

# CREATING AN INDIVIDUAL PLAN OF CARE

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- Find client. (See instructions for finding/adding client records to find a client record.)
- Click on **Client Name** to highlight that field, then click on **View**.
- Click on **Client Workspace** to open the client record.
- Hover over **Special Service Documentation**, which will display **YES Waiver Services** list.
- Click on **Yes Waiver IPC Authorization**.

The screenshot displays the CMBHS web application interface. The browser address bar shows the URL: <https://168.40.167.219/CmbhsApd/webpages/ClinicalEligibility.aspx>. The application header includes the CMBHS logo and navigation tabs: Provider Tools, Business Office, Data, Account Management, Help, and Logout. The user is logged in as 'APD Test Provider' at 'APD - MH - Yes Waiver Location'. The main content area is titled 'Yes Waiver Individual Plan of Care (IPC)' with ID 'IPC139'. A left sidebar menu has 'Special Services Documentation' highlighted with a blue arrow. A dropdown menu is open under 'Special Services Documentation', showing 'YES Waiver Services' with a sub-menu containing 'YES Waiver Clinical Eligibility', 'YES Waiver IPC Authorization' (highlighted), and 'YES Waiver Service Note'. The form fields include:
 

- \* IPC Type: None Selected
- Notes on IPC Type: [Text Area]
- \* Annual IPC End Date: 04/16/2014
- IPC Revision Date: 04/15/2015
- All: [Text Area]

 Below the form is a table titled 'ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES':
 

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Estimated Annual Cost of Yes Waiver Services	0
Estimated Requisition Fee Cost	0
Total Estimated Cost	0

 At the bottom, there is a section for 'Yes Waiver Services: General' with a table of 'General Services':
 

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Animal Assisted Therapy - Individual		15 min	19.36				None Selected	
Animal Assisted Therapy - Individual - Requisition Fee		15 min	1.94				None Selected	
Animal Assisted Therapy - Group		15 min	19.36				None Selected	

In the **IPC Type** field, select the type of IPC you wish to create.

The screenshot shows the CMBHS web application interface. The browser window title is "CMBHS - Windows Internet Explorer" and the address bar shows the URL "http://168.40.167.219/Cmbhs.Apd/webpages/Ipcauthorization.aspx". The page header includes the CMBHS logo and navigation tabs: "Provider Tools", "Business Office", "Data", "Account Management", "Help", and "Logout". The user is logged in as "APD Test Provider" with the location "APD - MH - Yes Waiver Location". The page title is "Yes Waiver Individual Plan of Care (IPC)" and the form ID is "IPC139".

The "IPC Type" field is highlighted with a blue arrow. The dropdown menu is open, showing the following options:

- None Selected
- Initial
- IPC Projection

Other fields on the form include:

- Notes on IPC Type
- Annual IPC Begin Date: 04/16/2014
- Annual IPC End Date: 04/15/2015
- IPC Revision Date: All

Below the form is a table titled "ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES":

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Estimated Annual Cost of Yes Waiver Services	0
Estimated Requisition Fee Cost	0
Total Estimated Cost	0

At the bottom, there is a section for "Yes Waiver Services: General" with a table of services:

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Animal Assisted Therapy - Individual		15 min	19.36				None Selected	
Animal Assisted Therapy - Individual - Requisition Fee		15 min	1.94				None Selected	
Animal Assisted Therapy - Group		15 min	19.36				None Selected	

- Enter the **IPC Begin Date**. The system will automatically generate the **IPC End Date**.
- Enter the number of **Requested Units** for each service requested.
- At the **Provider Name** dropdown menu, select the provider that will provide the service.

The screenshot displays the 'Yes Waiver Individual Plan of Care (IPC)' form in a web browser. The form includes the following fields:

- IPC Type: Initial
- Notes on IPC Type: [Empty text area]
- Annual IPC Begin Date: 04/13/2014
- Annual IPC End Date: 04/12/2015
- IPC Revision Date: All

Below the form is a table titled 'ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES':

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Estimated Annual Cost of Yes Waiver Services	7902.40
Estimated Requisition Fee Cost	388.00
Total Estimated Cost	8289.40

The 'General Services' table is as follows:

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Animal Assisted Therapy - Individual	200	15 min	19.36	3872.00			None Selected	
Animal Assisted Therapy - Individual - Requisition Fee	200	15 min	1.94	388.00			Per Service Delivery Locatio	
Animal Assisted Therapy -Group		15 min	19.36				None Selected	
Animal Assisted Therapy -Group - Requisition Fee		15 min	1.94				None Selected	
Art Therapy - Individual		15 min	19.36				None Selected	
Art Therapy - Individual - Requisition Fee		15 min	1.94				None Selected	
Art Therapy -Group		15 min	19.36				None Selected	
Art Therapy -Group - Requisition Fee		15 min	1.94				None Selected	
Community Living Supports - Bachelor's Level Clinician	150	15 min	25.02	3753.00			Per Service Delivery Locatio	
Community Living Supports - Bachelor's Level Clinician - Group		15 min	25.02				None Selected	
Community Living Supports - Master's Level Clinician		15 min	25.02				None Selected	
Community Living Supports - Master's							None Selected	

- If entering an **Adaptive Aids and Support Request**:
  - Enter the estimated maximum dollar cost for the adaptive aid/support.
  - Include an explanation for the purchase in the **Justification Box**. The justification must be specific and align with participant's desired goals and outcomes.
- Each Adaptive Aid and Support must be submitted on a separate line item request. Click on the **Add a New Record** button to populate a new field.
- CMBHS will auto-populate the requisition fee.
- **Note:** For information on requirements for completing an Adaptive Aids and Support Request, see policy 2400.1.

The screenshot displays the CMBHS web application interface. At the top, there is a list of services with their respective unit rates:

Service Name	Unit Time	Unit Rate
School Age (ages 6 and older)	Hour	4.00
Respite RCCH Preschool (ages 3 - 5)	Hour	4.75
Respite RCCH School Age (ages 6 and older)	Hour	3.83
Supported Employment	Hour	26.07
Supportive Family based Alternatives - Child Placing Agency	Per Diem	67.98
Supportive Family based Alternatives - Support Family	Per Diem	69.25

Below this list is a section for **Yes Waiver Services: Adaptive Aids and Support**. It contains a table for entering requests:

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Adaptive Aids and Support Request (0)	1	Encounter	35	35.00			None Selected	
Adaptive Aids and Support - Requisition Fee	1	Encounter	3.50	3.50				

Below the table is a **Justification Box** with the following text: "There is a collective limit of \$5,000 annually (including Requisition Fees) for Minor Home Modifications and Adaptive Aids and Supports. Requesting authorization to purchase anger management workbooks for client: The Anger Workbook for Teens Activities. Current Length: 160 Maximum Length: 1000".

At the bottom, there is a section for **Yes Waiver Services: Minor Home Modification** with a similar table:

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Minor Home Modifications Request (0)	1	Encounter	500	500.00			None Selected	
Minor Home Modifications - Requisition Fee	1	Encounter	80.04	80.04				

Blue arrows in the image point to the "Add a New Record" buttons and the "Justification Box" text area.

- If entering a **Minor Home Modification Request**:
  - Enter the estimated maximum dollar cost of the modification.
  - Include an explanation for the purchase in the **Justification Box**.
- CMBHS will auto-populate the requisition fee.
- **Note:** For information on requirements for completing a Minor Home Modification Request, see policy 2400.5.

The screenshot shows the CMBHS web application interface. The main content area is titled "Yes Waiver Services: Minor Home Modification" and contains a table for "Minor Home Modifications Request (0)". The table has the following data:

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Minor Home Modifications Request (0)	1	Encounter	500	500.00			None Selected	
Minor Home Modifications - Requisition Fee	1	Encounter	80.04	80.04				

Below the table is a "Justification Box (Minor Home Modifications Request (0))" containing the text: "Requesting alarm system for family home due to client's history of elopement. This will help alert LAR when client le". The current length is 119 and the maximum length is 1000.

The interface also includes sections for "Yes Waiver Services: Transitional Services" and "Non-Waiver Services: Other Medicaid State Plan Services".

- After the service request(s) are entered, enter the **Treatment Team Signatures** for each member present at the Child and Family Team meeting and the date the IPC was created.
- Change the document status to **Ready for Review** if you are satisfied with the document.
- Click **Save and Continue** , which will save the document and place it in a queue for DSHS authorization.

The screenshot displays the CMBHS web application interface. The browser window shows the URL <https://168.40.167.219/Cmbhs.Appl/webpages/tpcAuthorization.aspx>. The main content area is titled "Non-Waiver Services: Services Provided by Other Funding Sources" and includes a table with columns for "Type Of Service", "Estimated # of Hours", "Provider Name", and "Funding Source". Below this, the "Treatment Team Signatures" section is highlighted with a blue arrow. This section contains a text area and several fields for signing, including "Case Manager" (Felker, Amy), "Licensed Practitioner Of Healing Hearts (LPHA)" (Macy Gray), "Client" (Signed), and "Legally Authorized Representative (LAR)" (John Smith). The "Document Status" dropdown is set to "Ready for Review". At the bottom right, the "Save and Continue" button is highlighted with a blue arrow. The footer of the page includes the text "©2013 Clinical Management for Behavioral Health Services (CMBHS), Texas Department of State Health Services. All rights reserved." and the system tray shows the date as 4/16/2014.

- For IPC revisions and terminations, user will follow the same process, but will select **Revision** or **Termination** in the **IPC Type** field.
- User must add comments in the comments text box to explain why a termination is being requested.

THIS IS APD NIGHTLY OWL

CMBHS  
Clinical Management for Behavioral Health Services

04/16/2014 - Build 302

Provider: APD Test Provider Client Name: User Name: Episode Of Care:  
 Location: APD - MH - Yes Waiver Location Client Number: Local Case:

Yes Waiver Individual Plan of Care (IPC) IPC139

IPC Type: Termination

Notes on IPC Type: Client and LAR have requested termination from YES Waiver services because they want a less intensive

Annual IPC Begin Date: 04/14/2014  
 Annual IPC End Date: 04/13/2015  
 IPC Revision Date: All

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Estimated Annual Cost of Yes Waiver Services	2071.6
Estimated Requisition Fee Cost	137.6
Total Estimated Cost	2209.2

Yes Waiver Services: General

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Paid As Of 4/16/2014	Amount Paid As Of 4/16/2014	Provider Name	Provider Contact Information
Animal Assisted Therapy - Individual	20	15 min	19.36	387.2			None Selected	
Animal Assisted Therapy - Individual - Requisition Fee		15 min	1.94	38.8			None Selected	
Animal Assisted Therapy - Group		15 min	19.36				None Selected	
Animal Assisted Therapy - Group - Requisition Fee		15 min	1.94				None Selected	

- The 'Successfully Saved' message will appear.

The screenshot shows a web browser window displaying a form for a 'Yes Waiver Individual Plan of Care (IPC)'. The browser's address bar shows the URL: `https://168.40.167.219/Cmbhs.Apd/webpages/Ipcauthorization.aspx`. The browser's status bar indicates 'Webpage has expired' and 'Certificate Error'. The page header includes the CMBHS logo and navigation tabs: 'Provider Tools', 'Business Office', 'Data', 'Account Management', 'Help', and 'Logout'. The page content includes a sidebar with navigation options like 'Home', 'Find/Add Client', 'Intake', 'Assessment', 'Diagnosis', 'Consent', and 'Special Services Documentation'. The main content area displays the 'Yes Waiver Individual Plan of Care (IPC)' form, which includes a 'Termination' section with the text: 'Client and LAR have requested termination from YES Waiver services because they want a less intensive service package.' Below this is a table titled 'ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES' with columns for 'AMOUNT' and 'Estimated Annual Cost of Yes Waiver Services' (2071.60), 'Estimated Requisition Fee Cost' (137.60), and 'Total Estimated Cost' (2209.20). A 'Yes Waiver Services: General' section is also visible, containing a table with columns for 'Service Name', 'Requested Units', 'Unit Time', 'Unit Rate', 'Estimated Annual Cost', 'Units Paid As Of', 'Amount Paid As Of', 'Provider Name', and 'Provider Contact Information'. A blue arrow points from the 'Successfully Saved' message box to the 'Requested Units' column of the table. The message box is titled 'Message from webpage' and contains the text 'Successfully Saved.' and an 'OK' button. The browser's taskbar at the bottom shows the system tray with the time '10:01 AM' and date '4/16/2014'.