|----------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------|--|--|--|--|---|--|

## IPRS UM Guidelines FY

MH/SA Adult

**The maximum limit is for the benefit year. Authorization is individualized and based on severity and chronicity of need at the time of request**

**Any exception to authorize beyond the maximum benefit will be based on medical necessity at the time of review**

**This is not an exhaustive list but does cover the most commonly used service codes. Please contact UM staff if there are questions about additional codes.**

**IPRS funds may be used for adult services beginning at age 18.**

(A) Does not count toward the 8 unmanaged outpatient visits.

(B) Authorization not required up to maximum benefit limit.

(C) Any combination of these services apply toward the unmanaged visits.

| Service                                | Service Code              | Auth Submission Requirements                                                               | Authorization Parameters                                                          | Clinical Guidelines | ASAM/ LOCUS Level |   |   |   |   |   |
|----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|-------------------|---|---|---|---|---|
|                                        |                           |                                                                                            |                                                                                   |                     | 1                 | 2 | 3 | 4 | 5 | 6 |
| Clinical Assessment                    | 90791, 90792, H0001       | (A) (B) Prior authorization if maximum reached.                                            | 1 per day, 1 per week, 2 per month, 4 per calendar (1 per provider)               | 8C<br>E & M Codes   | X                 | X | X | X | X |   |
|                                        | H0031                     |                                                                                            | 1 per day, 1 per week, 1 per month, 2 per calendar year                           |                     | X                 | X | X | X | X |   |
| Interactive Complexity Add-On          | 90785+                    | (B)                                                                                        | as per limits of primary code.                                                    |                     | X                 | X | X | X | X |   |
| Psychological Testing                  | 96101, 96111              | Prior authorization required. SAR and service order when requesting beyond maximum visits. | 4 units per day, 6 per week, 6 per month, 6 per FY                                | 8C                  |                   |   | X | X | X |   |
|                                        | 96110                     |                                                                                            | 1 per day, 1 per week, 1 per month, 1 per FY                                      |                     |                   |   |   |   |   |   |
| Evaluation and Management (outpatient) | 99201-99205 (new patient) | (A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.          | 1 per day, 1 per week, 2 per month, 4 per calendar year (1 per year per provider) | E & M Codes         | X                 | X | X | X | X |   |

[illegible]

|                                                |                      |                                                                                                                                            |                                                                                           |         |  |      |        |  |  |  |
|------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------|--|------|--------|--|--|--|
| <b>SA Intensive Outpatient</b>                 | H0015                | 30 day pass through. Reauthorization request: Clinical Assessment, SAR, PCP including Service Order, any suppooritng clinical information  | 1 per day, 5 per week, 12 per month, 48 per FY                                            | 8A ASAM |  | II.1 |        |  |  |  |
| <b>Opioid Maintenance</b>                      | H0020                | Prior authorization required: Clinical Assessment, SAR, PCP including Service Order, any suppooritng clinical information                  | 1 per day, 7 per week, 31 per month, 366 per FY.                                          | 8A ASAM |  | OMT  |        |  |  |  |
| <b>SA Comprehensive Outpatient Treatment</b>   | H2035                | 60 day pass through: Reauthorization required: Clinical Assessment, SAR, PCP including Service Order, any suppooritng clinical information | 4 per day, 20 per week, 80 per month, 160 per FY including the initial pass through days. | 8A ASAM |  | II.5 |        |  |  |  |
| <b>Non-Hospital Medical Detox (ARCA, RTSA)</b> | YP485                | Prior Authorization Required via telephone call 24/7. Continued stay requests via telephone to assigned UM staff.                          | 1 per day, 7 per week, 31 per month, 366 per FY.                                          | 8A ASAM |  |      | III.7D |  |  |  |
| <b>ADATC</b>                                   | DETOX or RESIDENTIAL | Prior Authorization Required via telephone call 24/7.                                                                                      | 1 per day, 7 per week, 31 per month, 366 per FY.                                          | 8A ASAM |  |      | III.9  |  |  |  |

|                                                                  |       |                                                                                                                                            |                                                                                                        |         |  |  |       |   |   |  |
|------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|--|--|-------|---|---|--|
| <b>ARCA: Medically Monitored Community Residential Treatment</b> | YP780 | Prior Authorization Required via telephone call during regular business hours. Continued stay requests via telephone to assigned UM staff. | 1 per day, 7 per week, 14 per month, 14 per year (based on date of last admission)                     | 8A ASAM |  |  | III.7 |   |   |  |
| <b>RTSA: Medically Monitored Community Residential Treatment</b> | YP760 | Prior Authorization Required via telephone call during regular business hours. Continued stay requests via telephone to assigned UM staff. | 1 per day, 7 per week, 30 per month, 30 per year (based on date of last admission)                     | 8A ASAM |  |  | III.7 |   |   |  |
| <b>REMSCO SA Halfway House</b>                                   | YP760 |                                                                                                                                            | 1 per day, 7 per week, 31 per month, 180 days per every THREE years (based on date of first admission) | 8A ASAM |  |  | III.1 |   |   |  |
| <b>Enhanced Services</b>                                         |       |                                                                                                                                            |                                                                                                        |         |  |  |       |   |   |  |
| <b>Partial Hospitalization</b>                                   | H0035 | Prior Authorization Required via telephone call 24/7. Continued stay requests via telephone to assigned UM staff.                          | 1 per day, 5 per week, 10 per month, 20 per FY                                                         | 8A      |  |  |       | X | X |  |

|                                                  |          |                                                                                                                                                                                                                                                    |                                                       |    |  |  |   |   |   |  |
|--------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----|--|--|---|---|---|--|
| <b>Assertive Community Treatment Team (ACTT)</b> | H0040    | Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation. Continued stay request: SAR, reviewed PCP including Service Order (if new serviced added), any supporting clinical information. | 1 per day, 4 per week, 4 per month, 48 per FY         | 8A |  |  | X | X | X |  |
| <b>Community Support Team</b>                    | H2015 HT | Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation. Continued stay request: SAR, reviewed PCP                                                                                       | 16 per day, 64 per week, 64 per month, 384 per per FY | 8A |  |  | X | X |   |  |
| <b>Psychosocial Rehabilitation</b>               | H2017    | Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation. Continued stay request: SAR, reviewed PCP including Service Order (if new serviced added), any supporting clinical information. | 20 per day, 80 per week, 344 per month, 4160 per FY   | 8A |  |  | X | X | X |  |

|                                                                                                |                                  |                                                                                                                                                                            |                                                                                                                                          |                                     |  |  |   |   |   |   |
|------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|---|---|---|---|
| <b>Mobile Crisis</b>                                                                           | H2011                            | (B) Prior authorization if maximum reached.                                                                                                                                | 32 units per day, 96 units per week, 96 units per month, 128 per FY                                                                      | 8A                                  |  |  | X | X | X |   |
| <b>Hospitalization</b>                                                                         | YP820, YP821                     | Prior Authorization Required via telephone call 24/7. Continued stay requests via telephone to assigned UM staff.                                                          | 1 per day, 7 per week, 31 per month, 31 per FY for local hospital. State Hospital days are unlimited but do require prior authorization. | 8B                                  |  |  |   |   |   | X |
| <b>Evaluation and Management<br/>(inpatient - only for facility where rate is not bundled)</b> | 99221, 99222 (initial)           | Authorization not required up to maximum limit if inpatient prior authorization has occurred. Authorization beyond maximum require telephone review with assigned UM staff | 1 per day, 3 per week, 5 per month, 12 per calendar year                                                                                 | E & M Codes                         |  |  |   |   |   | X |
|                                                                                                | 99223 (initial)                  |                                                                                                                                                                            | 1 per day, 1 per week, 2 per month, 12 per calendar year                                                                                 |                                     |  |  |   |   |   | X |
|                                                                                                | 99231, 99232, 99233 (subsequent) |                                                                                                                                                                            | 1 per day, 7 per week, 31 per month, 45 per year                                                                                         |                                     |  |  |   |   |   | X |
|                                                                                                | 99239 (discharge)                |                                                                                                                                                                            | 1 per day 2 per week, 2 per month, 4 per calendar year                                                                                   |                                     |  |  |   |   |   | X |
| <b>Additional Services</b>                                                                     |                                  |                                                                                                                                                                            |                                                                                                                                          |                                     |  |  |   |   |   |   |
| <b>Assertive Engagement</b>                                                                    | YA323                            | Each new episode requires prior authorization: SAR (expedited)                                                                                                             | 12 units per day, 12 per week, 12 per month, 96 per FY                                                                                   | CPHS alternative service definition |  |  |   | X | X | X |
| <b>Peer Support Hospital Discharge</b>                                                         | YA343                            | (A) (B) SAR, service plan, service order when requesting beyond unmanaged or maximum visits                                                                                | 16 per day, 32 per week, 48 per month, 128 per FY                                                                                        | CPHS alternative service definition |  |  |   |   |   | X |

|                                  |       |                                                                                                                                                                                         |                                                    |                          |  |  |  |  |   |  |
|----------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|--|--|--|--|---|--|
| Supervised Living: Mental Health | YP710 | Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation.<br>Reauthorization: SAR, updated PCP, any supporting documentation | 1 per day, 7 per week, 31 per month, 366 per year. | Service Definitions-2003 |  |  |  |  | X |  |
|----------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|--|--|--|--|---|--|

## 2013

### Intellectual/Developmental Disabilities

**The maximum limit is for the benefit year. Authorization is individualized and based on severity and chronicity of need at the time of request**

**Any exception to authorize beyond the maximum benefit will be based on medical necessity at the time of review**

**This is not an exhaustive list but does cover the most commonly used service codes. Please contact UM staff if there are questions about additional codes.**

(A) Does not count toward the 8 unmanaged outpatient visits for adults and 16 unmanaged outpatient visits for children.

(B) Authorization not required up to maximum benefit limit.

(C) Any combination of these services apply toward the unmanaged visits.

| Service                                | Service Code                                                            | Auth Submission Requirements                                                               | Authorization Parameters                                                          | Clinical Guidelines                | Snap Index Scores |       |       |        |
|----------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|-------------------|-------|-------|--------|
|                                        |                                                                         |                                                                                            |                                                                                   |                                    | 24-44             | 45-79 | 80-92 | 93-230 |
| Clinical Assessment                    | 90791, 90792, H0001                                                     | (A) (B) Prior authorization if maximum reached.                                            | 1 per day, 1 per week, 2 per month, 4 per calendar (1 per provider)               | 8C & M Codes                       | X                 | X     | X     | X      |
|                                        | H0031                                                                   |                                                                                            | 1 per day, 1 per week, 1 per month, 2 per calendar year                           |                                    | X                 | X     | X     | X      |
| Interactive Complexity Add-On          | 90785+                                                                  | (B)                                                                                        | as per limits of primary code                                                     |                                    | X                 | X     | X     | X      |
| Evaluation and Management (outpatient) | 99201-99205 (new patient)                                               | (A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.          | 1 per day, 1 per week, 2 per month, 4 per calendar year (1 per year per provider) |                                    | X                 | X     | X     | X      |
|                                        | 99211-99215 (established patient)                                       |                                                                                            | 1 per day, 2 per week, 4 per month, 12 per calendar year                          |                                    | X                 | X     | X     | X      |
| Injection                              | 96372                                                                   | (A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.          | 1per day, 1 per week, 3 per month, 26 per year                                    | E & M Codes                        | x                 | x     | x     | x      |
| Mobile Crisis Management               | H2011 - Mobile Crisis Management                                        | (B) Prior authorization if maximum reached.                                                | 32 units per day, 96 units per week, 96 units per month, 128 per FY               | CPHS alternative service definiton | X                 | X     | X     | X      |
| Psychological Testing                  | 96101 - Psychological Testing, 96111 - Developmental Testing (Extended) | Prior authorization required. SAR and service order when requesting beyond maximum visits. | 4 units per day, 6 per week, 6 per month, 6 per FY                                | 8C                                 | X                 | X     | X     | X      |
|                                        | 96110 - Developmental Testing (Limited)                                 |                                                                                            | 1 per day, 1 per week, 1 per month, 1 per FY                                      |                                    | X                 | X     | X     | X      |

|                              |                           |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          |                           |   |   |   |   |
|------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---|---|---|---|
| Long Term Vocational Support | YM645 - Long Term Support | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Work Readiness Assessment, Risk Assessment Identification tool.</p> <p><b>Reauthorization required quarterly:</b><br/>SAR, SNAP, ISP/PCP and any supporting documentation.</p> | Maximum 8 units per day, 24 units per week, 103 per month, 1236 per year                                                                                                                                                                 | Service Definitions: 2003 | X | X | X | X |
| Developmental Day            | YP610 - Dev Day           | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Risk Assessment Identification tool.</p> <p><b>Reauthorization required quarterly:</b><br/>SAR, SNAP, ISP/PCP and any supporting documentation.</p>                            | <p>When school is in session:<br/>Maximum 12 units per day, 60 units per week, 258 per month, 2220 units per year.</p> <p>When school is not in session Maximum: 24 units per day, 160 units per week, 688 per month, 2720 per year.</p> | Service Definitions: 2003 | X | X | X | X |

|                                                             |                              |                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                  |          |          |          |          |
|-------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|----------|----------|----------|----------|
| <p><b>Adult Developmental Vocational Program (ADVP)</b></p> | <p>YP620 - ADVP</p>          | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Risk Assessment Identification tool.<br/><b>Quarterly Reauthorization required</b> : SAR, SNAP, ISP/PCP and any supporting documentation.</p>                           | <p>Maximum 24 units per day, 120 units per week, 516 units per month, 6192 per FY</p> | <p>Service Definitions: 2003</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> |
| <p><b>Supported Employment</b></p>                          | <p>YP630 - Sup Emp – Ind</p> | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Work Readiness Assessment, Risk Assessment Identification tool.<br/><b>Reauthorization required quarterly:</b> SAR, SNAP, ISP/PCP and any supporting documentation.</p> | <p>Maximum 32 units per day, 160 units per week, 688 units per month, 8256 per FY</p> | <p>Service Definitions: 2003</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> |

|                                                              |                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                           |   |   |   |   |
|--------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|---|---|---|---|
|                                                              | YP640 - Sup Emp – Group                                       | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Work Readiness Assessment, Risk Assessment Identification tool.</p> <p><b>Reauthorization required quarterly:</b><br/>SAR, SNAP, ISP/PCP and any supporting documentation.</p> | 32 units per day, 160 units per week, 688 units per month, 8256 per FY            | Service Definitions: 2003 | X | X | X | X |
| <b>Community Rehabilitation Program (Sheltered Workshop)</b> | YP650 - Community Rehabilitation Program (Sheltered Workshop) | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Risk Assessment Identification tool.</p> <p><b>Quarterly Reauthorization required :</b> SAR, SNAP, ISP/PCP and any supporting documentation.</p>                               | Maximum of 24 units per day, 120 units per week, 516 units per month, 6264 per FY | Service Definitions: 2003 | X | X | X | X |

|                          |                                        |                                                                                                                                                                                                                                                                                                                                |                                                                                   |                           |   |   |   |   |
|--------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|---|---|---|---|
| <b>Day Activity</b>      | YP660 - Day Activity                   | <p>Prior authorization required:<br/>Individualized Service Plan/ Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP, Risk Assessment Identification tool.</p> <p><b>Reauthorization required quarterly:</b><br/>SAR, SNAP, ISP/PCP and any supporting documentation.</p> | Maximum of 24 units per day, 120 units per week, 516 units per month, 6264 per FY | Service Definitions: 2003 | X | X | X | X |
| <b>Supervised Living</b> | YM811 - Supervised Living – 1 Resident | <p>Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b></p>                                                                                                                                      | 1 per day, 7 per week, 31 per month, 366 per year                                 | Service Definitions: 2003 | X | X | X | X |
|                          | YM812 - Supervised Living – 2 Resident | <p>Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b></p>                                                                                                                                      | 1 per day, 7 per week, 31 per month, 366 per year                                 | Service Definitions: 2003 | X | X | X | X |
|                          | YM813 - Supervised Living – 3 Resident | <p>Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b></p>                                                                                                                                      | 1 per day, 7 per week, 31 per month, 366 per year                                 | Service Definitions: 2003 | X | X | X | X |

|                                        |                                                                                                                                                                                    |                                                   |                           |   |   |   |   |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------|---|---|---|---|
| YM814 - Supervised Living – 4 Resident | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |
| YM815 - Supervised Living – 5 Resident | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |
| YM816 - Supervised Living – 6 Resident | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |
| YP710 - Sup Liv – Low                  | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Individualized Service Plan/PCP <b>Quarterly Reauthorization Required: SAR</b>       | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |

|  |                        |                                                                                                                                                                                    |                                                   |                           |   |   |   |   |
|--|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------|---|---|---|---|
|  | YP720 - Sup Liv – Mod. | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |
|  | YP760 - GP Liv – Low   | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |
|  | YP770 - GP Liv – Mod   | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |
|  | YP780 - GP Liv – Hi    | Initial Requests: Prior authorization required: SAR, Current Target Pop, Psychological Eval., Complete PCP, SNAP Score. <b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 7 per week, 31 per month, 366 per year | Service Definitions: 2003 | X | X | X | X |

|         |                                  |                                                                                                                                                     |                                                                         |                           |   |   |   |   |
|---------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------|---|---|---|---|
| Respite | YP010 - Hourly Respite – Individ | Initial Requests: Prior authorization required: SAR, Complete PCP or ISP, SNAP Score.<br><b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 8 hours per day, 48 hours per week, 48 hours per month, 48 hours per FY | Service Definitions: 2003 | X | X |   |   |
|         |                                  |                                                                                                                                                     | 8 hours per day, 56 hours per week, 60 hours per month, 60 hours per FY |                           |   |   | X | X |
|         | YP011 - Hourly Respite – Group   | Initial Requests: Prior authorization required: SAR, Complete PCP or ISP, SNAP Score.<br><b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 8 hours per day, 48 hours per week, 48 hours per month, 48 hours per FY | Service Definitions: 2003 | X | X |   |   |
|         |                                  |                                                                                                                                                     | 8 hours per day, 56 hours per week, 60 hours per month, 60 hours per FY |                           |   |   | X | X |
|         | YP730 - Comm Respite             | Initial Requests: Prior authorization required: SAR, Complete PCP or ISP, SNAP Score.<br><b>Quarterly Reauthorization Required: SAR, SNAP Score</b> | 1 per day, 5 per week, 5 per month, 5 per FY                            | Service Definitions: 2003 | X | X |   |   |
|         |                                  |                                                                                                                                                     | 1 per day, 7 per week, 8 per month, 8 per FY                            |                           |   |   | X | X |

|                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                        |                                                                                               |                                                               |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------|---|---|---|---|
| <b>Developmental Therapy: All recipients of Developmental Therapy must have had an authorization for CBS services prior to 3/20/06. If the recipients 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.</b> | H2014 - Developmental Therapy<br>Service Professional, H2014 HM, H2014 HQ, H2012 U1 | Prior authorization required: Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP.<br><b>Quarterly Reauthorization required:</b> SAR, SNAP, PCP and any supporting documentation.  | Maximum of 576 units per 90 days: 16 units per day, 112 per week, 481 per month, 2304per FY.  | Developmental Disabilities Services:<br>Developmental Therapy | X |   |   |   |
|                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                        | Maximum of 720 units per 90 days: 16 units per day, 112 per week, 481 per month, 2880 per FY. |                                                               |   | X |   |   |
|                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                        | Maximum of 864 units per 90 days: 16 units per day, 112 per week, 481 per month, 3456 per FY. |                                                               |   |   | X |   |
|                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                        | Maximum of 960 units per 90 days: 16 units per day, 112 per week, 481 per month, 3840 per FY. |                                                               |   |   |   | X |
| <b>Personal Assistance (PA)</b>                                                                                                                                                                                                                                                                                              | YP020 - Personal Assistance – Individual                                            | Prior authorization required: Person Centered Plan with signature page, Psychological and/or Neuropsychological evaluation, SAR, SNAP.<br><b>Quarterly Reauthorization required :</b> SAR, SNAP, PCP and any supporting documentation. | Maximum of 240 units per 90 days: 32 units per day, 224 per week, 240 per month, 960 per FY.  | Service Definitions:<br>2003                                  | X |   |   |   |
|                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                        | Maximum of 360 units per 90 days: 32 units per day, 224 per week, 360 per month, 1440 per FY. |                                                               |   | X |   |   |
|                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                        | Maximum of 576 units per 90 days: 32 units per day, 224 per week, 576 per month, 2304 per FY. |                                                               |   |   | X |   |

|  |  |                                                                                                        |  |  |  |  |   |
|--|--|--------------------------------------------------------------------------------------------------------|--|--|--|--|---|
|  |  | Maximum of 720 units per<br>90 days: 32 units per day,<br>224 per week, 720 per<br>month, 2880 per FY. |  |  |  |  | X |
|--|--|--------------------------------------------------------------------------------------------------------|--|--|--|--|---|