

Alamance Caswell Benefit Package
IPRS/Children with MH and/or SA / updated October 2009

Description	Level A& ASAM I Description	Level B and ASAM II Description	Level C and ASAM III.I-III.5 Description	Level D and ASAM III.5-IV Description
<p>Non-Target Population</p>	<p>Psychiatric Symptoms or mild limitation in emotional, behavioral or adaptive functioning OR sub clinical V code</p> <p>GAF>70 ASAM: .5 or 1</p>	<p>Moderate limitation in emotional or adaptive functioning, CSIP requires problems with school, law, DSS abuse/neglect or parent with SA DX.</p> <p>GAF:51-70 ASAM: II</p>	<p>Serious emotional disturbance and functional impairment that seriously interferes with functioning in family, school or community, homeless or at imminent risk for homelessness, more than one agency involved and the child is at risk of , or in , out of home placement. Or multiple drug use, previous failures and lack of social supports to maintain abstinence.</p> <p>GAF: 31-50 ASAM: III.1-III.5</p>	<p>Serious emotional disturbance, and functional impairment that seriously interferes with functioning in family, school or community, homeless or at imminent risk for homelessness, more than one agency involved and the child is at risk or, or in, out of home placement, or imminent danger to self or others.</p> <p>GAF: <30 ASAM: III.5-IV</p>
<p>IPRS Target Pop Assessment Only Population (CMOA, CSAO)</p>	<p>IPRS Target Pop CMMED, CSSAD, CSIP, CSSP, CSCJO, CMECD, CDEF, CSDWI GAF 71-100</p>	<p>IPRS Target Pop CMMED, CSSAD, CSMAJ, CMPAT, CSWOM, CSCJO, CSSSP, CMECD, CDEF</p>	<p>IPRS Target Pop CMMED, CMSED, CASSAD, CSWOM, CSCJO, CSMAJ, CSSP, CMDEF</p>	<p>IPRS Target Pop CMSED, CSSAD</p>
<p>Services</p> <p>The purpose of the AO target population is to provide a mechanism to reimburse a provider for a single service or assessment or event that has been provided to a consumer, but for whom STR determines not to meet eligibility for any other target population. Services are authorized as per state Service Array.</p> <p>Mobile Crisis-H2011 Authorize in 32 unit (8 hr.) increments for maximum of 96 units (24 hrs.) per episode for all levels of care.</p>	<p>Services</p> <p>Evaluation Regular (intake) 90801-1 Event, or H0031 or H0001-or YP830-up to 1½ hrs/ 6units for first month.</p> <p>Outpatient therapy or Behavioral Health Counseling (CPT codes or YP or H codes.) 3 sessions for first 45 days. Concurrent- After the initial 45 days authorize up to three months (up to weekly sessions) as clinically justified. <u>Peer review if still in services for 9 months of service</u> Diagnostic Assessment (DA) T1023. Only given after clinical review with peers. Authorize 1 event for 30 days. Concurrent- 1 per year for clarification of diagnosis.</p> <p>Community Support-H00036HA-Initial: 24 units (6 hrs/month) Concurrent: 8 hours (32 unis/mo-48 units in 3 months with clinical justification (peer review when needed), review in 3 months with a discharge plan . See service definitions for limitations and exclusions. <u>No new referrals after 10/31/09 unless Emergent or Urgent and will be peer reviewed with UM manager or MD and one other</u></p>	<p>Services</p> <p>Any services in previous levels as applicable except Assessment only</p> <p>SAIOP (H0015) ASAM II.1 Auth. 12 days for the first 30 days with an intro PCP. Complete PCP for additional SAIOP episodes.</p> <p>Outpatient Group Therapy H-codes YP codes and CPT codes.</p> <p>Up to weekly groups <u>1-4 hours</u> as clinically justified <u>per ASAM criteria</u>.</p> <p>Community Respite(CMSED, CMMED, & CMECD only): YP730, YA 213</p> <p>Peer review with clinical justification. <u>6 days per 3 month period, more can be asked for if emergent or urgent situation occurs during authorization period</u></p> <p>Hourly Respite (CMECD, CMMED & CMSED only) YA125, YP010, YP011</p> <p>Peer review with clinical justification Up to 2 hours a week for routine auth and more can be asked for if emergent or urgent situation occurs during authorization period.</p> <p>Day Treatment H2012-HA Initial given only for 30 days after</p>	<p>Services</p> <p>Any services in previous levels as applicable except Assessment only</p> <p>Intensive In-Home Services: (IIH) H2022 Initial given only after clinical review with peers. Initial <u>up to 14</u> contacts in the first month. Authorize <u>up to 8</u> contacts in months 2 and #. Authorize 4 contacts in months 4 (if determined to still require service. Concurrent-every 60 days.</p> <p>Partial Hospital (CMMED, CMSED & CSSAD only); Short-term service for cutely mentally ill to prevent hospitalization or provide step down for hospitalization. Initial authorization for 30 days. Concurrent: rare and conducted on a weekly basis. <u>No current child providers for this level of service</u> Residential Level III H0019 (CMSED & CSSAD only) Initial given only after clinical review with peers <u>and MD</u>. Initial 30 days. Concurrent every 3 months.</p> <p>Therapeutic Leave Level III (CMSED & CSSAD only) Max of 3 days per Level III admission.</p> <p>Room and Board (Residential Level III) Provider must follow all guidelines of from the ACR LME memo dated 11/27/06 on Room and Board and the Communication Bulletin #64 from the Division of MHDDSA.</p>	<p>Services</p> <p>Any services in previous levels as applicable except Assessment only</p> <p>Residential Level IV (CMSED & CSSAD only): Initial given only after clinical review with peers. Initial:30 days. Concurrent every 30 days</p> <p>Multisystemic Therapy (MST) Initial given only after clinical <u>peer</u> review with UM Manager <u>or MD</u>. Concurrent-up to 72 units every three months. Reauth. Every 30 days</p> <p>Psychiatric Residential Treatment Facility (CMSED & CSSAD only): Must demonstrate unlawful or criminal behaviors, required intensive supervised care to allow for less restrictive placement. Less restrictive care attempted at least 3 times and failed, needs extensive DX evaluation. Concurrent: every 30 days. Discharge plan and increased participation of family/support system required.</p> <p>Therapeutic Leave Level IV/PRTF (CMSED & CSSAD only) Max of 3 days per Level IV/PRTF admission.</p> <p>Room and Board (Residential Level IV) Provider must follow all guidelines of from the ACR LME memo dated 11/27/06 on Room and Board and the Communication Bulletin #64 from the Division of MHDDSA.</p>

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	<p><u>clinician. All existing consumers will be peer reviewed at next request. Concurrent requests may be 30 to 90 days with clinical justification.</u></p> <p>Community Support Group H00036 HQ See service definitions for limitations and exclusions. <u>Up to one hour a month and no new referrals after 10/31/09. Concurrent authorization may be 30 to 90 days depending upon clinical justification and will be peer reviewed.</u></p> <p>Physician Services 90801,90801 GT*, 90862,90862 GT*, 99211, 99212,, 99213, 99214a and 99215. For initial and concurrent as needed with justification-QI reviews will occur periodically. *GT denotes Telemedicine codes</p> <p>One 90801GT authorized at intake and up to 3 90862 GT authorized at intake.</p>	<p>clinical review with peers. Concurrent-every month.</p> <p>Crisis Respite Homes Target pop CMSED, CMMED, OR CMECD Residential Level II auth. Initial: 3 days If assessed by provider as non-target- refer to community resources- no authorization. Concurrent-clinical review before authorization given. Approved as appropriate</p> <p>Residential Level II (CMECD, CMMED, CMSED & CSAD only) Family Type (Therapeutic Foster Care) and Program Type S5145 Initial given after clinical review with peers. Concurrent-every month.</p> <p>Room and Board (Residential Level II) Provider must follow all guidelines of from the ACR LME memo dated 11/27/06 on Room and Board and the Communication Bulletin #64 from the Division of MHDDSA.</p> <p>Therapeutic Leave Level II (CMECD, CMMED, CMSED & CSSAD only) Max of 3 days per Level II admission.</p> <p>MAJORS-CSMAJ only Community Support Services (CSS) -Individual-H0036 HA. Initial authorization is 24 units (H0036HA) Concurrent auth up to from 1-4 hours a week with clinical justification and peer review up to 12 wks. In Res. Tx. II (Program type) or higher 2 hrs/8 units/month. For provisionally licensed clinicians: auth. up to 216 units of H0004 HQ, HR, HS (group or family tx) with clinical peer review. For Licensed Clinicians: auth up to 48 sessions of OP Services-Ind/Grp. (grouped CPT code 90804, 90806, 90847 or 90849); and Physician Services New (as described)</p>		
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IPRS/Children Children and Adults with Developmental Disorders / updated October 2009

Description	Level A Description	Level B Description	Level C Description	Level D Description
Non-Target Population	Diagnosed Mild Mental retardation or other Pervasive Developmental Disability or TBI. SNAP: 2 or less	Diagnosed moderate Mental Retardation or other Pervasive Developmental Disability or TBI SNAP: 3 or less	Diagnosed moderate to severe Mental Retardation or other Pervasive Developmental Disability or co-morbid MR-MI or TBI SNAP: 3-4	Diagnosed severe Mental Retardation or other Pervasive Developmental Disability or co-morbid MR-MI or TBI and an imminent danger to self or other OR requires 24 hour medical supervision. SNAP:4-5
IPRS Target Pop Assessment Only Population ((ADAO, ACAO)	IPRS Target Pop A/CDSN, A/CDEF, A/CDDHH	IPRS Target Pop A/CDSN, ADMRI, A/CDEF, A/CDDHH	IPRS Target Pop A/CDSN or ADMRI, A/CDEF, A/CDDHH	IPRS Target Pop A/CDSN or ADMRI, A/CDEF, A/CDDHH
The purpose of the AO target population is to provide a mechanism to reimburse a provider for a single service or assessment or event that has been provided to a consumer, but for whom STR determines not to meet eligibility for any other target population. Services are authorized as per state Service Array.	<p style="text-align: center;">Services</p> <p>Evaluation Regular (intake) 90801-1 Event, or H0031 or H0001-up to 1½ hrs/ 6units for first month.</p> <p>Outpatient Therapy CPT codes and H codes 3 sessions over 45 days. Concurrent-1 to 4 times/month. After the initial month authorize up to three months.</p> <p>Diagnostic Assessment (DA) T1023. Only given after clinical review with peers. Authorize 1 event for 30 days. Concurrent 1 per year for clarification of diagnosis.</p> <p>Target Case Management: T1017HI <u>One to 4 hours/mo. With 7 hours given once a year to update the PCP. Concurrent review every 90 days.</u></p> <p>Community Rehabilitation (Sheltered Workshop) YP650 Authorize <u>one</u> to 4 hours per day 2-3 days per week. Concurrent review, every 90 days.</p> <p>Community Respite: YA 213, YP730 Peer review with clinical justification. <u>6 days per 3 month period, more can be asked for if emergent or urgent situation occurs during authorization period</u></p> <p>Hourly Respite: YA 125, YP010, YP011 Peer review with clinical justification</p>	<p style="text-align: center;">Services</p> <p>Any services available to non-target populations except Assessment only</p> <p>Physician Services New 90862, 99201, 99202,, 99203, 99204a and 99205. For initial and concurrent as needed with justification-QI reviews will occur periodically. <u>One 90801GT authorized at intake and up to 3 90862 GT authorized at intake.</u></p> <p>Adult Day Vocational Program (ADVP): YP 620 A vocational training program provided for one to 3 hours <u>up to</u> 5 times per week. Concurrent review-every 6 months.</p> <p>Residential Low-Family YP740 Room and Board. Initial up to 12 wks. Concurrent review: every 12 weeks.</p> <p>Group Living Low: YP760 Initial <u>30 days with peer review.</u> Concurrent review-12 wks. with peer review. Home like to >5 clients. Includes room and board home living, skills & leisure activity.</p> <p>Supervised Living Low YP710. <u>Initial30 days with peer review.</u> Concurrent: up to 12 wks. with peer review.</p>	<p style="text-align: center;">Services</p> <p>Any services available to non-target populations except Assessment only</p> <p>Adult Day Vocational Program (ADVP): YP 620 A vocational training program provided for <u>one to 6</u> hours 5 times per week (<u>maximum480 a month</u>). Concurrent review-every 3 months.</p> <p>Developmental Day (YP 610) (ADSN & CDSN only) Peer review needed prior to authorization. <u>Auth one to 30 hrs/wk. Maximum request is 360 hrs./1440 units for 12 wks.</u> Concurrent-every 6 mos.</p> <p>Day Activity H2017: Organized program of bundled services for substantial portion of the day. <u>Initial for 30 days: 1 to 6 hrs./day, 1-5 days/wk.</u> Concurrent: review: every 12 wks. May not occur during same period as other day/evening programs.</p> <p>Facility Based Crisis (ADSN & ADMRI only): S9484 Initial 3 days. Concurrent 2 days. Five day max. After 5 days a psychiatric consult is needed for further authorization.</p> <p>Residential Moderate-Family-YP750 Same as Level B, Res-Low Family</p> <p>Supervised Living Moderate YP720 Initial-<u>30 days</u> with peer review. Concurrent: up to 12 wks. With peer review.</p> <p>Group Living Moderate: YP770 Initial <u>30 days.</u> with peer review. Concurrent</p>	<p style="text-align: center;">Services</p> <p>Any services available to non-target populations except Assessment only</p> <p>Supervised Living High YM816 (ADMRI only) Provide in individual apartments with on call and more frequent Personal Assistance for several hours at a time. Rental subsidy provided and sporadic Personal Assistance. Includes employment of an individual to live with the client. Initial: only after consultation with peers. Authorization review: every 6 months.</p> <p>Group Living High YP780: Initial-<u>one to 7 days.</u> Concurrent <u>one to 7 days.</u> Have to be connected with a CS provider. A clinical review with peers after the 14 days.</p> <p>Supervised Living YM 812, YM813, YM 814, YM 815, YM 816(1-6) (ADMRI only)-see service definition. Must have LME prior approved cost summary and rate. For supervised living 1 placements, communication and prior approval must be obtained before arrangement of placement.</p> <p><u>Initial-30 days with peer review.</u> <u>Concurrent: up to 12 wks with peer review.</u></p>

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<p><u>Up to 2 hours a week for routine auth and more can be asked for if emergent or urgent situation occurs during authorization period.</u></p> <p>Physician Services Established 90862, 90862 GT* 99211, 99212., 99213, 99214a and 99215. For initial and concurrent as needed with justification- QI reviews will occur periodically. *GT denotes Telemedicine One 90801GT authorized at intake and up to 3 90862 GT authorized at intake.</p> <p>Supported Employment Group/Individual YM450,YM451,YP630,YP640 Authorize <u>one to 15 hrs/wk.</u> Concurrent review every 90 days.</p> <p>Supported Employment Long Term Follow-up-YM645 Auth <u>one to threehours</u> in a month Concurrent review: every 90 days</p> <p>Developmental Therapy (H2014) <u>Initial request needs to have clinical justification for service. Initial request for 30 days. Auth one to ten hours a week with clinical justification . (Maximum 120 hrs./480 units for 12 wks equals 10 hr/wk). Concurrent-every 12 wks with peer review.</u></p> <p>Personal Assistance Individual/Group YP020 <u>One to 4 hours a day for 30 days with clinical justification. Concurrent- One to 4 hours/day for 3 months with clinical justificaion.</u></p>	<p>Independent Living (ADMRI only): See service definition. Requires LME cost summary approval and rate approval.</p> <p>Guardianship (ADMRI only): See service definition.</p>	<p>review-12 wks. with peer review. Home like to >5 clients. Includes room and board home living, skills & leisure activity.</p> <p>Supervised Living (2-6) (ADMRI only) : See service definitions</p>	
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Alamance Caswell Benefit Package
IPRS Adults with Substance Abuse Disorders / updated October 2009

Description	ASAM Level I- OP Services	ASAM Level II Intensive OP Services	ASAM Level III Residential/Inpatient Treatment	ASAM Level IV Medically Managed Intensive Inpatient Treatment
Non-Target Population	Assessed as meeting the criteria for a Substance-Related or Substance Induced Disorder, and the ASAM dimensional criteria for Level I	Assessed as meeting the criteria for a Substance-Related or Substance Induced Disorder, and the ASAM dimensional criteria for Level II	Meets criteria for a Substance Dependence Disorder as well as the ASAM dimensional criteria for Level III	Meets criteria for a Substance-Related Disorder (including Substance-Use and Substance-Induced Disorders as well as the ASAM dimensional criteria for Level IV) (meets ASAM criteria in at least one of the Dimensions 1, 2 or 3).
Must meet IPRS Target Population Criteria, Diagnostic Criteria and ASAM LOC				
<p>Assessment Only: (AMAO) The purpose of the AO target population is to provide a mechanism to reimburse a provider for a single service or assessment or event that has been provided to a consumer, but for whom STR determines not to meet eligibility for any other target population. Services are authorized as per state Service Array</p>	<p style="text-align: center;">Services</p> <p>Physician Services-New 90862,90862 GT*, 99201-99205 For initial and concurrent as needed with justification-QI reviews will occur periodically *GT denotes Telemedicine One 90801GT authorized at intake and up to 3 90862 GT authorized at intake.</p> <p>Behav. Health Assessment –H0001, Provisional: YP830 up to 1½ hrs/ 6units for first month.. After the initial month authorize up to three months. For SA only 1 intake over 6 months with a documented d/c summary with next request over a year.</p> <p>Diagnostic Assessment (DA) T1023. Only given after clinical review with peers. Authorize 1 event for 30 days. Reauth 1 per year for clarification of diagnosis.</p> <p>0.5 Early Intervention (ASHMT, ASCDR, ASWOM, ASDWI, ASCJO, ASDSS) Not at risk of withdrawal. Stable medically and emotionally Willing to explore how SA affect personal goals. Need understanding of skills to change SA. Risk increased by circle of family/friends. Initial auth: crisis intervention 1 x only and if more frequent evaluate for higher Level of Care. Refer to Community NA//AA</p> <p>Beh. Health Counseling - Group Therapy Provisional YP 835 Licensed 90853 or H0005 Up to weekly groups <u>1-4 hours as clinically justified per ASAM criteria.</u></p>	<p style="text-align: center;">Services</p> <p>Any services in Level 1 as applicable</p> <p>SA Intensive outpatient Program-SAIOP-H0015 (ASAM II.1) Only 12 days with intro PCP. Authorize additional days with complete PCP.</p> <p>SA Comprehensive Outpatient Treatment (SACOT H2035 (ASAM II.5) <u>Prior approval needed with intro PCP for first 30 days. Concurrent review with complete PCP every 30 days with progress documented on PCP.</u></p> <p>Opioid Maintenance Therapy (OMT)-ASAM OMT)(ASCDR, ASHMT, ASDWI, ASWOM, ASDSS, ASCJO, ASHMT Target Pop)-H0020-Methodone New_1 month only for PCP Completion and then 3 months with completed PCP.</p> <p>Concurrent-every 12 wks. Level I:84 units (daily for 12 wks) Level II: 60 units(dosing 5 days/wk for 12 weeks) Level III: 48 units (dosing 4 days/wk. for 12 wks) Level IV: 36 units (dosing 3 days/wk. for 12 wks.) Level V: 24 units 9dosing 2 days/wk for 12 wks.) Level VI: 12 units (dosing 1 x per wk for 12 wks) Level VII: 6 units (dosing 1 xper 2</p>	<p style="text-align: center;">Services</p> <p>Any services in previous levels as applicable</p> <p>Clinically Managed Residential Services-YP770 (ASAM III.1, III.3, III.5) (Target pop-ASDWI, ASWOM, ASDSS, ASCJO, ASHMT, ASCDR)</p> <p>III.1 Group living Low: Initial 30 days with peer review, concurrent 30 days with peer review</p> <p>III.3 Group Living Moderate: Initial <u>1 to 14</u> days with peer review, concurrent 30 days with peer review</p> <p>III.5 Group Living High: Initial <u>1 to 7</u> day, concurrent 7 days <u>with peer review.</u></p> <p>Transitional Living Facility-YP770 (ASAM III.1) Group Living-Moderate Intensity/ SA Non-Medical Community Residential Treatment (RTS) Initial and concurrent 30 days with peer review</p> <p>Facility Based Crisis-S9484 (ASAM III.7) (Detox-RTS, Freedom House, & ARCA (Initial 3 days, <u>Concurrent 2 days with clinical justification and peer review.</u> (5 day max.)</p>	<p style="text-align: center;">Services</p> <p>Any services in previous levels as applicable</p> <p>Medically Monitored Intensive Inpatient ASAM III.7 and higher (ASDWI, ASWOM, ASDSS, ASCJO, ASHMT, ASCDR) Non-Hospital Medical Detox Initial 3 days Concurrent 2 days with clinical justification and peer reviewed if needed. After 5 days a psychiatric consult is needed.</p> <p>Medically Supervised Detox/Crisis Detoxification -ADATC Rehab (ASAM III.9 and higher) Target pop: ASDWI, ASWOM, ASDSS, ASCJO, ASHMT, ASCDR</p> <p><u>21 days authorization</u></p>

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	<p>Beh. Health Counseling-Ind. Therapy Document risk factors Provision-YP831 Licensed-(90804, 90806, 90849, H0004) 3 sessions for first 45 days. Concurrent- After the initial 45 days authorize up to three months (up to weekly sessions) as clinically justified. <u>Peer review if still in services for 9 months of service</u></p> <p>Community Support-H0036 HB Initial: 24 units (6 hrs/month) Concurrent: 8 hours (32 unis/mo-48 units in 3 months with clinical justification (peer review when needed), review in 3 months with a discharge plan . See service definitions for limitations and exclusions. <u>No new referrals after 10/31/09 unless Emergent or Urgent and will be peer reviewed with UM manager or MD and one other clinician. All existing consumers will be peer reviewed at next request. Concurrent requests may be 30 to 90 days with clinical justification.</u></p>	<p>wks for 12 wks) and 1 med ck per 12 wks, and S.A. Grp (H0005 or YP85), 36 units per 12 wks during the first year and 18 units if in the second or any subsequent year of OMT.</p>		
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IPRS/ Adult Mental Health/ updated October 2009

Description	Level A Description	Level B Description	Level C Description	Level D Description
Non-Target Population	Axis I or II with mild limitation in emotional, behavior or adaptive functioning GAF 71-100	Axis I or co-morbidity, Axis I & (II or III) and a moderate limitation in emotional behavioral or adaptive functioning and a treatment history-consumer has been or is on medication. GAF 51-70	Axis I or co-morbidity Axis I & (II or III) and a Severe Limitation in emotional, behavioral or adaptive functioning or a serious threat of harm to self or others GAF 31-50	Axis I or co-morbidity Axis I & (II or III) and an imminent danger to self or others OR an inability to attend to basic needs GAF<30
IPRS Target Pop Assessment Only Population AMAO	IPRS Target Pop AMSMI,	IPRS Target Pop AMSMI, AMDEF, AMPAT, AMSPI	IPRS Target Pop AMSPM, AMSMI, AMDEF, AMPAT	IPRS Target Pop AMSPM, AMDEF, AMPAT, AMSMI
The purpose of the AO target population is to provide a mechanism to reimburse a provider for a single service or assessment or event that has been provided to a consumer, but for whom STR determines not to meet eligibility for any other target population. Services are authorized as per state Service Array	Any services available to non-target populations except Assessment Only Evaluation Regular (intake) 90801-1 Event, or H0031 or H0001-up to 1½ hrs/ 6units for first month. Concurrent-12 units/month. After the initial month authorize up to three months. For SA only 1 intake over 6 months with a documented d/c summary with next request over a year. OR Diagnostic Assessment (DA) T1023. Only given after clinical review with peers. Authorize 1 event for 30 days. Reauth 1 per year for clarification of diagnosis.	Any services available in Level A or previous levels as applicable except Assessment only Physician Services-New 90862, 90862 GT*, 99201-99205 For initial and concurrent as needed with justification-QI reviews will occur periodically *GT denotes Telemedicine One 90801GT authorized at intake and up to 3 90862 GT authorized at intake. Community Support-H0036 HB Initial: 24 units (6 hrs/month) Concurrent: 8 hours (32 units/month) 48 units in 3 months with clinical justification (peer review when needed), review in 3 months with a discharge plan. See service definitions for limitations and exclusions. <u>No new referrals after 10/31/09 unless Emergent or Urgent and will be peer reviewed with UM manager or MD and one other clinician. All existing consumers will be peer reviewed at next request. Concurrent requests may be 30 to 90 days with clinical justification.</u> Outpatient treatment Individual 90804, 90806, 90836, 90847, 90849	Any services available in Level B or previous levels as applicable except Assessment only Psychological Rehabilitation (PSR) H2017 Initial-1-3 days/wk. for 90 days <u>with clinical justification</u> Concurrent-1-5 days/wk for 90 days <u>with step down plan</u> Community Support Team-H00036 HQ 32 units (8 hrs.) initial , <u>Concurrent (1 to 10 hours) with clinical justification</u> . See service definitions for limitations and exclusions Residential Moderate-Family-YP750 Same as Level B, Res-Low Family Supervised Living Moderate YP720 Initial- <u>4 weeks</u> with peer review. Concurrent: up to 12 wks with peer review.	Any services available in Level C or previous levels as applicable except Assessment only Assertive Community Treatment Team (ACTT) (AMSPM only) H0040 Initial with clinical review: auth. for 30 days period 4 events. Concurrent every 30 days 4 days only. Facility Based Crisis: S9484 Initial 3 days, <u>Concurrent 2 days with clinical justification and peer review.</u> (5 day max.) After 5 days a psychiatric consult is needed for further authorization

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		<p>Initial-6 units 3 sessions for first 45 days. Concurrent- After the initial 45 days authorize up to three months (up to weekly sessions) as clinically justified. <u>Peer review if still in services for 9 months of service</u></p> <p>Supported Employment Long Term Follow-up-YM645 Auth 1 to 2 hours in a month Concurrent review: every 90 days</p> <p>Supported Employment (TEP) YP639 individual <u>1 to 10 hrs./40 units per week for 12 wks</u> if clinically justified. Concurrent every 12 weeks if in TEP or YP630 <u>1 to 10 hrs/mo</u> for 3 moths. Reauth. every 3 months if not in TEP And YP640 (group) <u>1 to 7 hrs/28 units per month for 3 months</u>. Reauth. Every 3 months.</p> <p>Residential Low-Family YP740 (AMSPM only) Room and Board. Initial up to 12 wks. Concurrent review: every 12 wks.</p> <p>Group Living Low: Initial 30 days with peer review. Concurrent review-12 wks. with peer review. Home like to >5 clients. Includes room and board home living, skills & leisure activity.</p> <p>Supervised Living Low YP710. Initial-up to 12 wks. with peer review. Concurrent: up to 12 wks. with peer review.</p>		
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**Alamance Caswell Benefit Package
Hospitalizations October 2009**

Service	Initial	Concurrent	Comments	
Indigent sponsorship-contracted hospitals	3 days	2 Days are approved peer review with MD	Beyond 5 days psychiatric consult needed	
ARMC Crisis bed				
ADATC	<u>21 days</u>	21 day program	<u>Review 5 days.</u> prior to end of authorization	
State hospital-AAU	7 days	10 day max.	Any day's authorization beyond 10 days are done so with consultation with the hospital liaison and MD as needed <u>Concurrent review two days before expiring</u>	
State Hospital-Rehab	30 days	Up to 60 days per request	<u>Review 5 days.</u> prior to end of authorization	
State Hospital-Gero	<u>7 days</u>	Up to 30 day request	<u>Review 24 hrs.</u> prior to end of authorization	
State Hospital-Children	<u>12 days</u>	5 days per request	Any day authorization beyond 5 days are done so with consultation with the hospital liaison and MD as needed.	