Appendix D: Individual Plan of Care (IPC) in CMBHS

Revised December 2020
Individual Plan of Care (IPC) Revision

To submit a Revision IPC document:

1. Navigate to the YES Waiver IPC Authorization page by using the Client Services toolbar.
   a. Select Special Services Documentation.
   b. Select YES Waiver Services.
   c. Select YES Waiver IPC Authorization.

2. Once the IPC document is open, select “Revision” from the list of options provided in the drop-down menu.
3. Enter the **Performed On** date. This is the date services were agreed upon in the most recent Child and Family Team meeting.

4. Enter comments in **Notes on IPC Type**. Comments should indicate any change to services.

**NOTE:** The documentation entered in the Notes on IPC Type should reflect the proposed changes in service delivery (increasing/decreasing/removing, units), number of units, include type of service, and frequency of service. For example: Adding Rec Therapy 2x/week for 30 mins, 208 units requested and Removing Paraprofessional Services 4x/week for 45 mins effective 7/20/20.
5. Select **YES Provider Name** from the list of options provided in the drop-down menu.

6. Select **YES Waiver Services: General** to choose service types and add/remove units as needed.
   
a. Select **Edit** next to the service requested. A text box will appear under the **Requested Units** column.
7. Enter the amount of requested units.

8. Scroll to the bottom of the page and complete Treatment Team Signatures of QMHP, LAR, participant, physician (if required). Signature dates should match the Performed On date.

9. Verify all information is correct and that all requested units are documented in the IPC.
10. Scroll down and select **Ready for Review** from the options provided in the drop-down menu.

11. Select **Save**.

**Note:** YES Waiver Providers are required to provide a copy of the HHSC authorized IPC to the CWP within three days of HHSC authorization.

12. Review **Annual Total Summary.** This has been automatically updated to reflect the estimated cost of submitted units.

**NOTE:** The Total Estimated Cost should not exceed the Total Billable Amount. Costs for all Waiver services cannot exceed the individual annual
cost ceiling established under the Waiver which is $35,804. If so, review the IPC request for any errors and revise the IPC request.
Increasing Units in the Individual Plan of Care document

Providers must submit an IPC Revision any time additional units are needed for any of the YES services offered to the participant.

Providers should follow Steps 1 – 6 for an IPC Revision and then continue with the following steps:

7. Enter the amount of additional requested units for each service requested. Anytime units are added to the IPC, they must be entered cumulatively in order to submit the IPC correctly.

**Note:** For example, if CLS services will continue, but additional units are needed, then YES Waiver providers should calculate how many units will be needed using this formula:

Number of units currently listed in the service section

+ number of additional units requested

= Total cumulative units that must be documented on the IPC revision

**Example:**

900 units (listed in the CLS section)

+ 75 units (additional units requested)

= 975 (total cumulative units that must be documented on the IPC revision)

Add the total number of units requested to the Notes section.
NOTE: The documentation entered on the Notes on IPC Type should reflect the proposed changes in service delivery (increasing/decreasing/removing units), the number of units in the change, include type of service, and frequency of service. For example: Adding Rec Therapy 2x/week for 30 mins, 208 units requested and Removing Paraprofessional Services 4x/week for 45 mins effective 7/20/20.

8. Scroll to the bottom of the page and complete Treatment Team Signatures. Signatures should match the Performed On date.

9. Verify all inputted information is correct and that all requested units are documented.
10. Select **Ready for Review** from the options provided in the Document Status drop-down menu.

![Image](image1.png)

11. Select **Save**

**Note:** YES Waiver Providers are required to provide a copy of the HHSC authorized IPC to the CWP within three days of HHSC authorization.

12. Review **Annual Total Summary.** This has been automatically updated to reflect the estimated cost of submitted units.

![Image](image2.png)

**NOTE:** The Total Estimated Cost should not exceed the Total Billable Amount. Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver is $35,804. If so, review the IPC request for any errors and revise the IPC request. YES Waiver Providers are required to provide a copy of the HHSC authorized IPC to the CWP within three days of HHSC authorization.