

Rehabilitative Behavioral Health Services Clinical Standards – Individualized Plan of Care

Division of Behavioral Health
Quality Assurance Team
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Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Rehabilitative Behavioral Health Services (RBHS) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering RBHS.
 - While this presentation is designed to enhance understanding of the Medicaid standards regarding the RBHS Policy Manual, all aspects and policy are not covered in this presentation. Please review the RBHS Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Individualized Plan of Care Overview

- The Individualized Plan of Care (IPOC) is an individualized comprehensive plan of care to improve the beneficiary's condition.
- The IPOC is developed in collaboration with the beneficiary, which may include an interdisciplinary team of the following: significant other(s), parent, guardian, primary caregiver, other state agencies and staff, or service providers.
- Providers must ensure that services are tailored to the beneficiary's individual needs and the service delivery reflects knowledge of the particular treatment issues involved.
- The IPOC utilizes information gathered during the evaluation, screening and assessment process.
- The IPOC must be written to provide a beneficiary-centered and/or family-centered plan.

IPOC Overview (Cont.)

- The beneficiary must be given the opportunity to determine the direction of his or her IPOC.
- If family reunification or avoiding removal of the child from the home is a goal for the beneficiary, the family, legal guardian, legal representative, or primary caregiver must be encouraged to participate in the treatment planning process.
- Documentation of compliance with this requirement must be located in the beneficiary's record.
- If the family, legal guardian, legal representative, or primary caregiver is not involved in the treatment planning process, the reason must be documented in the beneficiary's clinical record.
- For adults, the family or a legal representative should be included as appropriate.

IPOC Documentation

- Each provider is responsible for developing the IPOC. When the state agency refers for services and does not provide the IPOC, the private organization must develop the IPOC.
- When state agencies refer beneficiaries to private RBHS providers for services, the private RBHS providers must adhere to the recommendations for services and specific frequencies set forth by the respective state agency.
- The beneficiary and guardian must sign the IPOC indicating they have been involved in the planning process and have been offered a copy of the IPOC. If the beneficiary refuses to sign the IPOC, the clinician must document the refusal. If it is considered clinically inappropriate for the beneficiary to sign the IPOC, clinical justification must be documented on the IPOC.
- It is important for overall health care and wellness issues to be addressed.

IPOC Core Treatment & Community Support Service (CSS) - Duration

- The initial IPOC must be completed, signed, titled, and signature dated by the Licensed Practitioner of the Healing Arts (LPHA), master's level qualified clinical professional, or Licensed Baccalaureate Social Worker (LBSW) within 30 calendar days of the DA.
- Core treatment services may be rendered prior to the completion of the IPOC, provided the services are medically necessary.
- Community Support Service (CSS) may not be rendered prior to the completion of the IPOC. CSS must be prior authorized prior to being rendered.
- If the IPOC is not completed and signed within 30 days, services rendered are not Medicaid reimbursable.

IPOC Core Treatment & CSS - Addendum

- When services are added or frequencies of services are changed in an existing IPOC, the addendum must include the signature and title of the clinician who formulated the addendum and the date it was formulated. All service changes must meet medical necessity criteria for each discrete service to be added.
- The IPOC must be signed and dated by the reviewing LPHA or master's level qualified clinical professional to confirm changes.
- When space is unavailable on the current IPOC, a separate sheet must be added and labeled as "Addendum IPOC" and the addendum must accompany the existing IPOC.
- If changes and updates are made to the original IPOC, an updated copy must be provided to the beneficiary and other involved parties within 10 business days.

IPOC Core Treatment & CSS - Reformulation

- The maximum duration of the IPOC is 365 calendar days from the date of the signature of the LPHA, or master's level qualified clinical professional on the IPOC.
- Prior to termination or expiration of the treatment period, the LPHA or master's level qualified clinical professional must review the IPOC with the beneficiary and evaluate the beneficiary's progress with respect to each of the beneficiary's treatment goals and objectives. Multiple staff members of an interdisciplinary team may participate in the process of developing, preparing and/or reviewing the IPOC.
- The signature of the LPHA or master's level qualified clinical professional responsible for the treatment is required.
- The IPOC must include the date of reformulation, the signature and title of the LPHA or master's level qualified professional authorizing services and the signature date.
- There should be evidence in the clinical record regarding the involvement of the beneficiary and the beneficiary's family, if applicable, in the reformulation of the IPOC.
- Copies of the reformulated IPOC must be distributed to all involved beneficiaries within 10 business days.

Components of the IPOC

IPOC documentation must meet all SCDHHS requirements and include the following components listed below:

- Beneficiary Identification
- Presenting Problem(s)
- Psychiatric Diagnosis(es)
- Goals and Objectives
- Specific Interventions
- Specific Services
- Frequency of Services
- Criteria for Achievement
- Target Dates
- Contact Information
- Discharge Plan
- Beneficiary and Guardian Signature
- Authorized LPHA Signature(s)

IPOC Utilization

- All services utilized in treatment which are required to be listed on the IPOC must be listed on the IPOC with their appropriate frequencies.
- Services identified on the IPOC and provided must be based on the recommendation(s) of the diagnostic assessment (DA).
- Services and their frequencies must be appropriate based on diagnosis, needs, and strengths.

