

Idaho Behavioral Health Plan (IBHP) Provider Handbook Supplement Appendix C - Program Services

Effective July 1, 2024

Note: Complete content will be added by May 1, 2024. Continued changes will be made to enhance the Idaho Behavioral Health Plan service delivery. Refer to the rate schedule posted on www.MagellanofIdaho.com, under *For Providers / Getting Paid* for additional payment details (e.g., billing modifiers).

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Individual Psychotherapy

Description

A trained therapist works with individuals to explore and address emotional, mental, and behavioral challenges. It provides a safe space to discuss concerns, understand feelings, and develop coping strategies to improve overall well-being.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Psychotherapy is the practice of a trained professional clinician applying clinical techniques that originate from the principles of psychology in order to help members adjust to situations in their lives, manage or change how they think, manage or change how they feel, alter certain behaviors, or bring about change in other areas of their lives. Interventions are designed to build on and/or develop members’ strengths, address identified needs, and improve and/or stabilize functioning of the member.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians as defined per licensure by the Division of Occupational and Professional Licenses and IDAPA; and/or practicing under a supervisory protocol.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
90832	Psychotherapy, 30 minutes with patient and/or family member	Unit = 30 minutes
90833	Psychotherapy, 30 minutes with patient and/or family member with an evaluation and management service	Unit = 30 minutes
90834	Psychotherapy, 45 minutes with patient and/or family member	Unit = 45 minutes

90836	Psychotherapy, 45 minutes with patient and/or family member with an evaluation and management service	Unit = 45 minutes
90837	Psychotherapy, 60 minutes with patient and/or family member	Unit = 60 minutes
90838	Psychotherapy, 60 minutes with patient and/or family member with an evaluation and management service	Unit = 60 minutes
90863	Pharmacologic Management performed with Psychotherapy	Unit = per session
90839	Psychotherapy for Crisis; initial 60 minutes	Unit = 60 minutes
90840	Psychotherapy for Crisis; additional 30 minutes	Unit = 30 minutes

Family Psychotherapy

Coming soon

Group Psychotherapy

Description

In group therapy, three or more people with similar emotional challenges talk and support each other. They do this under the guidance of a trained professional. This professional helps guide the conversation and ensures a safe environment.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Group psychotherapy is a treatment approach in which three or more members with similar emotional challenges and/or functional impairments interact with each other on both an emotional and a cognitive level in the presence of a clinician who serves as a catalyst, facilitator, or interpreter.

Group psychotherapy approaches vary, but in general, groups aim to provide an environment in which challenges and concerns can be shared in an atmosphere of mutual respect and understanding.

Group psychotherapy seeks to enhance self-respect, deepen self-understanding, and improve interpersonal relationships.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians as defined per licensure by the Division of Occupational and Professional Licenses and IDAPA; and/or practicing under a supervisory protocol.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit	Duration/Setting
90853	Group Psychotherapy, other than multiple-family group	Unit = per session	No more than 12 participants, facilitated by a trained therapist simultaneously providing therapy to these multiple patients

Multiple-Family Group Psychotherapy

Description

This therapy brings together patients and their families who face similar challenges. In a group setting with a trained professional, they discuss and work on their emotional needs/challenges. The goal is to help each person and their family grow, handle their emotions better, and improve their daily life skills.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Multiple-Family Group Psychotherapy treatment allows beneficiaries and their families with similar issues to meet face-to-face in a group with a clinician. The group's focus is to assist the beneficiary and their family members in resolving emotional difficulties, encourage personal development and ways to improve and manage their functioning skills.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians as defined per licensure by the Division of Occupational and Professional Licenses and IDAPA; and/or practicing under a supervisory protocol.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
90849	Multiple-family group psychotherapy	Unit = per session

Family Psychoeducation

Description

Family Psychoeducation (FPE) is an approach for partnering with families and members with Serious and Persistent Mental Illness (SPMI) and Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED). FPE is based on a core set of practice principles as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). These principles form the foundation of the evidence-based practice and guide practitioners in delivering effective FPE services. Family Psychoeducation gives youth and families information about mental illnesses, helps them build social supports, and enhances problem-solving, communication, and coping skills. Since Family Psychoeducation is a unique approach to mental health intervention, specialized sessions (e.g., joining sessions and an educational workshop) should be completed before beginning ongoing sessions. These sessions are components of the evidence-based protocol as defined in the SAMHSA Evidence-Based Practice KIT for Family Psychoeducation. Providers may follow a different Evidence-Based Practice (EBP) from the one defined by SAMHSA for Family Psychoeducation as fits the needs of the youth, including EBPs where the youth is not present with the family.

Family psychoeducation services may be provided to a single family or multi-family group (two to five families).

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Family Psychoeducation (FPE) is an approach for partnering with families and members with Serious and Persistent Mental Illness (SPMI) and Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED).

Provider Requirements

Services may be provided by an independently licensed clinician or an individual with a master’s degree who is able to provide psychotherapy. When a second facilitator is warranted, this may be a paraprofessional provider with a minimum of a bachelor’s-level education operating in a group agency under a supervisory protocol.

Multifamily Group Psychoeducation (two to five families)

Multifamily psychoeducation warrants two facilitators; at least one of these will be an independently licensed clinician or a master’s-level provider qualified to deliver psychotherapy in a group agency under supervision. The second facilitator may be a bachelor’s-level paraprofessional operating in a group agency under supervision.

OR

Single Family Psychoeducation

Single-family psychoeducation requires a master’s-level, independently licensed clinician (Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Professional Counselor or Licensed Clinical Professional Counselor) or a master’s-level provider qualified to deliver psychotherapy in a group agency under supervision. In cases where providers are working with a single family having many participants or complex issues, the family could benefit from the involvement of a second facilitator.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit	Duration/Setting
H2027	Family Psychoeducation, including Multiple-Family Group Psychoeducation	Unit = 15 minutes	Can be provided in a multiple family group (two to five families) or in a single-family format

Early Serious Mental Illness (ESMI)

Coming soon

Medication Management

Coming soon

Therapeutic Injection

Description

Drugs or medications administered (or given) either under the skin or directly into the muscle for behavioral health treatment. For certain chronic long-term conditions, injections can lead to better results and consistent use. In some situations, injections are the best way to give these medications.

In some cases, therapeutic injections create better outcomes and compliance with chronic medication administration. In other cases, therapeutic injections are the preferred method for the application of medications.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Therapeutic injection given subcutaneously or intramuscularly means that a drug is given by injection under the skin or in the muscle.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Psychiatrists or Psychologists with prescriptive authority and prescribing APRNs (including Psychiatric Nurse Practitioners and/or Psychiatric Physician Assistants).

Authorization

No authorization required.

Payment Methodology

Code	Description
96372	Therapeutic injection; subcutaneous or intramuscular

Electroconvulsive Therapy (ECT)

Coming soon

Transcranial Magnetic Stimulation Treatment (TMS)

Coming soon

Psychological Testing

Description

These evaluation services are a formal set of tests that providers use to understand how a person thinks, feels, and behaves. These tests also help determine a person's strengths, challenges, personality, and how they handle situations.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Psychological Test Evaluation Services are a set of formal procedures utilizing reliable and validated tests designed to measure areas of intellectual, cognitive, emotional, and behavioral functioning, in addition to identifying psychopathology, personality style, interpersonal processes, and adaptive skills.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed psychologist or psychology extender as defined per licensure by the Division of Occupational and Professional Licenses and IDAPA; and practicing under a supervisory protocol.
 - The provider's professional training and licensure must include any of the following:
 - A doctoral-level psychologist who is licensed to practice independently and demonstrates sufficient training and experience.
 - A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed, doctoral-level psychologist, and whose services are billed by the supervising psychologist.
 - The supervising psychologist must have face-to-face contact with the participant at intake and during the feedback session.
 - The supervising psychologist is also responsible for final test interpretation, report writing, and final signature of approval.
 - A master's-degreed behavioral health professional whose licensure specifically allows for provision of psychological testing services.

- The master’s-degreed provider has professional expertise in the types of tests/assessments being administered.
- The master’s-degreed provider conducts test administration, scoring and interpretation in accordance with licensing standards and the professional and ethical standards of psychological testing.

Authorization

No authorization required.

Payment Methodology

Code	Description	Threshold
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	4 hours of psychological testing for all codes combined per member, per calendar year
96131	Each additional hour (List separately in addition to code for primary procedure)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	
96137	Each additional 30 minutes (List separately in addition to code for primary procedure)	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	
96139	Each additional 30 minutes (List separately in addition to code for primary procedure)	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	

Neuropsychological Testing

Description

These evaluation services use a formal set of tests specifically designed to detect brain damage, injuries, or other issues, and to identify any related challenges in how the brain functions.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Neuropsychological Test Evaluation Services are a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury, or dysfunction, and any associated functional deficits.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed psychologists or psychology extenders as defined per licensure by the Division of Occupational and Professional Licenses and IDAPA; and/or practicing under a supervisory protocol.
 - The provider’s professional training and licensure must include any of the following:
 - A doctoral-level psychologist who is licensed to practice independently and demonstrates sufficient training and experience.
 - A psychometrist or psychometrician who administers and scores neuropsychological tests under the supervision of a licensed, doctoral-level psychologist, and whose services are billed by the supervising psychologist.
 - The supervising psychologist must have face-to-face contact with the participant at intake and during the feedback session.
 - The supervising psychologist is also responsible for final test interpretation, report writing, and final signature of approval.

Authorization

No authorization required.

Payment Methodology

Code	Description	Threshold
96116	Neurobehavioral status exam by professional; first hour	14 units of neuropsychological testing for all codes combined per member, per calendar year
96121	Neurobehavioral status exam by professional; each additional hour	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test	

Code	Description	Threshold
	results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96133	Each additional hour (List separately in addition to code for primary procedure)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	
96137	Each additional 30 minutes (List separately in addition to code for primary procedure)	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	
96139	Each additional 30 minutes (List separately in addition to code for primary procedure)	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	

Assertive Community Treatment (ACT)

Coming soon

Comprehensive Diagnostic Assessment (CDA)

Coming soon

Functional Assessment

Coming soon

Individualized Skills Building Treatment Plan

Description

This is a teamwork method where a trained clinician, a skills builder, the member, and their family come together to create a personalized Skills Building/Community-Based Rehabilitation Services (CBRS) treatment plan. The approach focuses on the member's strengths and helps them meet goals.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Skills building plan using the teaming approach is the process in which the independently licensed or master's-level clinician under supervisory protocol, Skills Building paraprofessional, member, and family work together to develop an individualized Skills Building/CBRS treatment plan. The process is person-centered, strengths-based, collaborative, individualized and outcome-based.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Independently licensed or master’s-level clinicians under supervisory protocol, and providers qualified to provide Skills Building/CBRS (see Skills Building/CBRS provider qualifications).

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H0032	Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present	Unit = 15 minutes

Skills Building/Community-Based Rehabilitative Services (CBRS)

Description

Skills Building/Community-Based Rehabilitative Services (CBRS) is a home- or community-based service that utilizes psychiatric rehabilitation interventions focusing on behavioral, social, communication, rehabilitation, and/or basic living skills training. The service is designed to build and reinforce functional skills and confidence. The goal is to improve the person's abilities and confidence for successful independent living.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

An independently licensed or master’s-level clinician under supervisory protocol, and providers qualified to provide Skills Building/CBRS, work with the member in the home or community to develop an Individualized Skills Building Treatment Plan using the teaming with the member and family. The process is person-centered, strengths-based, collaborative, individualized and outcome-based. The plan is based on the member’s individual needs and strengths identified from a comprehensive diagnostic and functional assessment and is updated every 90 days while Skills Building is being utilized.

The plan is designed to teach members skills that may include:

- Coping skills
- Psychiatric symptom management
- Communication skills
- Basic living skills
- Social skills
- Problem solving
- Anger management
- Crisis support
- Medication management

Provider Requirements

Skills Building/CBRS specialists within the IBHP network must hold a minimum of a bachelor's-level degree and be practicing under the supervisory protocol.

Authorization

Prior authorization is required after a threshold of 308 units per calendar year is met.

Payment Methodology

CPT Code	Description	Unit
H2017	Skills Building/CBRS	Unit = 15 minutes
H0032	Individualized Skills Building Treatment Plan – Billed by clinician and paraprofessional for teaming with patient present	Unit = 15 minutes

Skills Training and Development (STAD) or Partial Care

Description

Skills Training and Development (STAD) is treatment for adults and children whose functioning is sufficiently disrupted to the extent that it interferes with their daily life as identified by a comprehensive diagnostic assessment (CDA) and a functional assessment tool (CANS is required for youth under 18). It takes place in a structured group environment within a mental health clinic or appropriate group setting that is developmentally and age appropriate.

Member Eligibility

- Medicaid benefit.

- State funded benefits may also be available.

Services

Includes independent and group activities that focus on enhancing and/or developing social, communication, behavior, coping, and basic living skills. Activities may include each adult or child doing the same or similar tasks in the group or individuals doing independent tasks and bringing them back to the group. Group size generally depends on the purpose of the group. While in a group environment, STAD is outcome-based, strengths-based, culturally responsive, and responsive to each adult or child’s individual psychosocial, developmental, and treatment needs.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Independently licensed clinicians or above.
- Master’s-level clinicians working under Magellan’s approved supervision policy.
- Bachelor’s-level paraprofessionals with a degree in a health and human services field who have completed required Magellan-approved STAD training.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H2014	Skills Training and Development	Unit = 15 minutes

Case Management Mental Health

Case Management

Description

Case Management (CM), provided by a community-based provider, is available to members with a behavioral health, Substance Use Disorder (SUD) or co-occurring diagnosis who need help navigating the system or coordinating care. Case management refers to outcome-focused, strength-based activities that assist members and their families by locating, accessing, coordinating and monitoring mental health, physical health, social services, educational, and other services and supports. Case management includes both informal and formal assessment

of service needs and service planning. It includes assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services for members and their families. For youth enrolled in YES, Case Managers use a CFT approach as described in the Principles of Care and Practice Model and use Multi-Disciplinary Teams (MDTs for adults with SMI or SPMI).

Case management includes face-to-face activities or collateral contacts that directly benefit the Member and the Member's family. Case Managers maintain reasonable caseloads, consistent with accepted industry standards for children's and adult mental health systems of care based on intensity of their client's acuity, needs, and strengths.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.
- Case Management may be provided up to 180 days prior to discharge for youth transitioning out of an inpatient or residential facility.

Services

Services are community-based and may be provided via telehealth. Case Management responsibilities include but are not limited to:

- Formally and informally assessing member's needs, through working with the member, completing needed documentation, gathering information from other sources (as necessary) to form a complete assessment of the member.
- Working with the member to develop a Case Management plan that includes member's strengths and needs as identified in the assessment of the member or identified through a formal person-centered service plan (PCSP) (e.g. the PCSP or Wraparound plan if the member is receiving ICC or Wraparound); the Case Management plan must specify goals and actions that must address the medical, social, education, and other services/supports needed by the member. Making sure ensure all members shall have a voice and choice in where, when, and from whom they receive medically necessary covered benefits.
- Participating in multi-disciplinary team meetings including Child and Family Teams (CFTs) and adult Multi-Disciplinary Teams (MDTs).
- Working with the Intensive Care Coordinators or Wraparound Coordinators, as applicable, and collaborating to ensure that the same services and supports are not being delivered by the Intensive Care Coordinator, Wraparound Coordinator or Case Manager.
- Working with the member through their transitions in the continuum of care, including, but not limited to, working with discharge coordinators from inpatient stays, Crisis Centers, EDs, and residential placements to assist with meeting the member's needs in the community.

- Advocating for assisting members and by educating, locating, accessing, linking, coordinating, advocating for, and monitoring services and supports that assist the member in meeting their needs.
- Monitoring appropriateness of care and adjusting as needed.
- Being knowledgeable and informed about the different Medicaid programs and across system processes.

Magellan ensures that Case Management services are delivered in a conflict-free manner in accordance with 42 CFR 441.18 and federal guidance to the State around conflict-free case management.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Paraprofessional with at least a bachelor’s degree in a health and human field practicing under supervisory protocol
- Licensed Clinicians

Authorization

Authorization is not required until the threshold of 240 units is met.

Payment Methodology

Code	Description	Unit
T1017	Case Management for Behavioral Health, including mental health and SUD.	Unit = 15 minutes

Targeted Care Coordination (TCC)

Description

Targeted Care Coordination (TCC) providers are formally trained to facilitate a Child and Family Team (CFT) and create person-centered service plans. Targeted Care Coordinators also assist youth and their family to locate, coordinate, facilitate, advocate for, and monitor services as identified through a child and family teaming process which includes assessment and reassessment of needs and strengths.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Note: Providers will be able to continue to serve existing members receiving TCC services and bill for TCC services through Dec. 31, 2024. This will provide Magellan’s Intensive Care Coordinators six months to transition members to the new ICC services and to begin offering Idaho WInS services within the network.

With this transition, Magellan will not be endorsing new providers to offer TCC services. Starting July 1, 2024, new members needing this care will begin services with ICC or Idaho WInS rather than TCC.

Services

Targeted Care Coordination occurs through face-to-face or telephonic contact and is not intended to be duplicative of any other service. Targeted Care Coordination services vary in intensity, frequency, and duration in order to support the member’s ability to access, coordinate, and utilize services and social resources that support the member in reaching the goals of their coordinated care plan. Targeted Care Coordination may be delivered as a community-based service or in the outpatient clinic setting.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Holds at least a bachelor’s level in a human services field, is practicing under Magellan’s approved supervision policy, and has completed the TCC endorsement training prior to June 30, 2024.

OR

- Holds at least a bachelor’s degree, is a Certified Case Manager (CCM) through the Commission for Case Manager Certification (ccmcertification.org) and has completed the required TCC endorsement training prior to June 30, 2024.

Authorization

Authorization not required.

Payment Methodology

CPT Code	Description	Unit
T1017	Targeted Care Coordination	Unit = 15 minutes

SSI/SSDI Outreach, Access, and Recovery

Description

SSD/SSDI, Outreach, Access and Recovery (SOAR) Case Management provides Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) program application assistance to individuals, both youth and adults, who are experiencing homelessness or are at risk of homelessness and who have a severe and persistent mental illness, co-occurring SUD, and/or other medical issues.

Member Eligibility

Medicaid benefit.

Services

Please refer to the Case Management section in this appendix.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Case Managers who have the SOAR certificate of completion through SAMHSA.
- Minimum of a bachelor's-level degree in a health or human services field and be practicing under Magellan's supervisory protocol.

All questions regarding SOAR Case Manager qualifications must be directed to the current SOAR State Lead at SOARtraining@dhw.idaho.gov. [Idaho SOAR Website](#)

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H0006	SSI/SSDI Application Assistance	Unit = 15 minutes

Peer Services

Coming soon

Adult Peer Support

Coming soon

Family Peer Support

Coming soon

Youth Peer Support

Coming soon

Respite

Coming soon

Health and Behavioral Assessment and Intervention (HBAI)

Coming soon

Language Interpretation Services

Description

If English is not a member's primary language, or they are hearing impaired, they can get free oral translation or American Sign Language services when they are speaking to Magellan or providers in any setting. To get language interpretation services, members can call Magellan at 1-855-202-0973 (TTY 711).

Members who are hearing impaired may also use Idaho Relay Services at TTY 711 or:

- Voice: 1-800-377-1363
- Speech-to-Speech: 1-888-791-3004
- Visually Assisted Speech-to-Speech (VA STS): 1-800-855-9400
- Spanish: 1-866-252-0684

Written materials can be translated to another language and provided in alternate formats such as audio, large print, or Braille. Members should call Magellan at 1-855-202-0973 (TTY 711) for help with written materials.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Federal law and Idaho Medicaid regulations require Medicaid providers to make reasonable modifications in their practices or clinics to ensure members who have a limited ability to read, speak, write or understand English have full access to Medicaid services. This limitation is referred to as Limited English Proficiency (LEP).

Provider Requirements

The provider or its agency is responsible for hiring or contracting with a qualified interpreter or translator to facilitate communication with a member when they are providing an IBHP-reimbursed service.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
T1013	Language Interpretation Services (sign language or oral interpretation)	Unit = 15 minutes

Mileage

Coming soon

Telehealth

Coming soon

Intensive Outpatient Program

Coming soon

Partial Hospital Program

Coming soon

Adolescent Residential Treatment Center

Description

A behavioral health Residential Treatment Center (RTC) for youth is a non-hospital facility that provides comprehensive, multi-faceted treatment in a residential setting for participants who have multiple significant behavioral health symptoms and needs that impair their ability to safely function in the home, school, and/or community setting. The treatment facility provides therapeutic services that are appropriate for participants whose psychiatric, behavioral, or cognitive problems are so severe that residential care is required. Services are provided by physician or non-physician practitioners in a separate, stand-alone entity.

RTCs provide rehabilitative services including individual, group, and family therapy, recreational, and educational experiences. Services are generally lower in intensity and frequency than services provided in a Psychiatric Residential Treatment Facility (PRTF).

Member Eligibility

- Medicaid benefit for youth through the end of the month of their 18th birthday or through the end of the month of their 21st birthday if EPSDT.
- State funded benefits may also be available for youth up to their 18th birthday.

Services

Covered services and interventions may include the following:

- Behaviorally focused skill building
- Case consultation
- Crisis intervention (available 24 hours)
- Diagnostic assessments
- Focused therapeutic interventions
- Psychoeducation
- Psychotherapy (individual, family, group, multiple-family group)
- Service coordination or clinical case management
- Social and interpersonal skills
- Treatment planning
- Telehealth may be used for family involvement only

Intensive Care Coordination is provided by Magellan when a member is placed in residential care. The Child and Family Team (CFT) members will include the residential care provider. The

Individualized Treatment Plan will address the transition out of residential care and family involvement while the member is in the residential care facility.

Provider Requirements

Behavioral health residential treatment facilities must meet the following requirements:

- Have a National Provider Identifier (NPI).
- Meet State Medicaid Agency identified certification.
- Be a licensed children’s residential facility in accordance with IDAPA regulation requirements 16.04.18.
- Meet all licensing and certification requirements for the states in which they are located.

Services are provided by qualified medical and clinical professionals and paraprofessionals within their scope of practice. An appropriately credentialed nurse must be responsible for any medication administration. Any medication changes must be made under the guidance of an appropriately licensed physician or non-physician practitioner.

Authorization

- Prior authorization is required.
- Concurrent reviews will be completed.
- Any youth placed in a residential facility in another state must have an Interstate Compact completed upon admission to the facility.

Payment Methodology

Code	Description	Unit
1000	Residential treatment - Psychiatric General	Unit = Per Diem

Medicaid does not cover room and board services including custodial care, vocational, or education costs.

Psychiatric Residential Treatment Facility (PRTF)

Description

A Psychiatric Residential Treatment Facility (PRTF) is a facility other than a hospital that provides psychiatric services to youth in an inpatient setting. Residential facilities are licensed centers that offer 24-hour comprehensive services in a highly structured setting in a standalone facility under the direction of a physician. PRTF care is provided in a manner that is strengths- and

outcome-based, culturally responsive, and responsive to each youth's individual psychosocial, developmental, and treatment needs. On a continuum of care, residential treatment is the most restrictive and intense treatment available. Some youth need treatment apart from their usual environment due to the complexity of their clinical needs and/or they need a highly structured and therapeutic setting.

Member Eligibility

- Medicaid benefit for youth through the end of the month of their 21st birthday.
- State funded benefits may also be available for youth up to their 18th birthday.

Services

The components of care include, but are not limited to:

- 24-hour supervision in a high intensity therapeutic environment.
- Active Treatment
 - When school is in session, 10 hours of active treatment each week, excluding milieu management.
 - When school is not in session, 25 hours of active treatment each week, excluding milieu management.
- Family therapy in-person or via telehealth at least 1 time per week that includes the adults in the living situation the youth immediately came from, unless contraindicated. If the youth will be going to a different living setting after discharge, the adults in the new living setting shall participate, unless contraindicated.
- Psychiatric assessment, diagnosis, intervention, and pharmacological treatment and management provided by or under the direction of a Licensed Psychiatrist.
- Discharge planning that includes collaboration by the qualified mental health professional, the youth, parent/guardian(s), community-based providers, and the case manager and/or staff from DHW and/or its designee (contractor) and identifies and arranges required community supports the youth will need upon discharge.
- Providers are obligated to ensure the youth's physical needs are met.

Intensive Care Coordination is provided by Magellan when a member is placed in residential care and the Child and Family Team (CFT) members will include the residential care provider. The Individualized Treatment Plan will address the transition out of residential care and family involvement while the member is in the residential care facility.

Provider Requirements

Facility requirements:

- PRTFs must be a stand-alone psychiatric facility that is not a hospital and accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the State Medicaid Agency.

- In-state facilities must be licensed by the Bureau of Facility Standards and certified by CMS as a Psychiatric Residential Treatment Facility.
 - The IDHW application packet includes the information and documents that must be submitted and approved by the Bureau of Facility Standards prior to initial PRTF certification: [IDHW PRTF Application](#).
- Out-of-state facilities must be licensed in the host state and certified by CMS as a Psychiatric Residential Treatment Facility.
- PRTFs must adhere to the requirements for the use of restraint or seclusion when providing inpatient psychiatric services for individuals under 21 outlined in 42 CFR Part 483 Subpart G.
- PRTFs must meet the requirements in 42 CFR Part 441 Subpart D.

Provider qualifications:

An interdisciplinary team develops and delivers the plan of care. The team must include, at a minimum, either:

- A Board-eligible or Board-certified psychiatrist;
- A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or
- A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master’s degree in clinical psychology or who has been certified by the state.

The team must also include a master’s-level social worker or counselor, and one of the following:

- A registered nurse with specialized training or one year of experience in treating mentally ill individuals.
- An occupational therapist who is licensed and who has specialized training or one year of experience in treating mentally ill individuals.
- A psychologist who has a master’s degree in clinical psychology or who has been certified by the state.

Authorization

- Prior authorization is required.
- Concurrent reviews are required.
- Any youth placed in a residential facility in another state must have an Interstate Compact completed upon admission to the facility.

Payment Methodology

Code	Description	Unit
1001	Residential Treatment – Psychiatric	Unit = Per Diem

Homes with Adult Residential Treatment (HART)

Coming soon

Inpatient Hospitalization

Description

Magellan covers medically necessary inpatient psychiatric services and co-occurring Substance Use Disorder (SUD) treatment for members who have a diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM) with substantial impairment in thought, mood, perception, or behavior. Both severity of illness and intensity of services criteria must be met for admission. Inpatient services include medically necessary involuntary treatment inpatient hospitalizations pursuant to Title 66, Chapter 3, Idaho Code, including treatment for individuals awaiting placement in another level of care or awaiting notification from the Designated Examiner (DE) that a hold has been lifted.

Member Eligibility

- Medicaid benefit for:
 - Youth under 21 for hospitals, psychiatric hospitals, and hospital based IMDs.
 - Adults ages 21 through 64 enrolled in Medicaid for hospitals, psychiatric hospitals, hospital based IMDs, and non-hospital IMDs for up to 59 consecutive days.
- State funded benefits may also be available for:
 - Youth under the age of 18 who meet the criteria for YES and who meet Federal Poverty Guidelines per the Federal HHS requirements at: [https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines#:~:text=The%20poverty%20guidelines%20are%20sometimes,administrative\)%20where%20precision%20is%20important.](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines#:~:text=The%20poverty%20guidelines%20are%20sometimes,administrative)%20where%20precision%20is%20important.)
 - Involuntary treatment inpatient hospitalization (after commitment) pursuant to Title 66, Chapter 3, Idaho Code, if the committed individual's treatment is determined to be medically necessary.
 - Stays in Institutions for Mental Disease (IMDs) for members ages 21 through 64 enrolled in Medicaid that exceed 59 consecutive days.
 - Note: State funded benefits do not reimburse for inpatient SUD services (ASAM 4.0 and 3.7).

Services

Inpatient hospital services include semi-private accommodations, unless private accommodations are medically necessary and ordered by a physician, or if semi-private accommodations are unavailable in the facility.

Inpatient treatment is guided by an Individual Plan of Care developed by a multidisciplinary team.

- Individual Plan of Care: The individual plan of care is developed upon admission. The objective of the plan is to improve the member's condition to the extent that acute psychiatric care is no longer necessary. It must be implemented within 72 hours of admission and reviewed at least every three days. The individual plan of care must contain:
 - A diagnostic evaluation that includes examination of the medical, behavioral, and developmental aspects of the participant's situation and reflects the medical necessity for Inpatient care;
 - Treatment objectives related to conditions that necessitated the admission;
 - An integrated program of therapies, treatments (including medications), activities (including special procedures to assure the health and safety of the participant), and experiences designed to meet the objectives;
 - A discharge plan designed to achieve the participant's discharge at the earliest possible time that includes plans for coordination of community services to ensure continuity of care with the participant's family.

- Interdisciplinary Team: The individual plan of care must be developed by an interdisciplinary team capable of assessing the participant's immediate and long-term therapeutic needs, developmental priorities and personal strengths and liabilities, assessing the potential resources of the participant's family, setting the treatment objectives, and prescribing therapeutic modalities to achieve the plan's objectives. The team must include at a minimum:
 - One of the following:
 - A board-certified psychiatrist;
 - A licensed psychologist and a physician licensed to practice medicine or osteopathy;
 - A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental disease and a licensed clinical professional counselor;
 - One of the following:
 - A licensed, clinical or master's social worker;
 - A registered nurse with specialized training or one years' experience in treating individuals with behavioral health needs;
 - A licensed occupational therapist who has had specialized training or one year of experience in treating individuals with behavioral health needs;
 - The participant and their parents, legal guardians, or others into whose care they will be released after discharge.

SUD Services:

Please refer to the Inpatient SUD section of this appendix.

Magellan assigns regionally based utilization management (UM) care managers and Transition of Care Coordinators to inpatient facilities, providing designated support and discharge planning for all members who are admitted.

Provider Requirements

Facility Types

Inpatient behavioral health services are provided by the following provider types in accordance with IDAPA 16.03.09.700-706 and the requirements of the IBHP Contract including:

- Acute Care Hospitals with a psychiatric unit
- Psychiatric Hospitals
- Institutions for Mental Diseases (IMDs)
- In accordance with 42 CFR § 438.3(e)(2)(i) through (iii), Magellan may provide services in alternative inpatient settings that are licensed or approved by the IDHW, in lieu of services in an inpatient hospital.

Certification/Accreditation

- Hospitals:
 - Acute Care Hospitals and Psychiatric Hospitals must be Medicare-certified and licensed in Idaho or the state where services are performed.
 - Inpatient hospital psychiatric services must be provided under the direction of a physician in a facility accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and licensed by the state of Idaho or the state in which they provide services. To provide services beyond emergency medical screening and stabilization treatment, the hospital must have a separate psychiatric unit with staff qualified to provide psychiatric services. General hospitals licensed to provide services in their state, but are not JCAHO certified, may not bill for psychiatric services beyond emergency screening and stabilization.
- IMDs: A hospital, nursing facility or other institution of 17 or more beds that is primarily engaged in diagnosing and treating mental diseases is considered an IMD. A specific licensure is not necessary to meet the definition of an IMD. This includes medical attention, nursing care, and related services.
- SUD Services: Facilities that provide ASAM 3.7 or 4.0 levels of care, including IMDs, must have a certification from the Commission on Accreditation of Rehabilitation Facilities (CARF). Staff must meet the ASAM standards for the level of service provided.

Authorization

- A Notification of Admission (NOA) is required. With the NOA process, Magellan applies the same pre-screening process to determine the scope of benefits covered and the member's eligibility status, with a review of facility information to justify a continued stay.

- Magellan may reimburse inpatient behavioral health services for members awaiting placement in another level of care or awaiting an involuntary hold to be lifted.
 - If the member has an approved initial stay for inpatient behavioral health services, providers may request a continued stay authorization for certification of acute level of care during the following situations:
 - While the hospital is awaiting notification from the Designated Examiner (DE) that the involuntary hold has been lifted and the participant may be discharged; or
 - While the participant is awaiting admission to a State Hospital.
 - If a member is awaiting transfer to an alternative level of care, such as a PRTF or a Skilled Nursing Facility (SNF), and the acute level of care is deemed no longer medically necessary, Magellan will not continue to certify an acute level of care. Magellan may authorize Administratively Necessary Days (ANDs) for a Medicaid member if the provider follows all policies and procedures for reimbursement of that service and complies with requirements in IDAPA 16.03.09.403.

Payment Methodology

- A variety of payment methodologies will be employed when reimbursing providers of inpatient services, including but not limited to, per diem and All Patients Refined Diagnosis Related Groups (APR DRG).
- Medicaid:
 - Youth under 21 years of age enrolled in Medicaid: If the facility is a hospital, psychiatric hospital, or hospital based IMD and the member is under the age of 21, Medicaid reimbursement is allowable.
 - Adults ages 21-64 enrolled in Medicaid: If the facility is an IMD, Medicaid reimbursement is only allowable for stays up to 59 consecutive days with discharge on the 60th day. Stays exceeding 59 consecutive days may be reimbursable through other State funded benefits.
- State funded benefits may also be available. The limitations regarding length of stay do not apply.

A facility with certification from the Commission on Accreditation of Rehabilitation Facilities (CARF) to deliver 3.7 or 4.0 levels of care shall bill with Revenue code 0193 for room and board when the stay is received by a participant with a primary diagnosis of SUD.

CRISIS SERVICES

Crisis Psychotherapy

Description

This therapy is offered when someone is experiencing an acute crisis but is not in immediate danger of hurting themselves or others. The main aim is to quickly assess the situation and help the person find stability in a short time.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Provided when a member is experiencing an acute crisis, is not at imminent risk of harm to self or others, and psychotherapy for crisis is appropriate for providing rapid and time-limited assessment and stabilization.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians as defined per licensure by the Division of Occupational and Professional Licenses and IDAPA; and/or practicing under a supervisory protocol.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
90839	Psychotherapy for crisis; first 60 minutes	Unit = 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (List separately in addition to code for primary service)	Unit = 30 minutes

Crisis System of Care – Crisis Call Center

Coming soon

Mobile Response Team (MRT)

Coming soon

Adult Crisis Centers

Coming soon

Youth Crisis Centers

Coming soon

Child and Adolescent Needs and Strengths (CANS)

Coming soon

Early Child Assessment Age 0-5

Description

This is an assessment a clinician performs for children under age 6 to see if a child has an early mental health concern.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

The DC: 0-5 provides a mechanism similar to the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5 but is specifically designed for children under age 6. DC: 0-5 is a multiaxial diagnostic framework.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Master’s-level clinicians (and higher) who have the current Infant Mental Health endorsement (IMH-E®) in infant and toddler behavioral health care from the Idaho Association for Infant Mental Health (aimearlyidaho.org), or who have received the training hours required to sit for this examination, and who are qualified to diagnose as part of their clinical licensure.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H1011	DC: 0-5 Functional Assessment Tool	Unit = 15 minute

Intensive Home and Community Based Services (IHCBS)

Coming soon

Children's Day Treatment

Description

Day Treatment is a structured program available to youth exhibiting severe needs that may be addressed and managed in a level of care that is less intensive than inpatient psychiatric hospitalization, partial hospitalization or residential treatment, but requires a higher level of care than intensive or routine outpatient services. These services typically include a therapeutic milieu that may include skills building, medication management, and group, individual and family therapy, provided by an interdisciplinary team. Day Treatment providers will ensure consistent coordination and communication with other agencies working with the youth, including coordination with the schools. Day treatment programs are offered 4-5 days per week and may include after-hours and weekends. Services must be delivered for a minimum of 3 hours per day and maximum of 5 hours per day. All day treatment services are provided in a manner that is strengths-based, culturally responsive, and responsive to each youth's individual psychosocial, and developmental needs.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

- Assessment and Treatment Planning
- At least 2 of the following:
 Individual Therapy, Family Therapy, Group Therapy, and/or Psychoeducation
- Skill-Building Activities
- 24 Hour Crisis Services
- Care Coordination/Transition Management/Discharge Planning

When a youth is participating in Day Treatment, only the following services may be received outside of the program:

- Separate Case Management or TCC/CFT
- Respite
- Youth Support or Family Support
- Recovery Coaching
- Psych/Neuropsychological Testing

- Psychiatric Evaluation
- Medication Management

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Doctoral-level providers and licensed prescribing practitioners.
- Master’s-level, licensed behavioral health clinicians or a master’s-level behavioral health clinician working under Magellan’s approved supervision policy.
- Bachelor’s-level and/or paraprofessionals working under Magellan’s approved supervision policy.

Other professionals that may provide a necessary component of the program must provide appropriate services within the scope of their practice. They may or may not be reimbursable by the IBHP, depending on if the services are outside of the scope of the IBHP.

Authorization

Authorization is required.

Payment Methodology

Code	Description	Unit
H2012	Day Treatment-mental health, all-inclusive payment generally 3-5 hours per day 4-5 days per week	Unit = 15 minutes

Therapeutic After School and Summer Program (TASSP)

Description

Therapeutic After School and Summer Programs (TASSP) are structured programs that consist of a range of individualized therapeutic, recreational, and socialization activities for youth. These individual and group therapeutic experiences assist youth in developing social, communication, behavioral, and basic living skills, as well as psychosocial and problem-solving skills. TASSP are a collaboration between provider agencies, community-based organizations, professionals, and/or other entities. Services are provided in a manner that is strengths-based, culturally responsive, and responsive to each youth’s individual psychosocial, developmental, and treatment needs. TASSP services are strengths- and outcome-based, and the goal of the program is to enable each youth to improve their functioning in the home, school, and

community by providing structured treatment services during afterschool, summer, or out of school time.

TASSP may be structured in various ways:

- A provider agency can incorporate activities into their existing clinical service array: the provider agency identifies other professionals that may provide components of their TASSP (e.g., a music professional, Science, Technology, Engineering, Mathematics (STEM) provider or educational tutor). These professionals will provide appropriate activities/services within their level of training, experience, and education. Activities/services delivered by professionals that are outside of the IBHP cannot be reimbursed by the IBHP contractor except in cases of non-contracted Indian Health Care Providers (IHCPs).
- A provider could partner with existing non-therapeutic after school and summer programs and provide clinical services within that program.

TASSP may include, but is not limited to, the following services:

- Individual, family, and/or group psychotherapy
- Family Psychoeducation
- Skills Building/CBRS
- Skills Training and Development

Member Eligibility

- Youth enrolled in Medicaid: Covered through the end of the month of their 18th birthday or through the end of the month of their 21st birthday if EPSDT.
- Youth not enrolled in Medicaid with services paid through State funded benefits are covered through the end of the month of their 18th birthday.

Services

TASSP billable services include:

- Individual, family and or group psychotherapy (mental health and substance use disorder)
- Skills Training and Development
- Skills Building/CBRS
- Family Psychoeducation

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Independently licensed clinicians or above.
- Master's-level clinicians under Magellan's approved supervision policy.
- Bachelor's-level and/or paraprofessionals working under Magellan's approved supervision policy.

Authorization

No authorization required.

Payment Methodology

CPT Code	Description	Unit
90832	Psychotherapy with patient	Unit = 30 minutes
90833	Psychotherapy with patient, with E&M service	Unit = 30 minutes
90834	Psychotherapy with patient	Unit = 45 minutes
90836	Psychotherapy with patient, with E&M service	Unit = 45 minutes
90837	Psychotherapy with patient	Unit = 60 minutes
90838	Psychotherapy with patient, with E&M service	Unit = 60 minutes
90846	Family Psychotherapy without patient	Unit = 50 minutes
90847	Family Psychotherapy with patient	Unit = 50 minutes
90853	Group Psychotherapy	Unit = per session
H0001	Individual Assessment and Treatment Plan, Substance Use	Unit = 15 minutes
H0004	Individual Counseling, Substance Use	Unit = 15 minutes
H0005	Group Counseling, Substance Use	Unit = 15 minutes
H2014	Skills Training and Development	Unit = 15 minutes
H2017	Skills Building/Community-Based Rehabilitative Services	Unit = 15 minutes
H2017	Skills Building/Community-Based Rehabilitative Services - Group	Unit = 15 minutes
H2027	Family Psychoeducation	Unit = 15 minutes
H2027	Multiple Family Group Psychoeducation	Unit = 15 minutes

Parenting with Love and Limits (PLL)

Coming soon

Child and Family Team (CFT)

Coming soon

Wraparound Intensive Services (WInS)

Coming soon

Behavior Modification and Consultation (BMC)

Coming soon

SUD Treatment

Magellan covers medically necessary intensive inpatient, residential and outpatient treatment services for adults and youth who have a diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM) for SUD. Both severity of illness and intensity of services criteria must be met for the American Society of Addiction Medicine (ASAM) Level of Care requested. ASAM uses separate criteria and levels of care benchmarks for adults and adolescents.

The goal of *ASAM Criteria* is to recommend the least intensive treatment program that can address the needs of the individual.

Alcohol and Drug Testing

Description

The collection and analysis of blood, urine, hair, saliva, or another specimen type to evaluate for the presence of chemicals and contaminants left behind in the body after drug or alcohol use.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Presumptive/qualitative drug testing is used when necessary to determine the presence or absence of drugs or a Drug Class. Presumptive/qualitative drug testing is an important part of treatment for Substance Use Disorder (SUD).

Provider Requirements

- To be reimbursable, presumptive/qualitative drug tests must be determined to be medically necessary by a licensed or certified healthcare professional enrolled with the IBHP.
- Provider Proficiency (ASAM, 2023): Providers responsible for ordering tests should be familiar with the limitations of presumptive and definitive testing. The IBHP does not cover definitive testing.
- All presumptive/qualitative drug testing services must be provided by or under the direction of a qualified behavioral health provider.

Authorization

No authorization required.

Payment Methodology

The threshold is 24 units/tests (combination of 80305, 80306, 80307) per member per calendar year. Services over 24 units/tests must be prior authorized.

Code	Description	Unit
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service. (24 presumptive/quantitative drug tests per calendar year combination of 80305/80306/80307 tests).	Unit = Date of Service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service. (24 presumptive/quantitative drug tests per calendar year combination of 80305/80306/80307 tests).	Unit = Date of Service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service. (24 presumptive/quantitative drug tests per calendar year combination of 80305/80306/80307 tests).	Unit = Date of Service

Alcohol and/or Drug Assessment

Description

Alcohol and drug assessments are used to see if a member has a SUD and help providers determine the best way to treat it.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

The Comprehensive Diagnostic Assessment (CDA) must include the six ASAM dimensions:

- Dimension 1 – Intoxication, Withdrawal and Addiction Medications
- Dimension 2 – Biomedical conditions
- Dimension 3 – Psychiatric and Cognitive conditions
- Dimension 4 – Substance Use Related Risks
- Dimension 5 – Recovery Environment Interactions
- Dimension 6 – Person-Centered Considerations

The Global Appraisal of Individual Needs (GAIN) may still be used by GAIN-certified providers to meet the substance use assessment requirement.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians and paraprofessionals as defined per licensure by the Division of Occupational & Professional Licenses, Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC), Northwest Indian Alcohol/ Drug Certification Board (NWIADCB), the Idaho Department of Health and Welfare Division of Behavioral Health (DBH per IDAPA); and practicing under supervisory protocol.
- Paraprofessionals (defined as individuals who are not independently licensed) providing outpatient SUD treatment services within the IBHP may not be required to have a bachelor’s degree; however, they must meet the minimum relevant certification available for the service rendered (e.g., CADC).
- SUD providers must be trained in the ASAM Criteria®. This training must be documented in the individual’s personnel file through certificates, transcripts or CEUs. Documentation/attestation from a clinical supervisor that clinical supervision has included ASAM practice dimensions and placement criteria and that the individual is competent in ASAM is also acceptable.
- State-approved certification/designation entities are IBADCC, NWIADCB, DBH per IDAPA.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H0001	Individual Assessment and Treatment Plan for Substance Abuse (Use) (including administration of the GAIN)	Unit = 15 minutes

SUD Group Therapy by a Qualified SUD Professional

Description

Group therapy with a provider who is qualified to treat people with SUD. Group members with similar substance use conditions talk to and support each other. Members can see they are not alone and learn from each other.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

SUD treatment providers employ a variety of group treatment models to meet member needs during the multiphase process of recovery. A combination of group goals and methodology is the primary way to define the types of groups used. Adults and youth need to have separate and distinct groups; these populations cannot be treated together.

SUD groups:

- Help members learn to manage their SUD and other needs by allowing them to see how others deal with similar challenges.
- Reduce the sense of isolation that most individuals who have substance use disorders experience.
- Enable members who have SUD to witness the recovery of others.
- Encourage, coach, support, and reinforce as members undertake difficult or anxiety-provoking tasks.
- Offer members the opportunity to learn or relearn the social skills they need to be successful with everyday life instead of resorting to substance use.
- May add needed structure and discipline to the lives of members struggling with SUD.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians and paraprofessionals as defined per licensure by the Division of Occupational & Professional Licenses, Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC), Northwest Indian Alcohol/ Drug Certification Board (NWIADCB), the Idaho Department of Health and Welfare Division of Behavioral Health (DBH per IDAPA); and practicing under supervisory protocol.
- Paraprofessionals (defined as individuals who are not independently licensed) providing outpatient SUD treatment services within the IBHP may not be required to have a

bachelor’s degree; however, they must meet the minimum relevant certification available for the service rendered (e.g., Certified Alcohol Drug Counselor [CADC]).

- SUD providers must be trained in the ASAM Criteria®. This training must be documented in the individual’s personnel file through certificates, transcripts or CEUs. Documentation/attestation from a clinical supervisor that clinical supervision has included ASAM practice dimensions and placement criteria and that the individual is competent in ASAM is also acceptable.
- State-approved certification/designation entities are IBADCC, NWIADCB, DBH per IDAPA.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H0005	Group Counseling – Alcohol and/or Drug Services	Unit = 15 minutes

SUD Individual Therapy

Description

Individual therapy with a provider who is an expert in treating people with SUD.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Individual SUD counseling generally focuses on motivating the member to stop using substances. Treatment then shifts to helping the member stay substance free. The clinician uses therapeutic interventions to help the member see the problem and become motivated to change, change their behavior, repair damaged relationships with family and friends, build new friendships with individuals who do not use substances and create a recovery lifestyle.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians and paraprofessionals as defined per licensure by the Division of Occupational & Professional Licenses, Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC), Northwest Indian Alcohol/ Drug Certification Board (NWIADCB), the Idaho Department of Health and Welfare Division of Behavioral Health (DBH per IDAPA); and practicing under supervisory protocol.

- Paraprofessionals (defined as individuals who are not independently licensed) providing outpatient SUD treatment services within the IBHP may not be required to have a bachelor’s degree; however, they must meet the minimum relevant certification available for the service rendered (e.g., CADC).
- SUD providers must be trained in the ASAM Criteria®. This training must be documented in the individual’s HR file through certificates, transcripts or CEUs. Documentation/attestation from a clinical supervisor that clinical supervision has included ASAM practice dimensions and placement criteria and that the individual is competent in ASAM is also acceptable.
- State-approved certification/designation entities are IBADCC, NWIADCB, DBH per IDAPA.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H0004	Individual Counseling - SUD	Unit = 15 minutes

Opioid Treatment Programs

Description

The use of medications, sometimes in combination with counseling and behavioral therapies, that is effective in the treatment of opioid use disorders (OUDs) and can help to sustain recovery.

Member Eligibility

- Medicaid benefit.
- State funded benefits may also be available.

Services

Opioid Treatment Programs (OTPs) are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to treat opioid use disorder (OUD).

There are several treatment options prescribed by these specialty programs based on the member’s medical and psychiatric history, SUD treatment history, and member preference. Methadone and buprenorphine are two medication options available through the comprehensive bundle. Additionally, naltrexone and naloxone treatment reimbursement is allowable when appropriate.

OTPs also provide counseling, drug testing, substance use education and various office visits for supervised medication administration as required by 42 CFR 8.12.

Treatment includes dispensing and/or administration, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program).

All services must be provided in a manner that is strengths-based, culturally competent and responsive to each member’s individual psychosocial, developmental and treatment care needs.

This service is not currently developed for youth in Idaho.

Provider Requirements

OTPs in compliance with the federal opioid treatment standards 42 CFR Part 8 found at: <https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8>, certified by SAMHSA, and contracted with the IBHP, can provide this benefit.

Authorization

No authorization required.

Payment Methodology

Services:*

Code	Description
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed.
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program).

*Weekly Bundle, SUD services included in the bundle cannot be billed independently along with the bundle.

Medications:

Code	Description
TBD	Naltrexone Allowed in addition to G2074

Peer Services – Recovery Coaching

Coming soon

Case Management

Basic and Intensive

Coming soon

Basic and Intensive Family

Coming soon

ASAM Higher Levels of Care – SUD Treatment Programs

	Description
ASAM Level 2.1	Intensive Outpatient Program (IOP) are structured programs available to adults and adolescents with SUDs that can be addressed and managed in a level of care that is less intensive than partial hospitalization but that require a higher level of care.
ASAM Level 2.5	Partial Hospitalization Programs (PHP) for SUD provide high-intensity outpatient treatment services for adults and youth. These programs are defined as structured and medically supervised day, evening and/or night treatment programs. Oversight of the program must be provided by a licensed physician, but day-to-day activity can be done by another provider.
ASAM Level 3.1	Clinically managed low-intensity residential treatment services intended for adults and youth who require additional time in a structured residential setting in order to practice coping skills and prepare for successful transition to a lesser level of care.
ASAM Level 3.5	Clinically managed high-intensity residential services intended for adults or youth who are medically stable but cannot safely participate in substance use disorder treatment without continuous 24-hour supervision by behavioral health professionals.

ASAM Level 3.7	Medically managed high-intensity inpatient or residential treatment services for adults and youth who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility.
ASAM Level 4.0	Medically managed high-intensity services for adults and youth delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.

IOP SUD ASAM Level 2.1

Coming soon

PHP SUD ASAM Level 2.5

Coming soon

Low-Intensity Residential Treatment - Substance Use Disorder

ASAM Level 3.1

Description

ASAM Level 3.1 provides clinically managed low-intensity residential treatment services intended for adults and youth who require additional time in a structured residential setting in order to practice coping skills and prepare for successful transition to a lesser level of care.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may be available.

Services

Services are provided in a 24-hour environment such as a group home or halfway house. SUD trained professional staff are on site 24 hours a day. Both clinic-based services and community-based recovery services may be provided at least five hours per week, including medication management, peer support, case management, recovery skills, Intensive Outpatient Program, and other similar outpatient services. Level 3.1 agencies may allow clients to leave the facility with permission during the day when not in programming for a job or medical appointments, etc.

Provider Requirements

SUD residential treatment facilities must meet the following requirements:

- Have a National Provider Identifier (NPI).
- Have current national accreditation to provide behavioral healthcare by one of the following bodies:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF),
 - The Joint Commission (TJC), or
 - The Council on Accreditation (COA)
- Have current ASAM 3.1 Level of Care Certification from CARF. Staff must meet the ASAM standards for the level of service provided.
- Each adolescent residential treatment program must be licensed as a Children's Residential Care Facility under IDAPA 16.04.18.
- Residential treatment services may be provided in accredited Institutions for Mental Diseases (IMDs).

- IMDs providing SUD services are required to provide at least two forms of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) in order to receive Medicaid reimbursement.

Authorization

Prior authorization is required.

Any youth placed in a residential facility in another state must have an Interstate Compact completed upon admission to the facility.

Payment Methodology

Code	Description	Unit
H0043	Supported housing	Unit = Per Diem

Residential Treatment - Substance Use Disorder (Adult Only)

ASAM Level 3.5/3.7

Description

A SUD Residential Facility (SUDRF), previously known as Substance Abuse Residential Facility (SARF), is a stand-alone, non-hospital facility that provides residential SUD services and co-occurring psychiatric care. Residential treatment offers 24-hour supportive treatment in a contained, safe, and structured environment to help individuals initiate or continue a recovery process, develop/practice early recovery skills such as resilience and refusal; experience the support of others in a recovery-oriented setting; and prepare for a successful transition to the community. Services are provided under the direction of a physician. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.

ASAM Level 3.5 is clinically managed high-intensity residential services intended for adults or youth who are medically stable but cannot safely participate in substance use disorder treatment without continuous 24-hour supervision by behavioral health professionals.

ASAM Level 3.7 is medically managed high-intensity inpatient or residential treatment for adults and youth who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility.

Member Eligibility

- Medicaid benefit for 18 years of age and up:
 - Medicaid does not cover room and board services or custodial care.
 - If the facility is an IMD or a State Hospital, Medicaid reimbursement is only allowable for stays up to 59 consecutive days with discharge on the 60th day. Stays exceeding 59 consecutive days may be reimbursable through other State funded benefits.
- State funded benefits may also be available. The limitations regarding length of stay do not apply.

Services

SUDRF services must be based on a comprehensive diagnostic assessment which validates this ASAM level of care and requires an individualized plan of care. The plan of care must:

- Be developed with the participant and their legal guardian, if applicable, unless otherwise clinically indicated by an appropriately licensed clinical professional.
- Be reviewed by a licensed clinical professional at regular intervals. Reviews must include the need for continuing services, and recommended adjustments based on the participant's condition.
- Identify criteria for discharge. These may include the following:
 - Treatment goals have been met.
 - A lower level of care can be reasonably expected to meet the participant's current needs.
 - The participant and/or the family/guardians/primary caregivers withdraw the participant from treatment.
 - The participant has remained stable for a reasonable period of time and/or seems to have reached the maximum therapeutic benefit.
 - Continued stay guidelines are no longer met.

Covered services include, at minimum, psychological services, therapeutic and behavior modification services, psychotherapies (individual, group, family), nursing services, family visits, and psycho-educational services. In addition, Level 3.7 facilities provide active intoxication and withdrawal management (including all medications and laboratory tests) and are capable of caring for most chronic conditions including exacerbations in the context of withdrawal and withdrawal management.

Policies and procedures for both 3.5 and 3.7 facilities must include medical screening and care for conditions requiring minor treatment and first aid as well as medical emergencies. A written provision for referral or transfer to a medical facility must be present when additional medical care is warranted.

Intensive Care Coordination is provided by Magellan when a member is placed in residential care and the Multidisciplinary Team will include the residential care provider. The Individualized

Treatment Plan will address the transition out of residential care and family involvement while the member is in the residential care facility.

Provider Requirements

SUD residential treatment facilities must meet the following requirements:

- Have a National Provider Identifier (NPI).
- Have current national accreditation to provide behavioral healthcare by one of the following bodies:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF),
 - The Joint Commission (TJC), or
 - The Council on Accreditation (COA)
- Have current ASAM 3.5 and/or 3.7 Level of Care Certification from CARF for the level(s) the facility intends to deliver. Staff must meet the ASAM standards for the level of service provided.
- Residential treatment services may be provided in accredited Institutions for Mental Diseases (IMDs).
 - IMDs providing SUD services are required to provide at least two forms of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) in order to receive Medicaid reimbursement.

Authorization

Prior authorization is required.

Payment Methodology

Rev Code	Description	Unit
0192	ASAM 3.5	Unit = Per Diem
0193	ASAM 3.7	Unit = Per Diem

INPATIENT SUD

Inpatient SUD

ASAM Level 3.7/4.0

Description

ASAM Level 4.0 is medically managed high-intensity services for adults and youth delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.

ASAM Level 3.7 is medically managed high-intensity inpatient or residential treatment for adults and youth who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility.

Member Eligibility

- Medicaid benefit.
- State funded benefits do not cover SUD treatment in an inpatient setting, only residential settings.

Services

ASAM Level 4.0 and 3.7 provide medically managed high-intensity inpatient services, physician oversight, 24-hour nursing care, education, therapy, and counseling. Inpatient hospital services include semi-private accommodations, unless private accommodations are medically necessary and ordered by a physician, or if semi-private accommodations are unavailable in the facility.

Magellan assigns regionally based UM care managers and Transition Coordinators to inpatient facilities, providing designated support and discharge planning for all members who are admitted.

Provider Requirements

Inpatient SUD services are provided by the following provider types in accordance with IDAPA 16.03.09.700-706 and the requirements of the IBHP Contract.

- Acute Care Hospitals with a psychiatric unit
- Psychiatric Hospitals
- Institutions for Mental Diseases (IMDs)
 - IMDs providing SUD services are required to provide at least two forms of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) in order to receive Medicaid reimbursement.

Certification/Accreditation

Facilities that provide ASAM Level 4.0 or 3.7, including IMDs, must have a certification from the Commission on Accreditation of Rehabilitation Facilities (CARF). Staff must meet the ASAM standards for levels of service provided.

Authorization

A notification of admission (NOA) is required. With the NOA process, Magellan applies the same pre-screening process to determine the scope of benefits covered and the member's eligibility status, with a review of facility information to justify a continued stay.

Payment Methodology

- A variety of payment methodologies will be employed when reimbursing providers of inpatient services, including but not limited to per diems and APR DRGs.

IDAHO'S SUD TREATMENT PROGRAM

Aftercare (Group) SUD

Description

After a member has successfully completed treatment for a SUD, they can meet with a group of others who have successfully completed treatment on a regular basis. Facilitated by a SUD professional, the group members support and help each other in recovery.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may also be available.

Services

A type of ongoing group, leveraging evidence-based models, that is provided to clients after successfully completing treatment to assist with maintaining recovery.

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Licensed clinicians and paraprofessionals as defined per licensure by the Division of Occupational & Professional Licenses, Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC), Northwest Indian Alcohol/ Drug Certification Board (NWIADCB), the Idaho Department of Health and Welfare Division of Behavioral Health (DBH per IDAPA); and practicing under supervisory protocol.
- Paraprofessionals (defined as individuals who are not independently licensed) providing outpatient SUD treatment services within the IBHP may not be required to have a bachelor's degree; however, they must meet the minimum relevant certification available for the service rendered (e.g., CADC).
- SUD providers must be trained in the ASAM Criteria®. This training must be documented in the individual's HR file through certificates, transcripts or CEUs. Documentation/attestation from a clinical supervisor that clinical supervision has included ASAM practice dimensions and placement criteria and that the individual is competent in ASAM is also acceptable.

- State-approved certification/designation entities are IBADCC, NWIADCB, and DBH per IDAPA.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit	Duration/Setting
H0047	Aftercare for SUD	Unit = 15 minutes	Up to 3 hours/week for six months following discharge from treatment program

Case Management - Pregnant Women or Women with Dependent Children (PWWDC)

Note: PWWDC will not be available via the IBHP until July 2025

Description

Case management for pregnant women with SUD and women with SUD who have dependent children. This program also helps children who may have been affected by their mother’s substance use. Participants receive:

- Childcare while women are receiving services and treatment.
- SUD treatment for the children.
- Case management services including referrals to primary medical care for women and children including prenatal care and immunizations.
- Transportation for the mother and her children to access all care.
- Gender-specific SUD treatment, including help with relationship issues, sexual and physical abuse, parenting.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may be available.

Services

Specialized case management services provided to pregnant women and women with dependent children that address needs of pregnant and parenting women and their children.

Provider Requirements

- Provider must hold at least a bachelor’s degree in a human service field.

- Providers must comply with the Federal Block Grant requirements for serving the PWWDC population.
- Provider must be serving pregnant women and with dependent children.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H0006	Case Management for PWWDC participants	Unit = 15 minutes

Medical Needs Benefit for PWWC

Description

Pregnant Women and Women with Children (PWWC) with SUD may need medical, dental, vision, or pharmacy services for themselves or their children.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may be available.

Services

Funds may be used for the medical, pharmacological, dental, or vision needs for the mother, or her children not covered by other insurance or payer-group. The benefit does not cover over-the-counter medications or supplies.

Provider Requirements

N/A

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit	Duration/Setting
H2016	PWWDC Medical Needs Benefit	Unit = Per Diem	Limited to PWWDC population

Child Care

Description

Members with SUD who have children can get free or low-cost childcare while they are in a treatment facility and at appointments.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may be available.

Services

Care and supervision of a client's child(ren) while the client is participating in clinical treatment and/or RSS.

Provider Requirements

Childcare provider must be enrolled with the Idaho Childcare Program (ICCP).

Authorization

Authorization required.

Payment Methodology

Code	Description	Unit
T1009	Childcare for SUD	Unit = 15 minutes

Life Skills for SUD - Individual and Group

Description

Life skills are abilities and positive behaviors that enable individuals to effectively deal with the demands and challenges of life. Programs offering life skills services are non-clinical and are designed to enhance personal or family relationships, reduce work or family conflict, and develop attitudes and capabilities that support the adoption of healthy, recovery-oriented behaviors and healthy re-engagement with the community for participants.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may be available.

Services

These programs may be provided on an individual basis or in a group setting and can include activities that are culturally, spiritually, or gender specific. Key areas of focus in life skills services include:

- Effective communication and interpersonal skills
- Decision-making and problem-solving
- Critical thinking
- Emotional intelligence
- Assertiveness and self-control
- Resilience

Provider Requirements

Services may be provided by one of the following professionals operating within the scope of their practice:

- Individuals who have completed training to deliver the service or have a record of performance in the provision of the life skills service of at least one year.

Authorization

No authorization required.

Payment Methodology

Code	Description	Unit
H2015	Life Skills Individual	Unit = 15 minutes
H2015	Life Skills Group	Unit = 15 minutes

Safe and Sober Housing (SSH)

Coming soon

Enhanced Safe and Sober Housing (ESSH)

Coming soon

Basic Housing Essentials

Description

These are basic items – bedding, towels, soap, toothpaste, etc., – for members aged 18 and older who are engaged in an Enhanced Safe and Sober Housing (ESSH) Program.

Member Eligibility

- Not a Medicaid benefit.
- State funded benefits may be available.

Services

Used to cover costs such as bedding, towels, and hygiene items.

Provider Requirements

N/A.

Authorization

Authorization is required.

Members are limited to \$125.00 per treatment episode.

Payment Methodology

Code	Description	Unit
S5199	Basic Housing Essentials	Unit = 15 minutes

Transportation Flat Fee

Description

Adults and children with SUD who do not have Medicaid can get free or low-cost travel to a treatment facility and appointments.

Member Eligibility

- Not a Medicaid benefit.
 - Medicaid beneficiaries can access Non-Emergency Medical Transportation (NEMT) provider network.
- State funded benefits may be available.

Services

Bus ticket, airfare, etc. Authorization date will cover the day of purchase only.

Provider Requirements

Transportation provider must be in the Medicaid Non-Emergency Medical Transportation (NEMT) provider network.

Authorization

No authorization required.

Payment Methodology

Code	Description
T2003	Transportation for SUD

Transportation Pick-Up

Description

Adults and children with SUD who do not have Medicaid can get free or low-cost travel to a treatment facility and recovery/treatment-related appointments.

Member Eligibility

- Not a Medicaid benefit.
 - Medicaid beneficiaries can access Non-Emergency Medical Transportation (NEMT) provider network.
- State funded benefits may be available.

Services

Transportation services are provided to clients who are engaged in treatment and/or recovery support services and who have no other means of obtaining transportation to and from those services. Reimbursement is not available for transportation services to and from employment and to and from school. Transportation for a child is specific to the Pregnant Women or Women with Children (PWWC) Specialty network.

Provider Requirements

Transportation provider must be in the Medicaid Non-Emergency Medical Transportation (NEMT) provider network.

Authorization

No authorization required.

Payment Methodology

Code	Description
T2002	Transportation Pick-Up for SUD

Transportation of a Child

Description

Transportation for a child is specific to the Pregnant Women or Women with Children (PWWC) Substance Use Disorder benefit. Children whose parents are receiving PWWC services and who also need behavioral health services and supports, can get free or low-cost travel to a treatment facility and treatment-related appointments.

Member Eligibility

- Not a Medicaid benefit.
 - Medicaid beneficiaries can access Non-Emergency Medical Transportation (NEMT) provider network.
- State funded benefits may be available.

Services

Transportation services are provided to clients who are engaged in treatment and/or recovery support services and who have no other means of obtaining transportation to and from those services. Reimbursement is not available for transportation services to and from employment and to and from school.

Provider Requirements

Transportation provider must be in the Medicaid Non-Emergency Medical Transportation (NEMT) provider network.

Authorization

No authorization required.

Payment Methodology

Code	Description
A0080	Transportation for SUD

Transportation of a Client

Description

Adults and children with SUD who do not have Medicaid can get free or low-cost travel to a treatment facility and recovery/treatment-related appointments.

Member Eligibility

- Not a Medicaid benefit.
 - Medicaid beneficiaries can access Non-Emergency Medical Transportation (NEMT) provider network.
- State funded benefits may be available.

Services

Transportation services are provided to clients who are engaged in treatment and/or recovery support services and who have no other means of obtaining transportation to and from those services. Reimbursement is not available for transportation services to and from employment and to and from school.

Provider Requirements

Transportation provider must be in the Medicaid Non-Emergency Medical Transportation (NEMT) provider network.

Authorization

No authorization required.

Payment Methodology

Code	Description
A0080	Transportation for SUD