

# Cumberland County LME Benefit Plan

## Level of Care Grid for Child Mental Health/ Child Substance Abuse

<b>Service</b>	<b>Level A</b> Mild emotional, behavioral or adaptive limitations or sub-clinical V code ASAM: .5 or I  Target Pop: CMSED	<b>Level B</b> Moderate emotional behavioral or adaptive limitations  ASAM: II.I  Target Pop: CMSED	<b>Level C</b> Severe emotional behavioral or adaptive limitations  ASAM: II.5  Target Pop: CMSED, CMAJ	<b>Level D</b> Level C and an imminent danger to self or others.  ASAM: >II.5  Target Pop: CMSED, CMAJ
<b>Basic Out Patient Services:</b>				
<b>Clinical Assessment Admission Exam</b>	1 event per year (STR FORM)	1 event per year (STR FORM)	1 event per year (STR FORM)	1 event per year (STR FORM)
<b>Specialized SA Evaluation</b>	Authorize up to one event per Year (STR FORM)	Authorize up to 1 event per Year (STR FORM)	Authorize up to 1 event per Year (STR FORM)	Authorize up to 1 event per Year (STR FORM)
<b>Diag. Psychiatric Evaluation</b>	Authorize up to 1 evaluation per year (STR FORM)	Authorize up to 1 evaluation per year (STR FORM)	Authorize up to 1 evaluation per year (STR FORM)	Authorize up to 1 evaluation per year (STR FORM)
<b>Medication Review/Mgmt.</b>	Up to 12 events per year (STR FORM)	Up to 12 events per year (STR FORM)	Up to 12 events per year (STR FORM)	Up to 12 events per year (STR FORM)
<b>Specialized Evaluation</b>	Authorize up to 1 per year (STR FORM)	Authorize up to 1 per year (STR FORM)	Authorized up to 1 per year(STR FORM)	Authorize up to 1 per year (STR FORM)
<b>Psychological testing</b>	Only authorize with Specialist Review	Only authorize under Specialist Review	Only authorize under Specialist Review	Only authorize under Specialist Review
<b>Out Patient – Individual/Family</b>	Up to 12 events per year <b>Initial</b> : 4 events (STR FORM) <b>Re-Auth</b> : 8 events up to 120 days [ADM/DC form, Target Pop, plan, financial]	Up to 12 events per year <b>Initial</b> : 4 events (STR FORM) <b>Re-Auth</b> : 8 events up to 120 days [ADM/DC form, Target Pop, plan, financial]	Up to 12 events per year <b>Initial</b> : 4 events (STR FORM) <b>Re-Auth</b> : 8 events up to 120 days [ADM/DC form, Target Pop, plan, financial]	Up to 12 events per year <b>Initial</b> : 4 events (STR FORM) <b>Re-Auth</b> : Up to 120 days [ADM/DC form, Target Pop, plan, financial]
<b>Out Patient Therapy - Group</b>	Up to 24 events per year <b>Initial</b> : 4 Events [see above]	Up to 24 events per year <b>Initial</b> : 4 Events [see above]	Up to 24 events per year <b>Initial</b> : 4 Events [see above]	Up to 24 events per year <b>Initial</b> : 4 Events [see above]

**NOTE:** Documents required to be submitted for UM/UR review are indicated in the [ ] in each authorization section.

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		<b>EXCLUSION/LIMITATION: If a child is receiving Intensive In Home, SAIOP, or Level II Group, III, Residential Services, maximum amount of service is 8 units per month.</b>	<b>EXCLUSION/LIMITATION: If a child is receiving Intensive In Home, MST, SAIOP, Day Treatment or Level II Group, III, IV or V (PRTF) Residential Services, maximum amount of service is 8 units per month.</b>	<b>EXCLUSION/LIMITATION: If a child is receiving Intensive In Home, MST, SAIOP, Day Treatment or Level II Group, III, IV or V (PRTF) Residential Services, maximum amount of service is 8 units per month.</b>
<b>Targeted Case Management</b>	<b>X</b>	<b>Initial:</b> 1 Unit per week (Sun-Sat) 30 days (STR Form) to gather information, conduct assessments and PCP. <b>Re-Auth:</b> 1 unit per week (Sun. – Sat.) for up to 90 days [ADM/DC form, PCP, Target Pop]	<b>Initial:</b> 1 Unit per week (Sun-Sat) 30 days (STR Form) to gather information, conduct assessments and PCP. <b>Re-Auth:</b> 1 unit per week (Sun. – Sat.) for up to 90 days [ADM/DC form, PCP, Target Pop]	<b>Initial:</b> 1 Unit per week (Sun – Sat) 30 days (STR Form) to gather information, conduct assessments and PCP <b>Re-Auth:</b> 1 unit per week (Sun.- Sat.)for up to 90 days [ADM/DC form, DC form, PCP, Target Pop]
<b>Multisystemic Therapy</b>	<b>X</b>	<b>Initial:</b> minimum 12 contacts for the 1 <sup>st</sup> month up to 128 units/30 days [PCP, Child & Family Team Doc., Assessment Doc.] <b>Re-Auth:</b> Up to 193 units/mo. for 60 days [justification, additional information]	<b>Initial:</b> minimum 12 contacts for the 1 <sup>st</sup> month up to 128 units/30 days [PCP, Child & Family Team Doc., Assessment Doc.] <b>Re-Auth:</b> Up to 193 units/mo. for 60 days [justification, additional information]	<b>Initial:</b> minimum 12 contacts for the 1 <sup>st</sup> month up to 128 units/30 days [Complete PCP, Child & Family Team Doc., Assessment Doc.] <b>Re-Auth:</b> Up to 193 units/mo. for 60 days [justification, additional information]
<b>Intensive In Home</b>	<b>X</b>	<b>Initial:</b> minimum 12 contacts/30 days [PCP, Intake, Child & Family Team Doc.] <b>Re-Auth:</b> Avg. 6 Contacts (PER MONTH) for 60 days per provider request. [Complete PCP, Child and Family Team Doc, additional information/justification]	<b>Initial:</b> minimum 12 contacts/30 days [PCP, Intake, Child and Family Team Doc.] <b>Re-Auth:</b> Avg. 6 Contacts (PER MONTH) for 60 days per provider request. [Complete PCP, Child and Family Team Doc, additional information/justification]	<b>Initial:</b> minimum 12 contacts/30 days [PCP, Intake, Child & Family Team Doc.] <b>Re-Auth:</b> Avg. 6 Contacts (PER MONTH) for 60 days per provider request. [Complete PCP, Child and Family Team Doc, additional information/justification]

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<b>Residential Level II</b>	<b>Initial:</b> 30 day authorization <b>Re-Auth:</b> Up to 60 days [PCP or service plan, service notes, Child and Family Team meeting notes and documentation of System of Care adherence, are required for authorization and submission of billing from contract agencies to process Medicaid billing]	<b>Initial:</b> 30 day authorization <b>Re-Auth:</b> Up to 60 days [PCP or service plan, service notes, Child and Family Team meeting notes and documentation of System of Care adherence, are required for authorization and submission of billing from contract agencies to process Medicaid billing]	<b>Initial:</b> 30 day authorization <b>Re-Auth:</b> Up to 60 days [PCP or service plan, service notes, Child and Family Team meeting notes and documentation of System of Care adherence, are required for authorization and submission of billing from contract agencies to process Medicaid billing]	<b>Initial:</b> 30 day authorization <b>Re-Auth:</b> Up to 60 days [PCP or service plan, service notes, Child and Family Team meeting notes and documentation of System of Care adherence, are required for authorization and submission of billing from contract agencies to process Medicaid billing]
<b>Residential Level III</b>	<b>X</b>	30 day authorization. [PCP or service plan and service order, service notes, Child and Family Team meeting notes and documentation of System of Care adherence], are required for authorization	30 day authorization. [PCP or service plan and service order, service notes, Child and Family Team meeting notes and documentation of System of Care adherence], are required for authorization	30 day authorization. [PCP or service plan and service order, service notes, Child and Family Team meeting notes and documentation of System of Care adherence], are required for authorization
<b>Residential Level IV and PRTF</b>	<b>X</b>	<b>X</b>	30 day authorization. [PCP or service plan and service order, service notes, Child and Family Team meeting notes and documentation of System of Care adherence], are required for authorization  <b>EXCLUSION/LIMITATION</b> <b>If a child is receiving Intensive In Home, MST, SAIOP, Day Treatment or Level II Group, III, IV or V (PRTF) Residential Services, service may not be authorized.</b>	30 day authorization. [PCP or service plan and service order, service notes, Child and Family Team meeting notes and documentation of System of Care adherence], are required for authorization  <b>EXCLUSION/LIMITATION</b> <b>If a child is receiving Intensive In Home, MST, SAIOP, Day Treatment or Level II Group, III, IV or V (PRTF) Residential Services, service may not be authorized.</b>

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<b>Day Treatment</b>	<b>X</b>	<b>X</b>	<p><b>Initial:</b> Up to 5 hrs/day for 90 days; 16 units/day x 5 days/wk <b>with special approval up to 6 hrs/day, summer</b> [PCP, STR form, Target Pop]</p> <p><b>Re-Auth:</b> Up to 90 Days [Complete PCP, Child &amp; Family Team Meeting]</p>	<p><b>Initial:</b> Up to 5 hrs/day for 90 days; 16 units/day x 5 days/wk <b>with special approval up to 6 hrs/day, summer</b> [PCP, STR form, Target Pop]</p> <p><b>Re-Auth:</b> Up to 90 Days [Complete PCP, Child &amp; Family Team Meeting]</p>
<b>Mobile Crisis</b>	<b>X</b>	<p><b>No prior approval for first 32 Units per episode of care (STR) [Target Pop]</b></p> <p><b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]</p>	<p><b>No prior approval for first 32 Units per episode of care (STR) [Target Pop]</b></p> <p><b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]</p>	<p><b>No prior approval for first 32 Units per episode of care (STR) [Target Pop]</b></p> <p><b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]</p>

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### Cumberland LME DD Services

Service	Initial Authorization through UM/UR only	Max. Initial Time Frame	Continued Authorization	Max. Continued Time Frame
<b>Assessment including psychological assessment</b>	LME Utilization Review	By Request Through UM/UR or STR	N/A	N/A
<b>Day Activity</b>	Up to 3 hours per day [ADM/DC form, PCP, Target Pop]	Up to 3 hr/day 3 days/wk 90 days through UM/UR	Up to 3 hr/day [Tx Team Note, Current Assessment, Updated PCP, justification]	Up to 180 days UM/UR only
<b>Developmental Therapy Professional</b> 90 day Max/FY	Up to 5 hrs/mo [STR form, ADM/DC form, PCP, Order, Plan, Target Pop., IEP, supporting documents]	Up to 60 days UM/UR only	Up to 5 hours per month [Justification]	30 days UM/UR only
<b>Targeted Case Mgmt.</b>	<b>Initial:</b> 1 unit per week (Sun.-Sat.) 30 days (STR Form) to gather information, conduct assessments and PCP.	30 days UM/UR or STR (STR Form) to gather information, conduct assessments and PCP.	<b>Re-Auth:</b> 1 unit per week (Sun – Sat.) up to 90 days [ADM/DC form, PCP, Target Pop]	90 days UM/UR only
<b>Assertive Engagement</b> <b>QP-YA352</b> <b>AP/PP-YA353</b>	X	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]
<b>ADVP</b>	4-6 hr/day; up to 5 days/wk [STR form, ADM/DC form, PCP, Target Pop, Plan]	30 days UM/UR only	4-6 hr/day up to 5 day/wk [Updated Service plan or PCP]	Up to 90 days UM/UR only
<b>Supported Employment Individual</b>	Up to 12 units/day [STR form, ADM/DC form, PCP Service Plan]	90 days UM/UR only	Up to 12 units/day [updated service plan]	Up to 180 days UM/UR only
<b>Supported Employment Group</b>	Up to 24 units/day [STR form, ADM/DC form, PCP, Service Plan]	90 days UM/UR only	Up to 24 units/day [Updated Service Plan]	Up to 180 days UM/UR only

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<b>Long Term Support</b>	LME Utilization Review	7 Hours/mo	LME Utilization Review	6 months
<b>Respite YP010</b>	Up to 10 hours/month [STR form PCP, Target Pop]	30 days	Up to 15 hr/mo [Updated PCP, Additional information to support request]	Up to 180 days UM/UR only
<b>DD Residential Services</b>	LME Utilization Review	Authorized for up to one year	LME Utilization Review [additional information to support request]	For up to 1 year

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### Level of Care Standard Care Guidelines for Adult Substance Abuse

Service	Level I ASAM: .5 or I	Level II ASAM: II.I	Level III ASAM: II.5	Level IV ASAM: >II.5
<b>Detoxification</b>	X	Ambulatory – 5 day authorization	Medical Detoxification	ADATC X
<b>Clinical Assessment</b>	1 event per year	1 event per year	1 event per year	1 event per year
<b>Specialized SA assessment</b>	Authorize 1 event per year	Authorize 1 event per year	Authorize 1 event per year	Authorize 1 event per year
<b>Out Patient - Individual</b>	8 sessions for the fiscal year. [ADM/DC form, Target Pop, plan, financial]	8 sessions for the fiscal year. May reauthorize additional Sessions with justifications. [ADM/DC form, Target Pop, plan, financial]	8 sessions for the fiscal year. May reauthorize additional Sessions with justifications. [ADM/DC form, Target Pop, plan, financial]	8 sessions for the fiscal year. May reauthorize with justification. [ ADM/DC form, Target Pop, plan, financial]
<b>Out Patient – Substance Abuse Group</b>	96 units for the fiscal year.	96 units for the fiscal year. May reauthorize for additional units with justification	96 units for the fiscal year. May reauthorize for additional units with justification.	96 units for the fiscal year. May reauthorize for additional units. Additional units require Specialist Review.
<b>SAIOP</b>	X	<b>Initial:</b> 3 h/d X 3 d/wk for 30 days [STR form, PCP, Intake, ASAM] <b>Re-Auth:</b> 3 h/d X 3 d/wk for 8 weeks [PCP, Target Pop, ADM/DC form, additional/supporting info]	<b>Initial:</b> 3 h/d X 3 d/wk for 30 days [STR form, ADM/DC form, PCP, Intake, ASAM] <b>Re-Auth:</b> 3 h/d X 3 d/wk for 8 weeks [PCP, Target Pop, ADM/DC form, additional/supporting info]	<b>Initial:</b> 3 h/d X 3 d/wk for 30 days [STR form, ADM/DC form, PCP, Intake, ASAM] <b>Re-Auth:</b> 3 h/d X 3 d/wk for 8 weeks [PCP, Target Pop, ADM/DC form, additional/supporting info]
<b>Assertive Engagement QP-YA352 AP/PP-YA353</b>	X	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]

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<b>Community Support Team</b>	X	X	<b>Initial:</b> 30 days (64 units) [STR form, PCP and supporting documents] <b>Re-Auth:</b> Up to 128 Units per 60 days [PCP, Target Pop, ADM/DC form] May not exceed 6 months per year	<b>Initial:</b> 30 days (64 units) [STR form, PCP, and supporting documents] <b>Re-Auth:</b> Up to 128 Units per 60 days [PCP, Target Pop, ADM/DC form] May not exceed 6 months per year
<b>Targeted Case Management</b>	X	<b>Initial:</b> 1 Unit per week (Sun-Sat) 30 days (STR Form) to gather information, conduct assessments and PCP. <b>Re-Auth:</b> 1 unit per week (Sun. – Sat.) for up to 90 days [ADM/DC form, PCP, Target Pop]	<b>Initial:</b> 1 Unit per week (Sun-Sat) 30 days (STR Form) to gather information, conduct assessments and PCP. <b>Re-Auth:</b> 1 unit per week (Sun. – Sat.) for up to 90 days [ADM/DC form, PCP, Target Pop]	<b>Initial:</b> 1 Unit per week (Sun – Sat) 30 days (STR Form) to gather information, conduct assessments and PCP <b>Re-Auth:</b> 1 unit per week (Sun.- Sat.)for up to 90 days [ADM/DC form, DC form, PCP, Target Pop]
<b>SACOT</b>	X	X	<b>Initial:</b> Minimum 4 hr/day 5 day/wk up to 30 days [STR form, PCP, ASAM, Team Meeting Docs] <b>Re-Auth:</b> Minimum 4 hr/day up to 5 day/wk [Complete PCP, ADM/DC form, additional information, ASAM, updates] for up to 60 days	<b>Initial:</b> Minimum 4 hr/day up to 5 day/wk [STR form, PCP, ASAM, Team Meeting Docs) <b>Re-Auth:</b> Minimum 4 hr/day up to 5 day/wk [PCP, ADM/DC form, additional information, ASAM, updates] for up to 60 days
<b>Psychiatric Evaluation</b>	Authorize 1 evaluation per year	Authorize 1 evaluation per year.	Authorize 1 evaluation per year.	Authorize 1 evaluation per year.
<b>Medication Management</b>	<b>Initial:</b> 4 events/30 days (STR form) <b>Re-Auth:</b> 4 events/90 days [PCP/Plan-ADM/DC form, Target Pop, Financial, Intake] Maximum 12 events per year	<b>Initial:</b> 4 events/30 days (STR form) <b>Re-Auth:</b> 4 events/90 days [PCP/Plan-ADM/DC form, Target Pop, Financial, Intake] Maximum 12 events per year	<b>Initial:</b> 4 events/30 days (STR form) <b>Re-Auth:</b> 4 events/90 days [PCP/Plan-ADM/DC form, Target Pop, Financial, Intake] Maximum 12 events per year	<b>Initial:</b> 4 events/30 days (STR form) <b>Re-Auth:</b> 4 events/90 days [PCP/Plan-ADM/DC form, Target Pop, Financial, Intake] Maximum 12 events per year
<b>Psychological Evaluation</b>	Specialist Review for 1 authorization per year.	Specialist Review for 1 authorization per year.	Specialist Review for 1 authorization per year.	Specialist Review for 1 authorization per year.
<b>Mobile Crisis</b>	<b>Initial:</b> 32 units per episode of care (STR form) [Target Pop] <b>Re-Auth:</b> Up to 48 units per episode (STR) [ADM/DC form, justification]	<b>Initial:</b> 32 units per episode of care (STR form) [Target Pop] <b>Re-Auth:</b> Up to 48 units per episode (STR) [ADM/DC form, justification]	<b>Initial:</b> 32 units per episode of care (STR form) [Target Pop] <b>Re-Auth:</b> Up to 48 units per episode (STR) [ADM/DC form, justification]	<b>Initial:</b> 32 units per episode of care (STR form) [Target Pop] <b>Re-Auth:</b> Up to 48 units per episode (STR) [ADM/DC form, justification]

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<b>Facility Based Crisis (Roxie)</b>	<b>Pre-Authorized:</b> 80 hours(5days 16 hrs/day) [ADM/DC form]  <b>Re-Auth:</b> up to 5 days [plan, justification]	<b>Pre-Authorized:</b> 80 hours (5 days 16 hrs/day) [ADM/DC form]  <b>Re-Auth:</b> up to 5 days [plan, justification]	<b>Pre-Authorized:</b> 80 hours (5 days 16 hrs/day) [ADM/DC form]  <b>Re-Auth:</b> up to 5 days [plan, justification]	ADATC Inpatient
<b>Halfway House (Myrover-Reese Home)</b>	X	X	<b>Initial:</b> 1 unit/day for 30 days (STR) [Service Order] <b>Re-Auth:</b> 1 unit/day up to 90 day Max.180 days per episode of care	<b>Initial:</b> 1 unit/day for 30 days (STR) [Service Order] <b>Re-Auth:</b> 1 unit/day up to 90 day Max.180/ episode of care

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### Level of Care Grid for Adult Mental Health

Service	Level A Axis I or II with Mild Limitation in Emotional, Behavioral and Adaptive Functioning  Target Pop: AMI	Level B Axis I or co-morbidity Axis I & II or III and a Moderate Emotional, Behavioral or Adaptive Functioning & Treatment History  Target Pop: AMI	Level C Axis I or II and III &/or co-morbidity. Severe Emotional, Behavioral or Adaptive Functioning  Target Pop: AMI	Level D Axis I or co-morbidity. Axis I & II or III and an Imminent Danger to Self or Others OR an inability to attend to basic needs  Target Pop: AMI
<b>Basic Out Patient Services:</b>				
<b>Out Patient –Individual/family: CPT CODES-HCPCS- YCODES 90847</b>	Up to 8 events per year <b>Initial :</b> 4 events (STR FORM) <b>Re-Auth:</b> 4 events up to 120 days [ADM/DC form, Target Pop, plan, financial]	Up to 8 events per year <b>Initial :</b> 4 events (STR FORM) <b>Re-Auth:</b> 4 events up to 120 days [ADM/DC form, Target Pop, plan, financial]	Up to 8 events per year <b>Initial :</b> 4 events (STR FORM) <b>Re-Auth:</b> 4 events up to 120 days [ADM/DC form, Target Pop, plan, financial]	Up to 8 events per year <b>Initial :</b> 4 events (STR FORM) <b>Re-Auth:</b> 4 events up to 120 days [ADM/DC form, Target Pop, plan, financial]
<b>Out Patient Group-90853</b>	60 units for the fiscal year.	60 units for the fiscal year.	60 units for the fiscal year. May reauthorize for additional 60 units.	60 units for the fiscal year. May reauthorize for additional 60 units. Additional units require Specialist Review.
<b>Clinical Assessment Clinical Diagnostic Assessment</b>	1 event per year	1 event per year	1 event per year	1 event per year
<b>Medication Evaluation</b>	1 evaluation per year	1 evaluation per year	1 evaluation per year	1 evaluation per year
<b>Medication Management</b>	<b>Initial:</b> 4 events for 30 days [STR form, ADM/DC form] <b>Re-Auth:</b> 4 events up to 8 events a year [Target Pop, Financial, Intake, plan]	<b>Initial:</b> 4 events for 30 days [STR form, ADM/DC form] <b>Re-Auth:</b> 4 events up to 8 events a year [Target Pop, Financial, Intake, plan]	<b>Initial:</b> 4 events for 30 days [STR form, ADM/DC form] <b>Re-Auth:</b> 4 events up to 8 events a year [Target Pop, Financial, Intake, plan]	<b>Initial:</b> 4 events for 30 days [STR form, ADM/DC form] <b>Re-Auth:</b> 4 events up to 8 events a year [Target Pop, Financial, Intake, plan]
<b>Specialized Evaluation</b>	Authorize up to 1 event a year	Authorize up to 1 event a year	Authorize up to 1 event a year	Authorize up to 1 event a year
<b>Psychological Testing</b>	Authorize only by Specialist Review	Authorize only by Specialist Review	Authorize only by Specialist Review	Authorize only by Specialist Review

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<b>Targeted Case Management</b>	<b>X</b>	<b>Initial:</b> 1 Unit per week (Sun-Sat) 30 days (STR Form) to gather information, conduct assessments and PCP. <b>Re-Auth:</b> 1 unit per week (Sun. – Sat,) for up to 90 days [ADM/DC form, PCP, Target Pop]	<b>Initial:</b> 1 Unit per week (Sun-Sat) 30 days (STR Form) to gather information, conduct assessments and PCP. <b>Re-Auth:</b> 1 unit per week (Sun. – Sat.) for up to 90 days[ADM/DC form, PCP, Target Pop]	<b>Initial:</b> 1 Unit per week (Sun – Sat) 30 days (STR Form) to gather information, conduct assessments and PCP <b>Re-Auth:</b> 1 unit per week (Sun.- Sat.)for up to 90 days [ADM/DC form, DC form, PCP, Target Pop]
<b>Community Support Team - H2015HT</b>	N/A	<b>Initial:</b> 30 days (64 units) [STR form, PCP and supporting documents] <b>Re-Auth:</b> Up to 128 Units per 60 days [PCP, Target Pop, ADM/DC form] May not exceed 6 months per year	<b>Initial:</b> 30 days (64 units) [STR form, PCP and supporting documents] <b>Re-Auth:</b> Up to 128 Units per 60 days [PCP, Target Pop, ADM/DC form] May not exceed 6 months per year	<b>Initial:</b> 30 days (64 units) [STR form, PCP and supporting documents] <b>Re-Auth:</b> Up to 128 Units per 60 days [PCP, Target Pop, ADM/DC form] May not exceed 6 months per year
<b>Assertive Engagement QP-YA352 AP/PP-YA353</b>	<b>X</b>	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]	<b>Initial:</b> 40 units/30 days [STR Form]  <b>Re-Auth:</b> [ADM/DC Form, Service Plan, Justification]
<b>Assertive Community Treatment Team -H0040</b>	<b>X</b>	<b>Initial:</b> 30 days authorization [STR form, ADM/DC form], PCP] with a minimum of 4 contact days per month <b>Re-Auth:</b> Minimum contacts 4 days/Mo. for 60 to 90 days [PCP,ADM/DC form, Intake, notes]	<b>Initial:</b> 30 days authorization [STR form, ADM/DC form, PCP] with a minimum of 4 contact days per month) <b>Re-Auth:</b> Minimum contacts 4 days/Mo. for 60 to 90 days [PCP, ADM/DC form, Intake, notes]	<b>Initial:</b> 30 days authorization [STR form, ADM/DC form, PCP] with a minimum of 4 contact days per month <b>Re-Auth:</b> Minimum contacts 4 days/Mo. for 60 to 90 days [PCP, ADM/DC form, Intake, notes]
<b>Psychosocial Rehabilitation H2017</b>	<b>X</b>	<b>Initial:</b> Up to 5 hrs/day X 5days/wk for 30 days (STR) [PCP, Target Pop] <b>Re-Auth:</b> Up to 5 hrs/day X 5 days/wk up to 90 days [PCP, ADM/DC form]	<b>Initial:</b> Up to 5 hrs/day X 5days/wk for 30 days (STR) [PCP, Target Pop] <b>Re-Auth:</b> Up to 5 hrs/day X 5 days/wk for 90 days [PCP, ADM/DC form]	<b>Initial:</b> Up to 5 hrs/day X 5days/wk for 30 days (STR) [PCP, Target Pop] <b>Re-Auth:</b> Up to 5 hrs/day X 5 days/wk for 90 days [PCP, ADM/DC form]

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<b>Supported Employment Individual YP630</b>	X	<b>Initial:</b> Up to 12 units a day for 90 days [STR form, ADM/DC form, PCP/ Service Plan] <b>Re-Auth:</b> Up to 12 units/day up to 90 days [Updated Service Plan]	<b>Initial:</b> Up to 12 units a day for 90 days [STR form, ADM/DC form, PCP/Service Plan] <b>Re-Auth:</b> Up to 12 units/day up to 90 days [Updated Service Plan]	X
<b>Supported Employment Group</b>	X	<b>Initial:</b> Up to 24 units/day for 90 days [STR form, ADM/DC form, PCP, Service Plan] <b>Re-Auth:</b> Up to 24 units a day up to 90 days [Updated Service Plan]	<b>Initial:</b> Up to 24 units/day for 90 days [STR form, ADM/DC form, PCP, Service Plan] <b>Re-Auth:</b> Up to 24 units a day up to 90 days [Updated Service Plan]	X
<b>Mobile Crisis H2011</b>	<b>Initial:</b> 32 units per episode of care [STR form, PCP, Target Pop] <b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]	<b>Initial:</b> 32 units per episode of care [STR form, PCP, Target Pop] <b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]	<b>Initial:</b> 32 units per episode of care [STR form, PCP, Target Pop] <b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]	<b>Initial:</b> 32 units per episode of care [STR form, PCP, Target Pop] <b>Re-Auth:</b> Up to 48 units per episode [STR form, ADM/DC form, Target Pop, justification]
<b>Facility Based Crisis S9484</b>	<b>Pre-Authorized:</b> 80 hours (5 days 16 hrs/day) [ADM/DC form] <b>Re-Auth:</b> up to 5 days [plan, justification]	<b>Pre-Authorized:</b> 80 hours (5 days 16 hrs/day) [ADM/DC form] <b>Re-Auth:</b> up to 5 days [plan, justification]	<b>Pre-Authorized:</b> 80 hours (5 days 16 hrs/day) [ADM/DC form] <b>Re-Auth:</b> up to 5 days [plan, justification]	<b>Pre-Authorized:</b> 80 hours (5 days 16 hrs/day) [ADM/DC form] <b>Re-Auth:</b> up to 5 days [plan, justification]
<b>Residential Services</b>	UM/UR Utilization Review  [ADM/DC Form, Target Pop.,current assessments, justifications]	UM/UR Utilization Review  [ADM/DC Form, Target Pop.,current assessments, justifications]	UM/UR Utilization Review  [ADM/DC Form, Target Pop.,current assessments, justifications]	UM/UR Utilization Review  [ADM/DC Form, Target Pop.,current assessments, justifications]

**NOTE:** Documents required to be submitted for UM/UR review are indicated in the [ ] in each authorization section.

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