



**PBH UM/Access Communication Bulletin  
FY-1112-UM-14  
IPRS Service Limits**

**To: All MHSA and IDD IPRS Service Providers**

**From: Craig B. Hummel, MD PBH Medical Director**

**Date: December 6, 2011**

**RE: IPRS Service Limits Addendum to Communication Bulletin  
FY-1112-UM-11**

The purpose of this communication bulletin is to clarify aspects of IPRS Service Limits Bulletin FY-1112-UM-11 dated December 1, 2011.

That bulletin does not affect Medicaid services or consumers. However, counties newly merged with PBH will be converted to PBH's existing and established utilization management criteria for IPRS services. This is to ensure the continued access, quality and funding for IPRS services throughout the fiscal year. There are no reductions to provider contracts and there will be no delays in payments for authorized services. Expenditure of IPRS funds are at expected levels for this point in the fiscal year.

Members who are already receiving services under IPRS will not be affected by the change in IPRS guidelines outlined in the previous bulletin. If a member is already receiving service they will continue to receive that service. They will also be allowed to continue that service when new authorizations are requested for continuation of the service.

**Example:** Residential Level III for children which requires periodic authorization will receive continued authorization for that service during the episode of treatment, if medical necessity continues to be met.

In emergency situations where a member might suffer harm or deterioration if the IPRS service is not delivered, an authorization can be requested to be reviewed by the Medical Director. If the Medical Director agrees that this is an emergent situation and there are no other services available, authorization may be granted.

**If you have any further questions about this bulletin, please contact PBH Clinical Operations at 1-800-939-5911.**