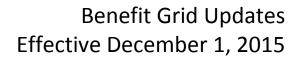


Benefit Grid Updates Effective December 1, 2015

Service Description	Updated Benefit Grid and Authorization Limits
B3 Services Respite: (MH child only, I/DD child and adult) H0045U4: Individual H0045HQU4: Group S5151U4HA: Community Overnight Individual Child S5151U4HA: Community Overnight Individual Adult S5151HQU4HA: Community Overnight Group Child S5151HQU4HB: Community Overnight Group Child	 No service order is required for this service. 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 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. Will authorize for 1 year for 1536 units Additional units will require authorization
T2041U4U5: Community Guide (I/DD only) Supported Employment: (MH/SA and I/DD) H2023U4: Individual H2026U4: Individual, Maintenance (LVTS) H2026HQU4: Group, Maintenance, (LVTS) I/DD Only	Authorize 1 unit one month (12 annually) Authorization will be for 1 year Supported Employment Initial: Up to 2064 units for 180 days, Additional units would require prior authorization Supported Employment Individual Intermediate: Up to 1550 units per 180 days; additional units required prior auth when needed Long Term Vocational Supports: 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





T1019U4: Individual Supports	Initial and concurrent will authorize for 3 hours per day for 180 days
(MH/SA only)	No service order required
	Authorization requires a treatment plan not a PCP
Peer Support:	NO Prior authorization required.
H0038U4: Individual	Must submit notification SAR within 30 days of beginning service *
H0038HQU4: Group	Can use up to 5 hours a day (20 units)
(MH/SA only)	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.
	 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	90 day initial
and TFC and IAFT	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