



IPRS Benefit Package FY 2010-11

Eastpointe is a Local Management Entity for Behavioral Health Services serving the citizens of Duplin, Lenoir, Sampson, and Wayne Counties. In the following pages are the Mental Health, Developmental Disability, and Substance Abuse Services that may be available for individuals who meet admission criteria. All individuals receiving IPRS (state funded for the indigent) services from Eastpointe must have been screened through the screening, triage, and referral process, been evaluated for services, and ultimately admitted into services with a provider from within the Eastpointe provider network.

Providers must first seek authorization prior to beginning services based upon medical necessity and the needs of the consumer. For additional information regarding this procedure, providers should follow the step-by-step directions within the Eastpointe Provider Operations Manual located on our website at: www.eastpointe.net.

Providers should utilize the table below as a guide to assist with the authorization process. Levels of Care criteria are utilized through GAF scoring for adult and child mental health consumers (as well as child substance abuse), SNAP scoring for developmentally disabled consumers and ASAM criteria for adult substance abuse consumers.

	MH	DD	SA
Level I	GAF > 70	SNAP 11-44	ASAM I
Level II	GAF 51-70	SNAP 45-78	ASAM II.1-II.5
Level III	GAF 31-50	SNAP 79-92	ASAM III.1-III.7
Level IV	GAF <31	SNAP 92-230	ASAM III.9-higher

The new Levels of Care Criteria are effective 9/13/2010. All current certifications remain in effect. Any change that needs to be made in amount of service will apply at the next concurrent certification request.

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
SERVICES AVAILABLE TO ALL LEVELS/DISABILITIES					
All Levels- Assessment-	<ul style="list-style-type: none"> • 2 events per calendar year 	<ul style="list-style-type: none"> • Request for Authorization • Additional information if applicable 	<ul style="list-style-type: none"> • Not applicable- approved annually only 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • 1 event
All Levels- Diagnostic Assessment-	<ul style="list-style-type: none"> • 1 event per calendar year 	<ul style="list-style-type: none"> • Request for Authorization • Additional information if applicable 	<ul style="list-style-type: none"> • PA required for any additional DA beyond 1 in a calendar year 	<ul style="list-style-type: none"> • Request for Authorization • Additional information if applicable 	<ul style="list-style-type: none"> • Per diem
All Levels- Inpatient-	<ul style="list-style-type: none"> • Up to 3 day auth 	<ul style="list-style-type: none"> • Request for Authorization • CON for children/ adolescents (if free standing inpatient facility) 	<ul style="list-style-type: none"> • Up to 7 days max <p>Note: All Concurrent requests for PRTF and Inpatient should be processed as “add units” to the previous auth and not as a separate concurrent authorization.</p>	<ul style="list-style-type: none"> • Request for Authorization • CON (if was included in initial request) • Additional information if applicable 	<ul style="list-style-type: none"> • 1 day
All Levels- Mobile Crisis-	<ul style="list-style-type: none"> • 16 hours/64 units auth for initial episode. 	<ul style="list-style-type: none"> • Request for Authorization • Service Order 	<ul style="list-style-type: none"> • Additional units requested as needed • Maximum 24 hrs/episode 	<ul style="list-style-type: none"> • Request for Authorization • Service Order 	<ul style="list-style-type: none"> • 15 min
All Levels- Outpatient- Individual	<ul style="list-style-type: none"> • ADULT- 8 visits/32 units • CHILD- 16 visits/64 units • Approved annually Per fiscal year 	<ul style="list-style-type: none"> • Request for Authorization • Service Order 	<ul style="list-style-type: none"> • Additional units requested as needed- otherwise approved per fiscal year. 	<ul style="list-style-type: none"> • Request for Authorization • Service Order 	<ul style="list-style-type: none"> • 15 min
All Levels-	<ul style="list-style-type: none"> • CHILD- 16 visits/64 units 	<ul style="list-style-type: none"> • Request for Authorization 	<ul style="list-style-type: none"> • Additional units requested as needed- 	<ul style="list-style-type: none"> • Request for Authorization 	<ul style="list-style-type: none"> • 15 min

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
Outpatient-Family (Children Only)	<ul style="list-style-type: none"> Approved annually Per fiscal year 	<ul style="list-style-type: none"> Service Order 	otherwise approved per fiscal year.	<ul style="list-style-type: none"> Service Order 	
All Levels- Outpatient-Group	<ul style="list-style-type: none"> ADULT- 8 visits/32 units CHILD- 16 visits/64 units Approved annually Per fiscal year 	<ul style="list-style-type: none"> Request for Authorization Service Order 	<ul style="list-style-type: none"> Additional units requested as needed- otherwise approved per fiscal year. 	<ul style="list-style-type: none"> Request for Authorization Service Order 	<ul style="list-style-type: none"> 15 min
All Levels- Psychiatric Eval	<ul style="list-style-type: none"> 2 per fiscal year at 6 month intervals. Approved annually. 	<ul style="list-style-type: none"> Request for Authorization 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> 15 min
All Levels- Psychological Eval	<ul style="list-style-type: none"> 3 hours/12 units every 2 years. Limit one eval every 2 years. 	<ul style="list-style-type: none"> Request for Authorization 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> 15 min
All Levels- Medication Management	<ul style="list-style-type: none"> 9 visits - for established consumer for 12 mths 	<ul style="list-style-type: none"> Request for Authorization Service Plan Service Order 	<ul style="list-style-type: none"> Additional units requested as needed- otherwise approved per fiscal year. 	<ul style="list-style-type: none"> Request for Authorization Service Plan Service Order 	<ul style="list-style-type: none"> Per event
MH/SA SERVICES- LEVEL SPECIFIC					
Level I	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> Not Applicable 	<ul style="list-style-type: none"> Not Applicable
ADULT ONLY:					

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
PSR (Psychosocial Rehabilitation)-					
Level II-IV ADULT ONLY: PSR (Psychosocial Rehabilitation)	<ul style="list-style-type: none"> • PA required first day of service • 650 hours/2600 units for 6 months 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 6 months • Must have impairments is 2 of the 5 areas of role functioning (see service definition) 	<ul style="list-style-type: none"> • Request for Authorization • Updated PCP with signatures if applicable • Additional information if applicable 	<ul style="list-style-type: none"> • 1 unit = 15 mins • Minimum 5 days
Level I-II CHILD ONLY: Day Treatment-	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable
Level III-IV CHILD ONLY: Day Treatment-	<ul style="list-style-type: none"> • PA required first day of service • 4 hours/day- 20 units/week - for 30 days 	<ul style="list-style-type: none"> • Request for Authorization • Transition plan required • Application for Medicaid • Complete PCP with signatures • 	<ul style="list-style-type: none"> • 60 days total hard limit 	<ul style="list-style-type: none"> • Request for Authorization • Updated PCP with signatures if applicable • Transition plan required • Additional information if applicable 	<ul style="list-style-type: none"> • Units billed in 1 hr increment
Level I-II ADULT ONLY: ACTT (Assertive Community Treatment)	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
Team)					
Level III-IV ADULT ONLY: ACTT (Assertive Community Treatment Team)- No more than 8 “slots” for ACTT IPRS consumers. Any new admissions MUST be approved by UM Director.	<ul style="list-style-type: none"> Up to 30 days auth/4 units 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures Must Apply for Medicaid 	<ul style="list-style-type: none"> Up to 180 days/24 units 	<ul style="list-style-type: none"> Request for Authorization Complete/updated PCP with signatures Additional information if applicable Must document Medicaid application prior to re-authorization 	<ul style="list-style-type: none"> 1 unit = 1 day Service auth MUST go thru end of month. 14th is cut off of month- up to the 14th day thru current request month- past 15th of month requested- project to end of next month.
Level I-II Community Support – Adult Community Support – Child All Auths end on 12/31/2010	<ul style="list-style-type: none"> PA required first day of service Up to 90 days auth Up to 2 hours/8 units a month for case management functions only 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures 	<ul style="list-style-type: none"> Up to 90 days Only 2 hours a month or 8 units a month for case management functions only 	<ul style="list-style-type: none"> Request for Authorization Complete/updated PCP with signatures Additional information if applicable 	<ul style="list-style-type: none"> Unit = 15 mins
Level III-IV	<ul style="list-style-type: none"> PA required first day of 	<ul style="list-style-type: none"> Request for 	<ul style="list-style-type: none"> Up to 90 days 	<ul style="list-style-type: none"> Request for Authorization 	<ul style="list-style-type: none"> Unit = 15 mins

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
Community Support – Adult Community Support – Child All Auths end on 12/31/2010	service • Up to 90 days auth • Up to 4 hours/16 units a month for case management functions only	Authorization • Complete PCP with signatures	• Only 4 hours a month or 16 units a month for case management functions only	• Complete/updated PCP with signatures • Additional information if applicable	
Level I-IV MH/SA Targeted Case Management	• 26 units/6 months (after getting the auth to run fiscal year)	• Request for Authorization • Complete PCP with signatures	• 6 months	• Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable	• 1 unit =1 week (billed for no less than 15 min time period to equal 1 unit)
Level I-II CST (Community Support Team)-H2015:HT	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Level III-IV CST (Community Support Team)-H2015:HT	• PA required first day of service • Up to 30 days auth • Max 4 hours week/64 units for 30 days	• Request for Authorization • Complete PCP with signatures	• Up to 60 days • Max 4 hours week/64 units for 30 days • Effective 8/1/2010- no more than 6 months of this service per calendar year.	• Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable	• Unit = 15 mins

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
Level I-II Intensive In-Home- H2022	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Level III-IV Intensive In-Home- H2022	<ul style="list-style-type: none"> • PA required first day of service • Up to 30 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • Unit = 1 day – minimum of 2 hrs • Minimum 12 units/1st month • Avg 6 units 2nd mth • Avg 6 units 3rd mth
Level I-II MST (Multisystemic Therapy)- H2033	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Level III-IV MST (Multisystemic Therapy)- H2033	<ul style="list-style-type: none"> • PA required first day of service • Up to 30 days auth • Max 160 units for 30 days 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 120 days • Max 480 units in a 3 mth period 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • Unit = 15 mins • Max 32 units in a 24 hr period • Max 480 units in a 3 mth period

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
ASAM Level I SAIOP (Substance Abuse Intensive Outpatient Program)-	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
ASAM Level II.1-Level II.5-IPRS SAIOP (Substance Abuse Intensive Outpatient Program)-	<ul style="list-style-type: none"> • Up to 30 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • 1 daily unit = 3 hrs • Minimum 3 hrs to bill
ASAM Level III.1- III.7-IPRS	<ul style="list-style-type: none"> • Up to 30 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if 	<ul style="list-style-type: none"> • 1 daily unit = 3 hrs • Minimum 3 hrs to bill

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
SAIOP (Substance Abuse Intensive Outpatient Program)-				applicable	
ASAM Level III.9 or higher-IPRS SAIOP (Substance Abuse Intensive Outpatient Program)-	<ul style="list-style-type: none"> • Up to 30 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • 1 daily unit = 3 hrs • Minimum 3 hrs to bill
ASAM Level I.1-II.4 SACOT (Substance Abuse Comprehensive Outpatient Treatment)-	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
ASAM Level II.5 SACOT (Substance Abuse Comprehensive Outpatient Treatment)-	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • 1 unit = 1 hour • Minimum 4 hrs/day
ASAM Level III.1-III.7 SACOT (Substance Abuse Comprehensive Outpatient Treatment)-	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • 1 unit = 1 hour • Minimum 4 hrs/day
ASAM Level III.9 or higher SACOT (Substance Abuse Comprehensive Outpatient Treatment)-	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 60 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Complete/updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • 1 unit = 1 hour • Minimum 4 hrs/day
Level I-II Non-Hospital Medical Detoxification-	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
Level III.7-IV Non-Hospital Medical Detoxification-	<ul style="list-style-type: none"> • Up to 3 days auth 	<ul style="list-style-type: none"> • Request for Authorization • Service Order • complete PCP with signatures 	<ul style="list-style-type: none"> • Up to 10 days • Maximum of 30 days per calendar year 	<ul style="list-style-type: none"> • Request for Authorization • Updated PCP with signatures if applicable • Additional information if applicable 	<ul style="list-style-type: none"> • Per diem
ASAM Level I-II Group Living Low	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable 	<ul style="list-style-type: none"> • Not Applicable
ASAM Level III.1-IV Group Living Low No New clients without UM Director approval.	<ul style="list-style-type: none"> • 90 days- for initial request 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of application for Medicaid 	<ul style="list-style-type: none"> • 6 months max 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • Evidence of application for Medicaid 	<ul style="list-style-type: none"> • 1 unit =1day

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
ASAM Level I-III Medically Supervised or ADATC Detox /Crisis Stabilization-	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
ASAM Level III.9 or higher Medically Supervised or ADATC Detox /Crisis Stabilization- 2036	<ul style="list-style-type: none"> • Authorization by the vendor required after the first 8 hours of admission • Initial authorization up to 5 days 	<ul style="list-style-type: none"> • Request for Authorization (ITR) • Complete PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • Service cannot be billed for more than 30 days in a 12 month period. 	<ul style="list-style-type: none"> • Request for Authorization (ITR) • Updated PCP with signatures • Additional information if applicable 	<ul style="list-style-type: none"> • 1 unit= per diem
DEVELOPMENTAL DISABILITY SERVICES- LEVEL SPECIFIC					
Level I-IV DD-TCM (Targeted Case Management)-	<ul style="list-style-type: none"> • 26 units/6 months (after getting the auth to run fiscal year) 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 6 months 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures • Additional information if applicable • Evidence of application for Medicaid 	<ul style="list-style-type: none"> • 1 unit =1 week (billed for no less than 15 min time period to equal 1 unit)

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
				<ul style="list-style-type: none"> • NC SNAP 	
Level I-IV Developmental Therapy	<ul style="list-style-type: none"> • 4 hours a week- authorize for 30 days 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • 4 hours a week- authorize for 90 days with step down plan in place. 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =15 min
Level I Personal Assistance (PA) <u>Service Exclusions:</u> Cannot be authorized with Supervised Living, Residential Treatment or PC. Max 8 hours a day.	<ul style="list-style-type: none"> • 6 hours a week- authorize for 12 months 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • annually 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =15 min
Level II Personal Assistance (PA) <u>Service Exclusions:</u> Cannot be authorized with Supervised Living, Residential Treatment or PC.	<ul style="list-style-type: none"> • 8 hours a week- authorize for 12 months 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • annually 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =15 min

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
Max 8 hours a day.					
<p>Level III</p> <p>Personal Assistance (PA)</p> <p><u>Service Exclusions:</u> Cannot be authorized with Supervised Living, Residential Treatment or PC. Max 8 hours a day.</p>	<ul style="list-style-type: none"> • 10 hours a week- authorize for 12 months 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • annually 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =15 min
<p>Level IV</p> <p>Personal Assistance (PA)</p> <p><u>Service Exclusions:</u> Cannot be authorized with Supervised Living, Residential Treatment or PC. Max 8 hours a day.</p>	<ul style="list-style-type: none"> • 14 hours a week- authorize for 12 months 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • annually 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =15 min
<p>Level I-IV</p> <p>Long Term Vocational Support Services</p>	<ul style="list-style-type: none"> • 36 hours/144 units annually- authorize for 12 months 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • annually 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable 	<ul style="list-style-type: none"> • 1 unit =15 min

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
				<ul style="list-style-type: none"> Evidence of application for Medicaid NC SNAP 	
Level I-IV Adult Day Vocational Program (ADVP)	<ul style="list-style-type: none"> 6 hours/day, 5 days week, 1560 hours/6240 units for 12 months 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures Evidence of DD before age 22 or TBI NC SNAP 	<ul style="list-style-type: none"> annually 	<ul style="list-style-type: none"> New Request for Authorization if requesting additional units Complete PCP with signatures including step down plan Additional information if applicable Evidence of application for Medicaid NC SNAP 	<ul style="list-style-type: none"> 1 unit =15 min
Level I-IV Independent Living No New clients without UM Director approval.	<ul style="list-style-type: none"> Daily authorization-annually 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures Evidence of DD before age 22 or TBI NC SNAP 	<ul style="list-style-type: none"> annually 	<ul style="list-style-type: none"> New Request for Authorization if requesting additional units Complete PCP with signatures including step down plan Additional information if applicable Evidence of application for Medicaid NC SNAP 	<ul style="list-style-type: none"> 1 unit =1 day
Level I-IV Family Living Low No New clients	<ul style="list-style-type: none"> Daily authorization-annually 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures Evidence of DD before age 22 or TBI NC SNAP 	<ul style="list-style-type: none"> annually 	<ul style="list-style-type: none"> New Request for Authorization if requesting additional units Complete PCP with signatures including step down plan Additional information if applicable Evidence of application for 	<ul style="list-style-type: none"> 1 unit =1 day

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
without UM Director approval.				Medicaid • NC SNAP	
Level I-IV Group Living Low No New clients without UM Director approval.	<ul style="list-style-type: none"> Daily authorization-annually 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures Evidence of DD before age 22 or TBI NC SNAP 	<ul style="list-style-type: none"> annually 	<ul style="list-style-type: none"> New Request for Authorization if requesting additional units Complete PCP with signatures including step down plan Additional information if applicable Evidence of application for Medicaid NC SNAP 	<ul style="list-style-type: none"> 1 unit =1day
Level I Group Living Moderate No New clients without UM Director approval.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Level II-IV	<ul style="list-style-type: none"> Daily authorization-annually 	<ul style="list-style-type: none"> Request for Authorization Complete PCP with signatures Evidence of DD before 	<ul style="list-style-type: none"> annually 	<ul style="list-style-type: none"> New Request for Authorization if requesting additional units Complete PCP with signatures including step down plan 	<ul style="list-style-type: none"> 1 unit =1day

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
<p>Group Living Moderate</p> <p>No New clients without UM Director approval.</p>		<ul style="list-style-type: none"> age 22 or TBI • NC SNAP 		<ul style="list-style-type: none"> • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	
<p>Level I-IV Respite-hourly</p> <p><u>Service Exclusions:</u> May not be provided with any residential services, may not cover staff sleep time, may not cover any overnight service, day/evening activity, or day activity.</p>	<ul style="list-style-type: none"> • 24 hours/96 units approved annually. Hourly respite may not be utilized for overnight stay. Must utilize community respite for overnight stay. 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • Additional units for the year must receive prior authorization and approved my UM Director. • Otherwise, authorization annually. 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =15 min
<p>Level I-IV Community Respite</p> <p><u>Service Exclusions:</u> May not be provided with any residential services, may not cover staff sleep time, may not cover</p>	<ul style="list-style-type: none"> • 7 days approved annually. 	<ul style="list-style-type: none"> • Request for Authorization • Complete PCP with signatures • Evidence of DD before age 22 or TBI • NC SNAP 	<ul style="list-style-type: none"> • Additional units for the year must receive prior authorization and approved my UM Director. • Otherwise, authorization annually. 	<ul style="list-style-type: none"> • New Request for Authorization if requesting additional units • Complete PCP with signatures including step down plan • Additional information if applicable • Evidence of application for Medicaid • NC SNAP 	<ul style="list-style-type: none"> • 1 unit =1day

EASTPOINTE IPRS BENEFIT PACKAGE 2010

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
any overnight service, day/evening activity, or day activity.					

Turn Around Time

Request Type	Turn Around Time	Written Notice
Emergent/Urgent Residential or Inpatient Assessments	4 business hours initial; 1 business day concurrent	Within 1 business day after decision
Routine Requests (Initial or Concurrent)	5 business days	Within 1 business day after decision
Criterion 5	5 business days	Within 1 business day after decision
Out-of State	5 business days	Within 1 business day after decision
CAP-MR/DD and Targeted Case Management	10 business days	Within 1 business day after decision
EPSDT	15 business days	Within 1 business day after decision
Retrospective Reviews	60 calendar days	Within 1 business day after decision