

Description	Level A Description	Level B Description	Level C Description	Level D Description
<p>Non-Target Population</p>	<p>Diagnosed mild Mental Retardation or other Pervasive Developmental Disability or Traumatic Brain Injury (TBI) that results in average NC Snap Scores of 2 or less and a SNAP Index score or 44 or below.</p>	<p>Diagnosed moderate Mental Retardation or other Pervasive Developmental Disability or TBI that results in average NC Snap Scores of 3 or less and a SNAP Index score of 45 - 78.</p>	<p>Diagnosed moderate to severe Mental Retardation or other Pervasive Developmental Disability or co-morbid MR-MI or TBI that results in average NC Snap Scores of 3-4 and a SNAP Index score of 80 - 92.</p>	<p>Diagnosed severe Mental Retardation or other P.D.D. or co-morbid MR-MI or TBI that results in average NC Snap Scores of 4-5 and SNAP Index of 95 – 230, and/or imminent danger to self or others OR requires 24 hr medical supervision.</p>
<p><b>Must Meet Target Population, appropriate NC SNAP Score and diagnostic and LOC criteria</b></p>				
<p><b>Services</b></p> <p><b>Screening, Triage and Referral</b></p> <p><b>Assertive Outreach</b> Attempting to engage non-registered people in the system.</p> <p><b>Referral to Community Resources</b> Resources to address primary issue. No auth.</p> <p><b>Note:</b> The <u>initial</u> authorization for services that are authorized annually will be pro-rated to end on the last day of the recipient's birth month.</p>	<p><b>Services</b></p> <p><b>Any services in Non-Target group as applicable</b></p> <p><b>Evaluation Regular (Intake)</b> 90801- 1 unit, OR H0031- H0001 auth 1 hr/ 4 units.</p> <p><b>ADVP- YP620</b> Auth up to 6 hrs/day 5 days/ wk (1560 hours/6240 units for 12 months). Reauth every 12 months.</p> <p><b>CAET – Individual-YA364/Group-YA363 (DECI only)</b> Tier 1: auth up to 1300 units of Grp, 155 units of Ind. for 13 weeks. Tier 2: auth up to 1050 units of Grp, 310 units of Ind. for 13 weeks. Tier 3: auth up to 400 units of Grp, 619 units of Ind. for 13 weeks. Authorize up to 1 year with average length of stay of 180 days.</p> <p><b>D.D. Case Management -T1017HE</b> Auth 52 units for 12 months. Must document application for Medicaid prior to re-authorization. Reauth every 12 months.</p> <p><b>Developmental Therapy - H2014</b> <b>No new recipients may be authorized as of 9-15-11. Refer to DT Wait List</b> Auth up to 520 hrs/ 2080 units for 12 months (max. 10hrs/ wk). No more than 4 hrs/ 16 units per day. Reauth every 12 months with full clinical review each period. Must include step-down plan for adults as service duration will be up to one year. Any school services need to be documented on the PCP or submitted on school plan or IEP. <b>Service Exclusion:</b> Cannot be authorized with Sup. Living or Residential Treatment.</p> <p><b>Outpatient Individual</b> 90806 for licensed clinician OR H0004 (all but HQ)for provisionally licensed, auth up to 8 Sess/32 units for 1 year.</p> <p><b>Personal Assistance Individual- YP020</b> Option 1: Auth 208 hrs/ 832 units for 12 months (4 hr/ wk). Option 2: Auth 312 hrs/ 1248 units for 12 months (6 hr/ wk). Reauth every 12 months with full clinical review each period. <b>Service Exclusion:</b> Cannot be auth with Sup. Living or Res. Trmt.</p> <p><b>Physician Services</b> Initial or new Patient: Auth 1 -99204 &amp; 8 -99214 for 12 months. Established Patient: Auth 9 -99214 for 12 months.</p> <p><b>Psychological Testing – 96101</b> Auth 6 units (hrs) for 60 days.</p> <p><b>Supported Employment Long Term Follow-up - YM645</b> Auth up to. 26 hrs/104 units for 6 months. Reauth every 6 months.</p>	<p><b>Services</b></p> <p><b>Any services in a previous level as applicable.</b></p> <p><b>Personal Assistance Individual- YP020</b> Option 1: Auth 416 hrs/1664 units for 12 months (8hrs/wk) Option 2: Auth 624 hrs/2496 units for 12 months (12 hrs/wk) Reauth every 12 months with full clinical review each period. <b>Service Exclusion:</b> See Level A</p> <p><b>Family Living Low- YP740</b> Low intensity residential service. Individuals live with a family which provides supportive services. Auth up to 6 months. Reauth every 6 months.</p> <p><b>Supervised Living Low - YP710</b> Assistance provided in individual apartments with periodic support and care. Reauth every 6 months.</p> <p><b>Community Respite - YP730</b> Auth up to10 units(days) per calendar yr. May not be provided with: Fam Lvg, Grp Lvg, Res, FBC or Inpatient care.</p> <p><b>Hourly Respite - YP010- Individual, YP011-Group.</b> Auth up to 23 hrs per calendar year to prevent out-of-home placement. May not be provided with any overnight service, day/evening activity, or day treatment.</p>	<p><b>Services</b></p> <p><b>Any services in a previous level as applicable.</b></p> <p><b>Mobile Crisis Mgt – H 2011</b> (FH only) Auth 8 hrs/32 units for 48 hrs (2 days).</p> <p><b>Dev. Day Activity- YP610</b> Auth 520 hrs/6240 units for 12 months. Reauth every 12 months.</p> <p><b>Personal Assistance Ind-YP020</b> Auth up to 325hrs/1300 units for 13 weeks (25 hrs/wk). Reauth every 13 weeks with full clinical review each period. Additional requests must indicate a step-down plan which includes the use of other services to support the recipient. <b>Service Exclusion:</b> See Level A</p> <p><b>Family Living Moderate- YP750</b> Professionally trained parent-substitutes who provide for basic living, socialization, therapeutic and skill-learning needs. Auth up to 6 months. Reauth every 6 months.</p> <p><b>Supervised Living Moderate - YP720</b> Provided through routine, on-call and spontaneous personal contact/assistance for several hours at a time. Auth for up to 6 months. Reauth every 6 months.</p> <p><b>Group Living- Moderate - YP 770</b> 24 -hour service providing a greater degree of supervision and individualized therapeutic or rehabilitative programming to enable the resident to participate in community activities, social interactions in the home and in treatment/habilitation/ rehabilitation services. Auth up to 180 days(6 months). Reauth every 6 months.</p>	<p><b>Services</b></p> <p><b>Any services in a previous level as applicable.</b></p> <p><b>Inpatient</b> Auth every 3 - 7 days. Must have discharge plan and show evidence of continuing dangerousness to self or others (severe aggression) or inability to care for basic needs such that health and safety is a risk.</p> <p><b>Supervised Living MR/MI I to VI Residents (ADSN only)</b> Includes room and support care for an individual(s) who needs 24 hour supervision. Includes employment of an individual to live with the client. Auth up to 6 months. YM811 –1 resident, YM812- 2 res. YM813-3 res.,YM814 – 4 res. YM815 -5 res., YM 816 – 6 res.</p> <p><b>Facility Based Crisis- S9484</b> Initial pass through auth for 7 days (112 units). Reauth every 4 days (64 units), no more than 16 hours per day. The service cannot be provided for more than 30 days in a 12 month period. <b>Service Exclusions:</b> This service cannot be billed the same day as any other MH/SA service except CS, CST, and ACTT.</p>