Individual Plan of Care (IPOC) / Individual Treatment Plan

Cenpa Phone	atico e: 866-694-3649	Plan Med Phone: 8	pice Health dicaid 366-902-16 -664-1499	_	First Choice by Select Health Phone: 866-341- Fax: 888-796-55	-8765	Communication Phone: 8	lealthcare nity Plan 866-261-7692 -821-7350		
Client Name (Last, First, MI):					ID #:	Medicaid #:				
Authorization Adjustment: YES NO					If "YES," Existing Authorization #:					
Presenting Problem:					Diagnosis and Code / Justification for Treatment (see initial IPOC if addendum):					
3. Proposed Treatment Process: Based on master problem list, identify specific goals/objectives to address the problem(s). Each goal should be accompanied by measurable objectives leading to attainment of goal(s).										
a. Date Service Ordered	Date b. Type of Service c. Units d. Days e per per			. Goals/m Persons	f. Target Expected Achievement Date					
Clinician Sig	nature, Title, and Date:									

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Client Name (Last, First, MI):					ID #:		Medicai	Medicaid #:	
							<u> </u>		
Client Signature: Signature indicates patient agreement with and participation in development of this plan, and receipt of a copy. Date:									
5. Parent or Guardian Signature (as appropriate):				Date:					
6. When applicable, list names of family members and/or friends who participated in the development of this plan:									
Family Member / Friend Name:			Relati	onship:	Date:				
Family Member / Friend Name:			Relati	onship:	Date:				
Agency Name:			Medic ID:	aid Provider	Phone: Fax		Fax:		
Clinician Signature, Title, and Date:									

Individual Plan of Care (IPOC) / Individual Treatment Plan

Discrete Services

H0001 AOD Assessment without Physical (Initial)

H0001-TS AOD Assessment without Physical (Follow-Up)

50001-U2 AOD Nursing Services

99408 AOD Screening and Brief Intervention

H2011 (Unit=15 min) Crisis Intervention (Face-to-Face)

H2011-HF (Unit=15 min) Crisis Intervention (Telephonically)

90846 Family Psychotherapy without Patient Present

90847 Family Psychotherapy with Patient Present

\$9482 (Unit=15 min) Family Support

90853 Group Psychotherapy (other than Multiple Family Group Therapy)

90833 (Unit=45 min) Individual Psychotherapy with E&M Services

90836 (Unit=60 min) Individual Psychotherapy with E&M Services

90832 (Unit=30 min) Individual Psychotherapy

90834 (Unit=45 min) Individual Psychotherapy

99203 Medical Evaluation and Management for a New Client

99213 Medical Evaluation and Management for an Established Client

96372 Medication Administration (for Vivitrol)

H0034 (Unit=15 mins) Medication Training and Support (Face-to-Face)

J2315 Naltrexone (Vivitrol) Injection

H0038 (Unit=15 mins) Peer Support Services (Individual)

H0038-HQ (Unit=15 mins) Peer Support Services (Group)

90792 Psychiatric Diagnostic Interview

96102 Psychological Testing

96101 Psychological Testing & Evaluation

H2017 Rehabilitative Psychosocial Services (Individual)

H2017-HA Rehabilitative Psychosocial Services (ages 0-7)

H2017-HQ Rehabilitative Psychosocial Services (Group)

99366 Service Plan Development with Client Present

99367 Service Plan Development without Client Present

H0004 Substance Abuse Counseling (Individual)

H0005 Substance Abuse Counseling (Group)

Bundled Services

(Level III.5 - R)

(Level III.2 - D) **H0010** Clinically Managed Residential Detox

(Level III.7 - D) **H0011** Medically Monitored Inpatient Detox

H0019 Clinically Managed Medium-Intensity Residential Services (Level III.7 - R) H0018 21 & over - Medically Monitored High-Intensity Residential/Inpatient Treatment

(Level III.7 - RA) H0018/HA Less than 21 - Medically Monitored High-Intensity Residential/Inpatient Treatment

H2035 Day Treatment / Partial Hospitalization (Level II.5)

(Level II.1) **H0015** Intensive Outpatient Treatment