

**Mental Health Partners
Documentation Requirements for IPRS Authorizations**

Type of Service	PCP/Tx Plan	DX Adm Assessment/SA Addendums	Psychological Evals	NC Snap	Basic Benefit Svc Orders	Hospital Information	Medicaid Denial Letter	Addt SA	TPO, TASC, ASAM Psychiatric/Dr Svc Notes	Service Specific Notes (See Grid Below)
Outpatient Services	--	--	--	--	--	--	--	--	--	--
First Reauth SA Group Outpatient Svcs	X	X	O	--	X	O	--	--	--	--
Initial SAIOP Auth	--	--	--	--	--	--	--	--	--	--
Initial Mobile Crisis Services	--	--	--	--	--	--	--	--	--	--
Reauth Mobile Crisis Services	X	--	--	--	--	--	--	--	--	--
1st Enhanced State Funded MH/SA Svcs	X	X	O	--	--	O	--	SX	SX	SX
Reauth Enhanced State Funded MH/SA	X	--	O	--	--	O	X	SX	SX	SX
First Enhanced State Funded DD Svcs	X	X	X	X	--	O	--	--	--	SX
Reauth Enhanced State Funded DD Svcs	X	--	O	O	--	O	--	--	--	SX

***Service Note Submission Requirement:**

ACTT Services Notes	1 Month of Notes
SAIOP	2 Weeks of Notes
Personal Assistance	1 Month of Notes
Developmental Therapy	1 Month of Notes
Community Support Team	2 Weeks of Notes

Key:

X = Required Documentation
 O = Optional Documentation
 SX = Service Specific Required Documentation
 -- = Not Required

* Note: The clinical home is expected to submit the required documentation

Documentation Requirements for Other Services

Type of Service	PCP/Tx Plan	DX Adm Assessment/SA Addendums	Psychological Evals	NC Snap	Hospital Information	Medicaid Denial Letter	Addt SA Info, TASC, ASAM	Psychiatric/Dr Svc Notes (See Grid Below)	PCP Cost Summary	IEP	Dr Statements/Orders	Price Quotes	Ltr of Med. Necessity
Medicaid Enhanced Services Only	--	--	--	X	--	--	--	--	--	--	--	--	--
Medicaid Targeted Case Mgmt	--	--	--	--	--	--	--	--	--	--	--	--	--
CAP/MR/DD Periodic Services	--	--	--	--	--	--	--	--	--	--	--	--	--
CAP/MR/DD Targeted Case Mgmt	X	--	X	X	--	--	--	--	X	X	X	X	X
Therapeutic Foster Care	--	--	--	--	--	--	--	--	--	--	--	--	--

Key:

X = Required Documentation
 O = Optional Documentation
 SX = Service Specific Required Documentation
 -- = Not Required

Effective 6/4/2010