



Benefit Grid Updates Effective December 1, 2015

Service Description	Updated Benefit Grid and Authorization Limits
<u>B3 Services</u> Respite: <i>(MH child only, I/DD child and adult)</i> H0045U4: Individual H0045HQU4: Group S5151U4HA: Community Overnight Individual Child S5151U4HA: Community Overnight Individual Adult S5151HQU4HA: Community Overnight Group Child S5151HQU4HB: Community Overnight Group Child	<p>No service order is required for this service.</p> <p>A Person Centered Plan (PCP) is not required for a consumer receiving only respite services. An individualized treatment plan developed in partnership with the consumer/legally responsible person shall be used in place of a PCP</p> <ul style="list-style-type: none"> • A maximum of 64 units (16 hours a day) can be provided in a 24-hour period. • Respite, all codes combined, cannot be provided for more than ten consecutive days. • One (1) community (overnight) stay is comparable to sixteen (16) hours of service. Sixteen (16) hours will be subtracted from the total allowable hours (384 or 24 days) in a calendar year. <p>Will authorize for 1 year for 1536 units Additional units will require authorization</p>
T2041U4U5: Community Guide <i>(I/DD only)</i>	<p>Authorize 1 unit one month (12 annually) Authorization will be for 1 year</p>
Supported Employment: <i>(MH/SA and I/DD)</i> H2023U4: Individual H2026U4: Individual, Maintenance (LVTS) H2026HQU4: Group, Maintenance, (LVTS) I/DD Only	<p><u>Supported Employment Initial:</u> Up to 2064 units for 180 days, Additional units would require prior authorization</p> <p><u>Supported Employment Individual Intermediate:</u> Up to 1550 units per 180 days; additional units required prior auth when needed</p> <p><u>Long Term Vocational Supports:</u> No auth needed for first 64 units of service A max of 43 hours (1032 units) per month. Will need a notification SAR submitted to UM. Authorization can be for 1 year</p>



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T1019U4: Individual Supports <i>(MH/SA only)</i>	Initial and concurrent will authorize for 3 hours per day for 180 days No service order required Authorization requires a treatment plan not a PCP
Peer Support: H0038U4: Individual H0038HQU4: Group <i>(MH/SA only)</i>	NO Prior authorization required. Must submit notification SAR within 30 days of beginning service * Can use up to 5 hours a day (20 units) Up to 20 hours (80 units) a week Up to 80 hours a month (320 hours) Providers should reduce hours or refer to another level of care based on need and criteria in service definition *Services subject to review at least annually to ensure fidelity to the service definition.

Enhanced Services Updates

Outpatient	26 unmanaged visits per year for all ages. <ul style="list-style-type: none"> • Visits can be all individual sessions, all group sessions, or a combination of both. • Once 26 visits have occurred, authorization is required for additional visits. Treatment Plan and Service order must be maintained in chart beginning with first day of service, in case of an audit. (Per the Service Definition, a Comprehensive Clinical Assessment is required to be completed prior to the first date of Outpatient Therapy)
Child Residential Levels I, II program type and TFC and IAFT	90 day initial 180 days concurrent
Residential Level III	60 day initial 90 days concurrent
ACTT	180 days initial and concurrent
Opioid Maintenance Therapy (OMT)	60 day initial 90 day concurrent