

### **Mental Health (Effective 10/1/2012)**

The levels of care criteria provide a framework for the authorization of medically necessary services to adults with psychiatric diagnoses. This document will summarize the crosswalk between the LOCUS and the Adult Mental Health Levels of Care Criteria for services which are authorized by the Alliance UM Department

**LEVEL 0 - BASIC SERVICES - Prevention and Health Maintenance** Basic services are designed to prevent the onset of illness or to limit the magnitude of morbidity associated with already established disease processes. These services may be developed for individual or community application, and are generally carried out in a variety of community settings. These services will be available to all members of the community. *(Not included in the benefit)*

#### **LEVEL 1 - Recovery Maintenance and Health Management**

This level of care provides treatment to clients who are living either independently or with minimal support in the community, and who have achieved significant recovery from past episodes of illness. Treatment and service needs do not require supervision or frequent contact.

#### **LEVEL 2 - Low Intensity Community Based Services**

This level of care provides treatment to clients who need ongoing treatment, but who are living either independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact.

Programs of this type have traditionally been clinic-based programs

#### **LEVEL 3 - High Intensity Community Based Services**

This level of care provides treatment to clients who need intensive support and treatment, but who are living either independently or with minimal support in the community. Service needs do not require daily supervision, but treatment needs require contact several times per week. Programs of this type have traditionally been clinic based programs.

#### **LEVEL 4 - Medically Monitored Non-Residential Services**

This level of care refers to services provided to clients capable of living in the community either in supportive or independent settings, but whose treatment needs require intensive management by a multi disciplinary treatment team. Services, which would be included in this level of care, have traditionally been described as partial hospital programs and as assertive community treatment programs.

#### **LEVEL 5 - Medically Monitored Residential Services**

This level of care has traditionally been provided in non-hospital, free standing residential facilities based in the community to ameliorate a non-lethal psychiatric emergency in a facility-based crisis stabilization unit. In some cases, longer-term care for persons with a chronic, disability, which has traditionally been provided in nursing homes or similar facilities, may be included at this level.

#### **LEVEL 6 - Medically Managed Residential Services**

Level six services are provided in psychiatric hospital settings or in medical hospital settings where mental health conditions result in injury to self or others.

### **Substance Use**

The service definitions all contain entrance criteria and continued stay criteria that are based on specific ASAM Patient Placement Criteria. This document will summarize the crosswalk between ASAM Patient Placement Criteria and the Adult Substance Abuse Levels of Care Criteria for services which are authorized through the Alliance UM Department

**LEVEL 0 – ASAM 0.5** - Early intervention, prevention, or community support group services *(Not included in the benefit)*

#### **LEVEL 1 and 2– ASAM I**

##### **Outpatient Treatment**

Consumers in this category may receive outpatient groups, individual and family therapy, medication management, psychological testing, Opioid Maintenance services or other services necessary to maintain the consumer in the community.

#### **LEVEL 3 – ASAM II.I**

##### **Intensive Outpatient Services**

This level of care includes intensive frequency and duration of community-based treatment (9 or more hours) and support services and as such would be eligible for services in Level 1 as well as intensive outpatient services.

#### **LEVEL 4 – ASAM II.5**

##### **Partial Hospitalization**

Consumers at this level are eligible for services in Level 1 and Two and also are eligible for Substance Abuse Comprehensive Outpatient Treatment or partial hospital care involving the highest frequency and duration of community-based treatment (20 or more hours) and support services.

#### **LEVEL 5– ASAM III.1-111.5**

##### **Clinically Managed Low to Medium Intensity Residential Treatment**

This level includes services for Level 1 consumers who meet criteria for ASAM III and higher. Consumers at this level are eligible for services in Level A, B, C, as well as Non-medical Community Residential Detoxification or Rehabilitation Services, SA Half-way House, Medically Monitored Residential Treatment..

#### **LEVEL 6 – ASAM III.7-IV**

Medically Monitored Intensive Inpatient Treatment to Medically Managed Intensive Inpatient Treatment such as Hospital-based detoxification or long-term facility-based rehabilitation.

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Assertive Community Treatment Team (ACTT)	H0040	<b>Iniail:</b> SAR, record supporting SPMI and/or multiple hospitalizations/Crisis Authorizations, Comprehensive Clinical Assessment <b>Reauth:</b> SAR, PCP/PCP update	<b>Initial:</b> 6 months/4 units per month <b>Reauth:</b> 12 months/4 units per month	State Funded Assertive Community Treatment (ACT)				x	x		
Assertive Engagement	YA323	SAR only, provider to have plan in the record	<b>ALL MH/SA:</b> 32 units for 30 days. Annual max 32 units. <b>CUMBERLAND</b> Referral from Care Coordination Required. <b>DURHAM SA Program:</b> 48 units/30 days No prior authorization required for the initial 14 calendar days. Unmanaged benefit eligible to IPRS members only.	Alternative service Def.	x	x	x	x	x	x	x
Clinical Assessment	90791, 90792	SAR	2 per year. No prior approval required. Cannot be provided w/in 6 months of most recent assessment	8C	x	x	x	x	x	x	x

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Community Support Team (CST)	H2015HT	SAR, PCP/PCP update, Comprehensive Clinical Assessment	128 units over 60 days. 6 month service maximum	State Funded Enhanced MH/SUD Service Def.			x	x			2.1
Crisis Evaluation & Observation	YA324		No prior auth required. 23 hours per episode pass-thru. No annual limit. Provider required to contact STR at time of admit.	Alternative service Def.					x	x	3.1
Facility Based Crisis Services	S9484	SAR	Pass thru: 7 days/112 units. Initial auth: every 4 days/64 units. Maximum of 30 days per fiscal year	State Funded Enhanced MH/SUD Service Def.					x	x	3.5
Group Living High	YP780	SAR, PCP, authorization requires prior budget approval from finance.	Up to 6 months, must have evidence of SPMI	MH/DD/SA Service Def.				x	x		
Group Living Low	YP760	SAR, PCP, authorization requires prior budget approval	Authorized in 6 month increments	MH/DD/SA Service Def.			x	x			3.5
Group Living Moderate	YP770	SAR, PCP, authorization requires prior budget approval	Initial and Reauth up to 6 months	MH/DD/SA Service Def.			x	x			

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Group Living Moderate - Perinatal and maternal programs	YP770	SAR	Authorization 365 days	MH/DD/SA Service Def.							3.5
Group Living Moderate - Transitional Living	YP770	SAR	Initial: 30 days. 45 day maximum length of stay per episode	MH/DD/SA Service Def.							3.1
Halfway House - SA	H2034	SAR	Initial: 90 days, 180 day annual maximum	State Funded Enhanced MH/SUD Service Def.							3.1
Hospital Discharge Transition Service	YA346		<b>WAKE ONLY:</b> Up to 128 units for 30 days pass-thru	Alternative service Def.	X	X	X	X	X	X	X
Inpatient Hospitalization	YP820 HHH YP821	SAR	<b>HHH:</b> No prior auth required. Wake Residents only <b>Three Way Contract beds:</b> 7 day initial auth - MH 4 day initial auth - Detox Reauth up to 3 days.	8B						x	4

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Medication Management Services	99201-99204 (initial) and 99211-99214 (established) 96372	SAR after initial pass thru of 10 sessions	Pass thru for the first 10 visits: 1 New patient visit and 16 established patient visits annually. Established patients are not eligible for a New Patient Evaluation. 52 event limit for 96372		x	x	x	x	x	x	ALL
Mobile Crisis Management	H2011	SAR	No prior auth required: Billing limits: 32 units per day, 64 units per week, 320 per month, 640 per year	State Funded Enhanced MH/SUD Service Def.			x	x	x	x	
Non-Hospital Medical Detoxification	H0010	SAR	No Prior auth required, no annual maximum	State Funded Enhanced MH/SUD Service Def.							3.7D
Opioid Treatment	H0020	SAR, provider maintains copy of service plan	No auth required for initial pass-through of 30 days <b>Reauth:</b> up to 180 days	State Funded Enhanced MH/SUD Service Def.							1
Outpatient DBT	YA387 (Indiv.) YA386 (group)	Unmanaged benefit limited to scope in provider network contract	52 Individual sessions and 52 Group sessions annually	8C			x				

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Outpatient Services - Group	90853	SAR	No Prior Auth required: <u>Billing limits:</u> <b>MH:</b> 52 sessions fiscal year limit, 2 sessions per week, 9 per month when provided using a promising practice or evidenced based approach. <b>SA:</b> 180 sessions fiscal year limit, 3 per week, 15 per month. General group therapy: 16 sessions.	8C	x	x	x	x			1
Outpatient Services - Individual & Family	90832, 90834 90846, 90847, 90837,	SAR	Unmanaged 8 sessions. Prior authorization required for 4 additional session for an fiscal year maximum of 12 sessions.	8C	x	x	x	x			1
Peer Support Center	YA348	No SAR required	<b>Johnston ONLY</b> - Unmanaged service	LME Alternative Service Definition	x	x	x				

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Psychosocial Rehabilitation (PSR)	H2017	SAR, provider maintains copy of service plan, if in other enhanced service, PCP/PCP update is required. Comprehensive Clinical Assessment	Initial + Re-auth: 180 days, up to 120 units per week. (3120 units per 180 days)	State Funded Enhanced MH/SUD Service Def.			x	x			
SA Medically Managed Intensive Inpatient Detoxification (ADATC)		Regional Referral Form SAR submission not required - Call Customer Service	Initial authorization 14 days; concurrent 7 days up to 28 days total	State Funded Enhanced MH/SUD Service Def.							4
State Inpatient Hospitalization		Regional Referral Form. SAR submission not required - Call Customer Service	<b>All counties</b>	8B							
Substance Abuse Comprehensive Outpatient Treatment (SACOT)	H2035	SAR, PCP/PCP update with Step-Down plan, Comprehensive Clinical Assessment	<b>Wake &amp; Durham</b> - Authorized monthly, maximum of 4 months. Frequency of 4 hrs/day X 5 days per week <b>All counties under ASOUD</b>	State Funded Enhanced MH/SUD Service Def.							2.5

Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Substance Abuse Intensive Outpatient Program (SAIOP)	H0015	SAR, PCP/PCP update, Comprehensive Clinical Assessment	3 months - 36 units/events. Minimum. 3 hrs/day X 3 days per week. Can request additional 2 weeks if clinically needed	State Funded Enhanced MH/SUD Service Def.							2.1
Supervised Living Low	YP710	SAR, PCP/PCP update - Authorization requires prior budget approval	Initial auth: up to 6 months	MH/DD/SA Service Def.			x	x	x		
Supervised Living Moderate	YP720	SAR, PCP/PCP update - Authorization requires prior budget approval through finance	Initial: 90 days. Reauth 180 day	MH/DD/SA Service Def.			x	x	x		
Supported Employment - Individual MH	YP630	SAR, provider to have plan in the record. Copy of Checklist meeting In or At-Risk for TCLI.	<b>Initial:</b> Up to 400 units for 6 months. <b>Reauth:</b> Up to 184 units for 6 months. Annual benefit max of 584 units. Initial 14 days do not require prior authorization.	State Funded IPS-SE for AMH-SAS							



Alliance Behavioral Healthcare IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Transition Management Services (TMS)	YM120	Must be participating in the Transitions to Community Living Initiative and approved for a housing slot.	<b>No Prior Auth Required All counties</b> Unmanaged Benefit of 60 units/week maximum billing	Alternative service Def.	x	x	x	x	x	x	

### Child Mental Health

The Child Mental Health levels of care criteria provide a framework for the authorization of medically necessary services to children with psychiatric diagnoses based on CALOCUS Level of Care.

**Level 0: Basic Services.** This is a basic package of prevention and health maintenance services that are available to everyone in the population being served, whether or not they need mental health care. *(Not included in the benefit)*

**Level 1: Recovery Maintenance and Health Management.** This level of service is usually reserved for those stepping down from higher levels of care that need minimal system involvement to maintain their current level of function or need brief intervention to return to their previous level of functioning. Examples of this level of service are children or adolescents who only need ongoing medication services through primary care for a chronic condition or brief crisis counseling.

**Level 2: Outpatient Services.** This level of care most closely resembles traditional office based practice and requires limited frequency, duration, and intensity of community-based services such as individual, family, and group therapies, psychological testing, and medication management by a psychiatrist or mid-level psychiatric prescriber.

**Level 3: Intensive Outpatient Services.** It is at this level that services are intensive and/or numerous, and require coordination through case management. Child and Family Teams are often convened as part of the coordination of services to develop an individualized Wraparound Plan. Wraparound Plans include clinical, academic, support, faith-based, recreational, or other services and providers..” This level requires more frequent contact between providers of care and the youth and family/caregiver as the severity of disturbance increases and complexity of functional issues.

**Level 4: Intensive Integrated Service Without 24-Hour Psychiatric Monitoring.** This level of care best describes the increased intensity of services necessary for multisystemic interventions requiring more extensive collaboration between the increased number of providers and agencies. The clinical service provision is often implemented by multidisciplinary teams of professionals meeting several times per week with the consumer, family, and other social networks. Services are often delivered in the consumer’s home and frequented community settings in addition to clinic-based services. An intensive clinical Wraparound Plan is also required, using an increased number of clinical supports. In other cases increased frequency, intensity, or duration of interventions would occur in a day-treatment or partial hospital-type program. Because of case acuity and service provider diversity, more intensive case management is needed.

**Level 5: Non-Secure, 24-Hour, Services with Psychiatric Monitoring.** Traditionally, this level of care is provided in group homes or other unlocked residential treatment facilities with access to psychiatric care given their level of treatment intensity, but may be provided in therapeutic foster care. In either case, a complex array of services should be in place around the child and a higher level of case management is needed in order to manage the child’s multiple needs.

**Level 6: Secure, 24-Hour, Services With Psychiatric Management.** This level includes substance use treatment services within a program with constant oversight by a medical and/or psychiatric provider within the facility. Most commonly, these services are provided in inpatient psychiatric settings or high-management, intensive-treatment residential facilities. Though the consumer’s case management needs within the facility and nearby community should be met by the residential provider, the local case responsible agency should provide intensive case management as needed during times of placement disruption or discharge planning.

### Child Substance Use

Child Substance Abuse service definitions all contain entrance criteria and continued stay criteria that are based on specific ASAM Patient Placement Criteria.

**LEVEL 0 – ASAM 0.5** Prevention services and community-based support individuals and groups. *(Not included in the benefit)*

**LEVEL 1 and 2– ASAM I Outpatient Treatment:** Consumers in this category may receive outpatient groups, individual and family therapy, medication management, psychological testing, or other services necessary to maintain the consumer in the community.

**LEVEL 3 – ASAM II.I Intensive Outpatient Services:** This level of care includes intensive support and treatment multiple times and/or multiple hours per week with a clinic-based provider and as such would be eligible for services in Level 1 as well as intensive outpatient services coordinated as needed through case management and may have Child and Family Team as part of that coordination within a Wraparound Plan involving multiple community agencies.

**LEVEL 4 – ASAM II.5 Comprehensive Outpatient Treatment:** Consumers at this level are eligible for services in Level 1 and Two and also are eligible for specialized Substance Abuse Comprehensive Outpatient Treatment or multisystem intensive treatment. Active case management would also be needed as the consumer is likely to have multi-agency involvement within the purview of a Child and Family Team.

**LEVEL 5 – ASAM III.1-111.5 Clinically Managed Low to Medium Intensity Residential Treatment:** This level includes services for Level 1 consumers who meet criteria for ASAM III and higher. Consumers at this level are eligible for services in Level A, B, C, as well as Non-medical substance use residential treatment services, Medically Monitored Residential Treatment

**LEVEL 6 – ASAM III.7-IV Medically Monitored Intensive Inpatient Treatment to Medically Managed Intensive Inpatient Treatment:** This level includes substance use treatment services within a program with constant oversight by a medical and/or psychiatric provider within the facility.

Alliance Behavioral Healthcare IPRS Child Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: CALOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Clinical Assessment	90791, 90792	SAR	2 per year. No prior approval required. Cannot be provided w/in 6 months of most recent assessment	8C	x	x	x	x	x	x	x
Crisis Evaluation & Observation	YA324		No prior auth required. 23 hours per episode pass-thru. No annual limit. Provider required to contact STR at time of admit.	Alternative Service Def.					x		
Day Treatment	H2012HA	SAR, PCP/PCP update, IEP/504 Plan, Behavioral Intervention Plan, Suspension/Expulsion Record, Comprehensive Clinical Assessment	<b>WAKE ONLY:</b> 504 hours over 210 days. No re-auth Breakdown: Months 1-2 = 30 hrs/week Months 3-4 = 20 hrs/week Months 5-6 = 10 hrs/week Month 7 = 6 hrs/week	State Funded Enhanced MH/SUD Service Definition			x	x			
Inpatient Hospitalization	YP820	SAR	<b>WAKE ONLY:</b> No prior auth required. Wake Residents only	8B						x	4
State Inpatient Hospitalization		Regional Referral Form SAR submission not required - Call Customer Service	<b>All counties</b> Referral to CRH requires a Regional Referral Number	8B						x	

Alliance Behavioral Healthcare IPRS Child Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: CALOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Intensive In-Home	H2022	SAR, PCP/PCP update, Comprehensive Clinical Assessment	Maximum of 60 units over 150 days. <b>Not eligible with 3rd party insurance coverage</b>	State Funded Enhanced MH/SUD Service Definition			x	x	x		
Medication Services	99201-99204 (initial) and 99211-99214 (established) 96372	SAR after initial pass thru of 10 sessions	Pass thru for the first 10 visits. 1 New patient visit and 16 established patient visits annually. Established patients are not eligible for a New Patient Evaluation. 52 event limit for 96372		x	x	x	x	x	x	1
Mobile Crisis Management	H2011	SAR	No prior auth required: Billing limits: 32 units per day, 64 units per week, 320 per month, 640 per year	State Funded Enhanced MH/SUD Service Definition			x	x	x	x	
Multisystemic Therapy (MST)	H2033	SAR, PCP w/ Service Order, CCA	680 units for 5 months max. No re-auth Ages 7 - 17	State Funded Enhanced MH/SUD Service Definition			x	x	x		

Alliance Behavioral Healthcare IPRS Child Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: CALOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Outpatient Services - Group	90853	SAR	No Prior Auth required: <u>Billing limits</u> : <b>MH</b> : 52 sessions fiscal year limit, 2 sessions per week, 9 per month when provided using a promising practice or evidenced based approach. General group therapy: 16 sessions.	8C	x	x	x	x			1
Outpatient Services - Individual & Family	90832, 90834, 90846, 90847, 90837	SAR	Pass thru: 12 sessions per fiscal year limit.	8C		x	x	x			1
Substance Abuse Intensive Outpatient Program (SAIOP)	H0015	SAR, PCP/PCP update, Comprehensive Clinical Assessment	3 months - 36 units/events. Minimum. 3 hrs/day X 3 days per week. Can request additional 2 weeks if clinically needed	State Funded Enhanced MH/SUD Service Definition							2.1

## Intellectual/Developmental Disabilities (Effective 7/1/2012)

The levels of care criteria provide a framework for the authorization of medically necessary services to adults and children with Intellectual/ Developmental Disabilities (I/DD) or Traumatic Brain Injury (TBI) diagnoses and who meet state-defined eligibility requirements for I/DD and TBI. This document will summarize the crosswalk between the North Carolina Supports Need Assessment Profile (NCSNAP) and I/DD Levels of Care Criteria for services which are authorized by the I/DD Utilization Management department of the Alliance Behavioral Healthcare Network. The NCSNAP levels described below do not imply that all clients will meet the same level of need for all three domains of the NC SNAP: Daily Living Supports, Health Care Supports, and Behavioral Supports

**BASIC SERVICES** - Basic services are designed to prevent the need for more restrictive interventions. These services may be developed for individual or community application, and are generally carried out in a variety of community settings. These services will be available to all members of the community determined eligible for I/DD services. Many of the individuals who require this level of service may be connected with naturally occurring, unpaid services existing within their community.

**NCSNAP Index Score: <24** Persons in this level can safely stay alone (unsupervised) for roughly 16 hours or more on most days. Persons can do all or most self-help and daily living skills independently or mostly independently with minimal prompts/reminders. Age appropriate assistance in planning activities is only required for special activities. The person only requires routine physician services, which is defined as an annual physical or check-up with a general practitioner and routine doctor visits needed for colds, flu, earache, etc. The individual may need Allied Health Professional services (i.e., ST/PT/OT, Dietician, Audiologist) less often than once a week, or not at all. The person does not have a need for any mental health service or only requires counseling for a temporary condition (i.e. grief counseling, weight loss counseling, etc.). The person has no significant maladaptive behaviors. The person requires no direct intervention for maladaptive behaviors.

**NCSNAP Index Score: 24-44** This level of care provides treatment to clients who need ongoing habilitative and/or behavioral services, but who are living either independently, semi-independently, in boarding homes, with their families or with other minimal supports in the community. Treatment and habilitative service needs do not require intense supervision or frequent contact. Persons in this level can stay alone for any extended period (at least 8 hours) most days. Persons can do some self-help and daily living skills independently but require verbal prompts or gestures for many skills. Most or all activities must be planned for the person. The individual has one or more chronic health care concerns that require monitoring up to four times a year. If medical needs are present, the individual requires nursing care once a month. The individual may need Allied Health Professional services (i.e., ST/PT/OT, dietician, Audiologist) one or more times a week. The person may have a need for an ongoing mental health intervention. The person may exhibit behaviors that are disruptive to the extent that they cause inter-personal conflict or interfere with adaptive functioning. The behavior requires routine intervention such as redirection or interruption of the behavior.

**NCSNAP Index Score: 45-78** This level of care provides services to clients who need intensive support and treatment, but who are living either in group homes, structured apartment programs, other licensed residential options or in their own homes. Service needs do not require daily supervision, but treatment needs require contact several times per week. Persons in this level typically require 24-hour supervision daily but typically do not require awake staff during sleeping hours. Persons can do portions of self-help and daily living skills or with reminders, but need hands on assistance to complete most self-help. The person's daily activities must be both planned and initiated by another person. The individual has one or more chronic health care concerns that require monitoring up to four times a year. If medical needs are present, the individual requires nursing care once a week. If mental health needs are present, the person's behavior is severe enough to warrant a formal, written, behavior intervention plan developed and monitored by a licensed psychologist. The person exhibits behaviors that are injurious to self and/or to others or behaviors that are extremely threatening. The prescribed behavior intervention requires the application of protective interventions such as a helmet, gloves, pads, etc. used to protect the individual from self-injury or injury to others.

**NCSNAP Index Score: 80- 230** This level of care refers to services provided to clients living in the community either in supportive or group living settings, but whose treatment needs require intensive management by a multi-disciplinary treatment team. Services, which would be included in this level of care, have traditionally been described as group homes. Alternative Family Living Arrangements or the person's family's home. Persons in this level typically require 24-hour, awake supervision. Individuals with an index score of 80 and above have traditionally been provided services in State Developmental Centers, ICFs MR/DD, other free standing residential facilities based in the community or in facility-based crisis stabilization units. In some cases, nursing homes or similar facilities may be included at this level. Person needs hands-on assistance to complete all tasks associated with self-help and daily living, or all tasks must be completed for the persons, with some minimal participation for the individual. The individual has one or more chronic health care concerns that require monitoring at least five times a year. If medical needs are present, the individual requires nursing care daily. Some individuals may be extremely medically fragile and need ongoing and immediate access to a physician. If mental health needs are present, the person has complex or extreme behaviors that are difficult to assess or effectively treat, resulting in a need for a licensed psychologist with expertise in treating severe behavioral problems to develop a comprehensive behavioral plan and the provider supplies direct oversight of the behavioral intervention. The person exhibits life-threatening behaviors that pose an immediate threat of critical injury to self or others. The behavior intervention included the use of a restrictive component following an inappropriate behavior that has been specifically prescribed in a formal intervention plan. Some individuals may have unusually extreme behaviors that warrant a need for a team of licensed or certified mental health providers with expertise in treatment of severe behavior problems who supply direct oversight of the behavior plan. The person requires a special controlled environment necessitated by the extreme severity of the behavior. Due to the extreme nature of the behavioral difficulty, the person requires at least one-to-one supervision 24-hours a day in order to implement the prescribed intervention procedure.

Alliance Behavioral Healthcare IPRS Intellectual and Developmental Disability Services Benefit Plan					Authorization Guidelines: SNAP Index				
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	Basic	< 24	24-44	45-78	80-230
<p><b>All State-Funded services for individuals with intellectual or developmental disabilities (I/DD) require supporting documentation to reflect an I/DD diagnosis prior to age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22 in order to be eligible for I/DD State funded services. A valid psychological evaluation/assessments confirming diagnosis that meets GS122C-3 (12a) is required for prior authorization. Legacy members receiving state funded I/DD services prior to 2012 may receive reauthorization based upon having previously received services.</b></p> <p style="text-align: center;"><b>Eligibility for State-Funded Services</b></p> <p style="text-align: right;"><b>Source: JCB 325- I/DD</b></p>									
ADVP	YP620	SAR, PCP/PCP update	<p><b>Durham, Wake &amp; Johnston:</b> Authorization Maximum of 602 units per month, authorized annually.</p> <p><b>Cumberland:</b> Up to 516 units/month authorized annually.</p>	MH/DD/SA Service Def.		x	x	x	x
Behavioral Plan Development		SAR	<p><del>Wake and Cumberland ONLY:</del> Initial - 20 hours over 4 months. No reauth. Wake only services, requires review by Senior Psychologist</p>						
Community Respite	YP730	SAR, Provider to have plan in record	<p><b>Wake/Durham/Johnston ONLY:</b> Up to 10 days per plan year</p>	MH/DD/SA Service Def.				x	x
Clinical Assessment	90791 90792	SAR	<p>2 per year. No prior approval required. Cannot be provided w/in 6 months of most recent assessment</p>	8C	x	x	x	x	x
Comprehensive Screening and Community Connection	YA377	SAR	<p><b>Wake Only:</b> No Prior auth required up to billing limits.</p>	Alternative Service Def					
Day Activity	YP660	SAR, PCP/PCP update	<p><b>Durham Only:</b> Up to 6240 units annually,</p> <p><b>Cumberland Only:</b> 155 units/month</p>	MH/DD/SA Service Def.					x

Added eligibility criteria for all state funded I/DD services per JCB #325

Alliance Behavioral Healthcare IPRS Intellectual and Developmental Disability Services Benefit Plan					Authorization Guidelines: SNAP Index				
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	Basic	< 24	24-44	45-78	80-230
Developmental Day (Child Only)	YP610	SAR, Service Plan/Plan update, IEP (for school age children)	<b>Cumberland, Durham, Wake Only:</b> 172 units/month during school 515 units/month during summer Authorization requested annually. <b>Johnston Only:</b> Pre-K ONLY, up to 516 units/month. Authorized every 3 months. Billing max of 24 units/day	MH/DD/SA Service Def.		x	x	x	x
Developmental Therapy (Paraprofessional)	H2014HM	SAR, Service Plan/Plan update, IEP (for school age children)	Initial 520 units for 13 weeks. Re-auth up to 728 units for 26 weeks.	State Funded Developmental Therapy Service			x	x	x
Developmental Therapy (professional)	H2014	SAR, Service Plan/Plan update, IEP (for school age children)	104 units for 13 weeks. Child annual max - 416 units	State Funded Developmental Therapy Service				x	x
Facility Based Crisis Services	S9484	SAR after initial pass thru. Provider to have plan in record	Initial Pass-thru - 7 days/112 units. Reauth every 4 days/64 units - Maximum of 30 days per fiscal year	State Funded Enhanced MH/SUD Service Definition					x
Group Living Moderate	YP770	SAR, PCP/PCP update Requires prior budget approval	authorized annually	MH/DD/SA Service Def.					x
Group Living Low	YP760	SAR, PCP/PCP update. Requires prior budget approval	Authorized every 6 months.	MH/DD/SA Service Def.					x
Hourly Respite	YP010 YP213	SAR, provider to have plan in record	<b>Wake Only:</b> up to 144 hours/year Requested Annually <b>Cumberland/Johnston:</b> 10 hrs for 30 days.	MH/DD/SA Service Def.		x	x	x	x



Alliance Behavioral Healthcare IPRS Intellectual and Developmental Disability Services Benefit Plan					Authorization Guidelines: SNAP Index				
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	Basic	< 24	24-44	45-78	80-230
Medication Services	99201-99204 (initial) and 99211-99214 (established) 96372	SAR after initial pass thru of 10 sessions	Pass thru for the first 10 visits. 1 New patient visit and 16 established patient visits annually. Established patients are not eligible for a New Patient Evaluation. 52 event limit for 96372		x	x	x	x	x
Mobile Crisis Management	H2011	SAR after initial pass thru	Billing limits: 32 units/day, 64 per week, 320 per month, 640 per year. No prior auth required.	State Funded Enhanced MH/SUD Service Definition	x	x	x	x	x
Personal Assistance	YP020	SAR, PCP/PCP update	<b>Level A</b> (23 + index): 4 hrs/week annually (Level A: Independent Living Only) <b>Level B/C</b> (45 + index): up to 8 hrs/week annually <b>Level D</b> (80 + index) up to 12 hrs/week for 13 weeks	MH/DD/SA Service Def.		x	x	x	x
Psychological Testing	96101	SAR		8C					
Supervised Living - 1 Supervised Living - 2 Supervised Living - 3 Supervised Living - 4 Supervised Living - 5 Supervised Living - 6	YM811 YM812 YM813 YM814 YM815 YM816	SAR, Provider to have plan in record. Requires prior budget approval	Requires budget approval required prior to submitting Auth request. 1 unit/day - authorized annually.	MH/DD/SA Service Def.				x	x
Supervised Living - Low	YP710	SAR, Provider to have plan in record. Requires prior budget approval	1 unit/day - authorized annually	MH/DD/SA Service Def.		x	x	x	x
Supported Employment Long Term Follow Up - Long Term Vocational	YA389	SAR, Provider to have plan in record	<b>Johnston &amp; Durham:</b> 208 units/year <b>Wake Only:</b> 144 units/year <b>Cumberland Only:</b> 336/year auth annually	MH/DD/SA Service Def.		x	x	x	x
Supported Employment Individual	YA390	SAR, Provider to have plan in record	Adults only Up to 180 days - up to 60 units/week (biling max up to 12 units/day)	MH/DD/SA Service Def.		x	x		

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Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	Basic	< 24	24-44	45-78	80-230
Supported Employment Group	YP640	SAR, Provider to have plan in record	<p><b>Cumberland Only:</b> Adults only Up to 180 days - up to 168 units/week (billing max up to 24 units/day)</p> <p><b>Wake, Johnston, Durham</b> Adults only, up to 6 months - 10 hrs/month.</p>	MH/DD/SA Service Def.					x