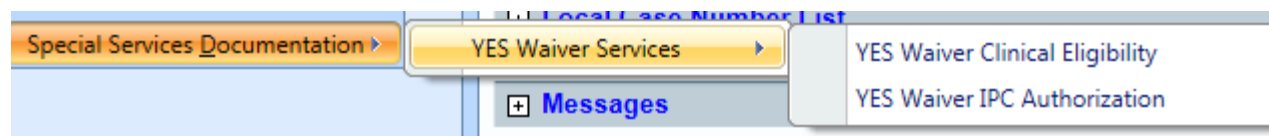


HOW TO ENTER AN INDIVIDUAL PLAN OF CARE

From the client workspace, select the following from the left-hand column: Special Services Documentation→ YES Waiver Services→ YES Waiver IPC Authorization



(Note: You can enter an IPC Initial even if the CE—Initial has not yet been approved)

IPC Type: Select type

* IPC Type Initial

Performed On: It will default to the date that the IPC was created and opened. Select date from calendar or enter date of the day that the IPC was completed

* Performed On 05/26/2016

Notes on IPC Type

May 2016

S M T W T F S

Notes on IPC Type: Enter any pertinent notes such as when it was completed, changes compared to the previous IPC, etc.

Notes on IPC Type Met with client and LAR to complete initial IPC on 5/25/16

Current Length: 58 Maximum Length: 1000

Notes on IPC Type CFT met on 6/12/16 to review the IPC. Increasing Music therapy and adding Respite. |

Current Length: 85 Maximum Length: 1000

Notes on IPC Type CFT met on 6/12/16 and determined that CWP will be changed. All team members were in agreement. |

Current Length: 98 Maximum Length: 1000

Annual IPC Begin Date: Date auto-populates from the Clinical Eligibility Start Date. This date cannot be changed.

Annual IPC End Date: Date auto-populates from the Clinical Eligibility End Date. This date cannot be changed.

* Annual IPC Begin Date 5/26/2016

* Annual IPC End Date 5/25/2017

Annual Total Summary for All Waiver Services: Provides breakdown of various costs for the year. Nothing is entered in these boxes.

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Total Billable Amount	35804
Estimated Annual Cost of Yes Waiver Services	0
Estimated Requisition Fee Cost	0
Total Estimated Cost	0
Remaining Amount	35804
Total Paid Amount	0

YES Waiver Services: General

- Each YES Waiver service option is listed
- For each service selected, Requested Units will need to be entered. The total units requested can be up to what is expected to be used during the entire year (Note: It is not recommended to only request one month's worth of units.)
- For each service selected, the Provider Name will need to be selected. (Tip: If the Provider Name is selected in the shaded blue area above all services, it will populate the Provider Name in to all services.)
- If a service is no longer desired, therefore being removed, and has never been provided, enter the number zero (0) for Requested Units or "x" out of the box and then tab through the field.
- CMBHS auto-populates all Requisition Fee line items (LMHA/CWP will never enter information in the Requisition Fee lines)

Yes Waiver Services: General								
General Services								
Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 5/26/2016	Amount Paid As Of 5/26/2016	Provider Name	Provider Contact Information
Animal Assisted Therapy - Individual	288.00	15 min	19.36	5575.68			TT YES Waiver Service Provider Location	
Animal Assisted Therapy - Individual - Requisition Fee	288.00	15 min	1.94	558.72			TT YES Waiver Service Provider Location	

Type of Service or Type of Requisition Fee	Number of units requested (up to duration of one year)	Unit Time—auto-populates in to IPC once Requested Units are entered	Cost Per Unit—auto-populates in to IPC once Requested Units are entered	Total cost of all units requested—will calculate after Requested Units has been entered	Number of units that have been entered in service notes—calculated by CMBHS	Number of units that TMHP has paid—calculated by CMBHS	Name of Provider—Selected in drop down box	Person listed as the contact for the selected provider—auto-populates after Provider Name is selected
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YES Waiver Services: Adaptive Aid/Minor Home Modification/Transitional Service:

- Requested Units is always "1" (one)
- Unit Rate equals the total price of the request
- The Justification Box must always be complete to demonstrate how the request meets YES Waiver policy and benefits the clients.

Adaptive Aids and Support Request (0)								
Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 6/1/2016	Amount Paid As Of 6/1/2016	Provider Name	Provider Contact Information
Adaptive Aids and Support Request (0)	1	Encounter	29.99	29.99			TT YES Waiver Service Pr	
Adaptive Aids and Support - Requisition Fee	1	Encounter	3.00	3.00				

Justification Box (Adaptive Aids and Support Request (0))

Request is for the purchase of the therapeutic game "Mad, not Bad" which assists children to develop anger management skills. The purchase of this good will assist Jose with Need #2 which states, "Jose needs to know that his anger does not define his personality." This game will be used as a strategy between Jose, the CLS provider, and the LAR to help Jose learn to manage his anger which manifests itself when Jose feels depressed and hopeless.

Non-Waiver Services: Other Medicaid State Plan Services: Enter the number of total hours per year that the client is likely to receive each type of listed service. (Note: At a minimum, every client should have hours listed for Intensive Case Management.)

Non-Waiver Services: Other Medicaid State Plan Services	
Medicaid State Plan Services	Approved Units
Counseling (Family)	
Counseling (Group)	
Counseling (Individual)	
Crisis Service Array	
Family Case Management	
Family Partner	
Family Training (Group)	
Family Training (Individual)	
Flexible Community Supports	
Flexible Funds	
Intensive Case Management (Wraparound)	52.00

Non-Waiver Services: Services Provided by Other Funding Sources: List any services that are provided to the youth (or LAR for the benefit of the youth) that are paid by sources other than Medicaid

Non-Waiver Services: Services Provided by Other Funding Sources			
+ Add new record			
Type Of Service	Estimated # of Hours	Provider Name	Funding Source
Family Support Group	26.00	Any Baby Can	Non-profit ×

Treatment Team Signatures:

Case Manager (QMHP-CS/Wrap Facilitator)	Required on all IPCs
Licensed Practitioner of the Healing Arts (LPHA)	Required on all IPCs
Physician	Always optional (provided when the Physician participated in the team meeting)
Client	Always required
Legally Authorized Representative (LAR)	Always required
YES Provider (CWP)	Always required—drop down box
Provider Representative (Name of team member/provider who participated in team meeting)	Required on all <i>except</i> IPC—Initial and IPC—Annual

Dates: Select or enter the date of when the signatures were obtained which should generally match the “performed on” date.

Treatment Team Signatures			
Treatment Team by signing below, indicates agreement that the chosen Waiver Services for this individual are health and safety. This IPC addresses all assessed needs and personal goals either through waiver services.			
* Case Manager	<div>None Selected</div>	* All	<div></div>
* Licensed Practitioner Of Healing Arts (LPHA)	<div></div>	* All	<div></div>
Physician	<div></div>	All	<div></div>
* Client	<input type="radio"/> Signed <input type="radio"/> Refused <input type="radio"/> Unable to Sign	* All	<div></div>
* Legally Authorized Representative (LAR)	<input type="radio"/> Signed <input type="radio"/> No LAR, legally emancipated <input type="radio"/> No LAR, over 18 years old <input type="radio"/> Unable to Sign	*	<div>All</div>
* YES Provider	TT YES Waiver Service Provider Location	* All	<div></div>
* Provider Representative	<div></div>	* All	<div></div>

Miscellaneous IPC Tips

- Within 24 hours after the IPC has been approved and saved in “closed complete” by DSHS, the TMHP number will be listed with the date that the TMHP authorization number generated. (Note: It is the responsibility of the LMHA to ensure that a TMHP number generates. If a number does not generate, refer to the MEV for more information.)

General Services	2281705741	3/10/2016
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- The annual IPC amount cannot exceed \$35,804 so it is important to pay attention to the Total Estimated Cost and Remaining Amount to adjust units if necessary. An IPC cannot be “closed complete” if the estimated cost exceeds the annual limit.

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Total Billable Amount	35804
Estimated Annual Cost of Yes Waiver Services	35430.07
Estimated Requisition Fee Cost	720.10
Total Estimated Cost	36150.17
Remaining Amount	-346.17
Total Paid Amount	0

Unit Calculation Tips

# of hours desired per week	X	Number of weeks remaining in year	X	Unit rate per hour	=	Total units to request on IPC
1.5 hours of Art Therapy per week	X	52 weeks (1 year)	X	4 (there are 4 units in one hour)	=	312 units

# of hours desired per month	X	Number of months remaining in year	X	Unit rate per hour	=	Total units to request on IPC
10 hours of CLS per month	X	6 months left	X	4 (there are 4 units in one hour)	=	240

# of hours desired per week	X	Number of weeks in a month	X	Number of months remaining in year	X	Unit rate per hour	=	Total units to request on IPC
5 hours of Respite Camp per week	X	4	X	12 (1 year)	X	1 (one hour)	=	240