

TRANSITION TO IPRS SIMPLIFICATION

BACKGROUND AND RESOURCES

Please refer to the memorandum dated September 11, 2008, from the Co-director of the Division of MH/DD/SAS, Liza Wainwright http://www.ncdhhs.gov/mhddsas/announce/iprs_simplification.pdf. She describes the elimination and consolidation of IPRS target populations and further states that **a consumer can be in only one target population**. The appendix to the September 11th memo provides details of the new populations. The effective date for completing the transition is March 1, 2009. (This is a change from the 9/11/08 memo which set the completion date at 1/1/09.)

IPRS simplification applies to all providers who bill through the LME for either Medicaid or state funded (IPRS) services.

Please see the revised definitions for the target populations by age and disability at [guilfordcenter.com](http://www.guilfordcenter.com) at the bottom of the Forms and Manuals page in the Provider Corner at <http://www.guilfordcenter.com/provider/forms/default.htm>.

Population Crosswalk: <http://www.guilfordcenter.com/provider/forms/Pop%20Crosswalk.pdf>
Adult DD definitions: http://www.guilfordcenter.com/provider/forms/Adult_Developmental_Disabilities.pdf
Adult MH definitions: http://www.guilfordcenter.com/provider/forms/Adult_Mental_Health.pdf
Adult SA definitions: http://www.guilfordcenter.com/provider/forms/Adult_Substance_Abuse.pdf
Child DD definitions: http://www.guilfordcenter.com/provider/forms/Child_Developmental_Disability.pdf
Child MH definitions: http://www.guilfordcenter.com/provider/forms/Child_Mental_Health.pdf
Child SA definitions: http://www.guilfordcenter.com/provider/forms/Child_Substance_Abuse.pdf
IPRS Form: <http://www.guilfordcenter.com/provider/forms/IPRS%20Target%20Populations%20Update%20Form.dot>

You will need these target population definitions to guide you in assigning the one population that best describes the consumer, includes the services the consumer needs, and allows payment. Also refer to the population crosswalk. There is a description of the target populations and information about the array of services and diagnoses for each population on the Division of MH/DD/SAS web site <http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm>.

Service Array: <http://www.ncdhhs.gov/mhddsas/iprsmenu/arrayofservices08-09-master11-08.xls>
Diagnosis Crosswalk: <http://www.ncdhhs.gov/mhddsas/iprsmenu/iprsdiagnosis08-09-master11-08.xls>

Examples are indented and italicized in the explanations below.

UPDATING POPULATION ASSIGNMENTS THAT EXPIRE BETWEEN 12/1/08 AND 2/28/09

Starting December 1, 2008, refer to the crosswalk and population definitions when doing the annual IPRS population update. Where a new population replaces an old one, the new one is more inclusive with fewer criteria and limitations, more diagnoses, and/or more services. If we receive a population update in December 2008 assigning an obsolete population, we will use the crosswalk to key the new population. Starting January 1, 2009, we will return IPRS forms that assign a consumer to an obsolete population.

A consumer can be in only one target population.

If a consumer met criteria for AMSPM, assign AMI.

*If a consumer met criteria for ADMRI, assign ADSN.
If a consumer met criteria for CMMED, assign CMSED.
If a consumer met criteria for CSWOM, assign CSSAD.*

Note that some populations (AMSRE, ASCDR, CSMAJ, etc.) are unchanged. Other populations (ADSN, ASTER, CMSED AND CSSAD) use the same letters but the criteria became more inclusive with a new definition effective 12/1/08.

ASSIGNING NEW CONSUMERS TO AN IPRS TARGET POPULATION

Starting 12/1/08, you must assign new consumers to only one population using the new population definitions. Starting January 1, 2009, the Guilford Center will **return** IPRS forms that assign a new consumer to an obsolete population.

If an adult substance abuse consumer meets criteria for more than one target population, use the one that best describes the consumer.

If a consumer meets eligibility criteria for ASWOM, ASDSS and ASCJO, pick the one population that represents the consumer's greatest involvement.

POPULATION ASSIGNMENTS THAT EXPIRE AFTER 3/1/09

Where consumers have only one IPRS target population and that population expires on or after 3/1/09, the Guilford Center will use the crosswalk to assign a new population with a start date of 3/1/09 and an end date corresponding with the original population end date.

*A child is assigned to CMMED 10/1/08-10/1/09. We will end date CMMED as of 2/28/09 and assign CMSED as of 3/1/09-10/1/09.
An adult is assigned to AMSMI 5/15/08-5/15/09. We will end date AMSMI as of 2/28/09 and assign AMI as of 3/1/09-5/15/09.
The same applies to AMSPM, AMSMI, ASHMT, ASDHH, ASHOM, ASDWI, ADMRI, CSWOM, CSDWI and CSCJO.*

If a consumer has two populations in different disabilities—SA and MH or DD and MH—we will assign the population with the more inclusive array of services: SA or DD. (This is different from what was announced at the Provider Forum on November 18, 2008.)

*If an adult is in AMSMI and ASWOM, we will assign ASWOM.
If a child is in CMMED and CSSAD, we will assign CSSAD.
If an adult is in AMSMI and ADSN, we will assign ADSN.
If an adult is in AMSMI and ASHMT, we will assign ASTER (ASTER replaces ASHMT).*

If you feel that a MH best fits your consumer, send a new IPRS form.

CONSUMERS WITH TWO POPULATION ASSIGNMENTS IN THE SAME DISABILITY

This situation is a problem only in SA. (In all cases where a consumer could be in two MH populations, both populations crosswalk to the same new population.)

*A consumer in both AMSMI and AMDEF is assigned the single population of AMI.
A child in both CMSED and CMPAT is assigned the single population of CMSED.*

However, the substance abuse provider with consumers in more than one SA population must send an IPRS update form to the Guilford Center before 3/1/09 assigning the consumer to only one population using the guidelines below.

Where a consumer has more than one SA population, substance abuse providers should **use populations that have federal funds**: ASCDR, ASWOM, ASDSS, ASCJO instead of ASTER and CSMAJ instead of CSSAD. This is because state funds are limited and we can potentially serve more consumers if we use all the available federal funds.

If an adult is in both ASWOM and ASHMT, prefer ASWOM over ASTER (which replaces ASHMT).

If a child is in both CSCJO and CSMAJ, prefer CSMAJ over CSSAD (which replaces CSCJO).

If a consumer has a MH population assignment and two SA population assignments the provider must choose one population.

If an adult is in two populations both of which have federal funds, choose the one whose criteria best fit the consumer. The diagnoses and the array of services are the same for ASWOM, ASDSS and ASCJO. If a consumer receives methadone, choose ASCDR.

If you have questions in general or about a particular consumer, please contact your contract administrator or the provider help desk, providerhelpdesk@guilfordcenter.com.